Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A This return/report is for:
- [ ] a multiemployer plan
- [X] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [ ] a single-employer plan
- [ ] a DFE (specify) _____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
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 (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
HELPSIDE INC.

395 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.

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2026	FIDUCIARY SERVICES
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

NATIONAL BENEFIT SERVICES, LLC

8523 SOUTH REDWOOD ROAD
WEST JORDAN, UT 84088

3b Administrator's EIN
20-3886993

3c Administrator's telephone number
801-532-4000

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	11444
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	9409
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	8943
b	Retired or separated participants receiving benefits	**6b**	147
c	Other retired or separated participants entitled to future benefits	**6c**	2066
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	11156
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	0
f	Total. Add lines **6d** and **6e**.	**6f**	11156
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	7248
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	7567
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	411
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

9a Plan funding arrangement (check all that apply)

- (1) [X] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] Trust
- (4) [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) [X] Insurance
- (2) [ ] Code section 412(e)(3) insurance contracts
- (3) [X] Trust
- (4) [ ] General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
HELPSIDE INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 333

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

D Employer Identification Number (EIN)
87-0476353

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

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	7567	01/01/2025	12/31/2025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	23795224
5	Current value of plan's interest under this contract in separate accounts at year end	5	265712038

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ STABLE VALUE OPTION

b	Balance at the end of the previous year			7b	19496167
c	Additions: (1) Contributions deposited during the year	7c(1)	3678135		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	367000		
	(4) Transferred from separate account	7c(4)	4467777		
	(5) Other (specify below)	7c(5)	4544142		
	▶ CONVERSION ASSETS, EBA & FORFEITURE CREDITS, LOAN PRINCIPAL & INTEREST				
	(6)Total additions			7c(6)	13057054
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	32553221
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	4618946		
	(2) Administration charge made by carrier	7e(2)	109207		
	(3) Transferred to separate account	7e(3)	1999084		
	(4) Other (specify below)	7e(4)	2030760		
	▶ FEES & EBA & FORFEITURE WITHDRAWALS, LOANS ISSUED				
	(5) Total deductions			7e(5)	8757997
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	23795224

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
HELPSIDE INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 333

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

D Employer Identification Number (EIN)
87-0476353

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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	867620	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NATIONAL BENEFIT SERVICES, LLC

20-3886993

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 64	RECORDKEEPER	721463	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(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	624078	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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 - PL	77395	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

K & C CERTIFIED PUBLIC ACCOUNTANTS

45-4186798

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	AUDIT	10000	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
HELPSIDE INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 333

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

D Employer Identification Number (EIN)
87-0476353

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

a Name of MTIA, CCT, PSA, or 103-12 IE: JPMORGAN U.S. RESEARCH ENHANCED EQ

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
83-1098532-388	P	15109840

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET INTERNATNL INDEX RET A

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
36-6071399-004	P	7019778

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET S&P MD CAP INDX RET AC

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
36-6071399-438	P	3438702

a Name of MTIA, CCT, PSA, or 103-12 IE: DFA U.S. TARGETED VAL PORT RET ACCT

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
36-6071399-527	P	3131891

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFEGOAL RET WITH BLAC

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
36-6071399-833	P	4512400

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFEGOAL 2025 WITH BLA

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
36-6071399-835	P	0

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFEGOAL 2030 WITH BLA

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
36-6071399-836	P	1759854

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFEGOAL 2035 WITH BLK

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 36-6071399-837	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13312370

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFEGOAL 2040 WITH BLK

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 36-6071399-838	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1541603

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFEGOAL 2045 WITH BLK

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 36-6071399-839	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1439296

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFEGOAL 2050 WITH BLK

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 36-6071399-840	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4616089

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFEGOAL 2055 WITH BLK

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 36-6071399-841	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 465073

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFEGOAL 2060 WITH BLK

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 36-6071399-842	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 358175

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN FUNDS NEW WORLD RET ACCT

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 36-6071399-625	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5569888

a Name of MTIA, CCT, PSA, or 103-12 IE: DFA INTRNTL SM COMP PORT RET ACCT

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 36-6071399-721	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4767499

a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD REIT INDEX RET ACCT

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 36-6071399-130	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3663813

a Name of MTIA, CCT, PSA, or 103-12 IE: TA VANGUARD TOTAL STCK MRKT INDEX R

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 36-6071399-166	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 34584832

a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO LONG-TERM CREDIT BOND RET ACC

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 36-6071399-822	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15162560

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK HI YLD BD RET ACCT

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 36-6071399-219	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5885081

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK HLTH SCNCS OPPS RET ACCT

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 36-6071399-844	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 557317

a Name of MTIA, CCT, PSA, or 103-12 IE: JANUS HENDERSON BALANCED RET ACCT

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 36-6071399-227	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 828471

a Name of MTIA, CCT, PSA, or 103-12 IE: BNY MELLON GLOBAL FIXED INCOME RET

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 36-6071399-761	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4728539

a Name of MTIA, CCT, PSA, or 103-12 IE: VICTORY NASDAQ 100 INDEX RET ACCT

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

c EIN-PN 36-6071399-473	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17089704

a Name of MTIA, CCT, PSA, or 103-12 IE: CLEARBRIDGE SM CAP GR RET ACCT

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 36-6071399-380	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: MFS MASS INVSTR RET ACCT

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 36-6071399-470	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: PIONEER STRATEGIC INC RET ACCT

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 36-6071399-474	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15233041

a Name of MTIA, CCT, PSA, or 103-12 IE: MFS MD CAP VAL RET ACCT

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 36-6071399-709	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4610555

a Name of MTIA, CCT, PSA, or 103-12 IE:	AMERICAN FUNDS EUROPACIFIC GR RET A		
b Name of sponsor of entity listed in (a):	TRANSAMERICA FINANCIAL LIFE INS CO		
c EIN-PN 36-6071399-076	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	7509492
a Name of MTIA, CCT, PSA, or 103-12 IE:	PUTNAM LARGE CAP VALUE RET ACCT		
b Name of sponsor of entity listed in (a):	TRANSAMERICA FINANCIAL LIFE INS CO		
c EIN-PN 36-6071399-957	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	33724241
a Name of MTIA, CCT, PSA, or 103-12 IE:	VANGUARD MATERIALS INDEX RET ACCT		
b Name of sponsor of entity listed in (a):	TRANSAMERICA FINANCIAL LIFE INS CO		
c EIN-PN 36-6071399-959	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	427216
a Name of MTIA, CCT, PSA, or 103-12 IE:	FRANKLIN UTILITIES RET ACCT		
b Name of sponsor of entity listed in (a):	TRANSAMERICA FINANCIAL LIFE INS CO		
c EIN-PN 83-1098532-087	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	251827
a Name of MTIA, CCT, PSA, or 103-12 IE:	DFA U.S. SM CAP PORT RET ACCT		
b Name of sponsor of entity listed in (a):	TRANSAMERICA FINANCIAL LIFE INS CO		
c EIN-PN 36-6071399-722	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	5577640
a Name of MTIA, CCT, PSA, or 103-12 IE:	FIDELITY ADVISOR GROWTH OPPORTUNITI		
b Name of sponsor of entity listed in (a):	TRANSAMERICA FINANCIAL LIFE INS CO		
c EIN-PN 83-1098532-201	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	23619023
a Name of MTIA, CCT, PSA, or 103-12 IE:	FIRST EAGLE GOLD RET ACCT		
b Name of sponsor of entity listed in (a):	TRANSAMERICA FINANCIAL LIFE INS CO		
c EIN-PN 83-1098532-323	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1483121
a Name of MTIA, CCT, PSA, or 103-12 IE:	VICTORY INTERMEDIATE TERM BOND RET		
b Name of sponsor of entity listed in (a):	TRANSAMERICA FINANCIAL LIFE INS CO		
c EIN-PN 83-1098532-329	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	16245137
a Name of MTIA, CCT, PSA, or 103-12 IE:	JPMORGAN MID CAP GROWTH RET ACCT		
b Name of sponsor of entity listed in (a):	TRANSAMERICA FINANCIAL LIFE INS CO		
c EIN-PN 83-1098532-379	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	3649692
a Name of MTIA, CCT, PSA, or 103-12 IE:	TA LIFEGOAL 2065 W BLACKRCK RETACC		
b Name of sponsor of entity listed in (a):	TRANSAMERICA FINANCIAL LIFE INS CO		
c EIN-PN 83-1098532-403	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	39500

a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA LIFEGOAL 2070 WITH BLA

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 83-1098532-600	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 327277

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY SMALL CAP GROWTH

b Name of sponsor of entity listed in (a): TRANSAMERICA FINANCIAL LIFE INS CO

c EIN-PN 83-1098532-363	**d** Entity code P	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3471501

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
HELPSIDE INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 333

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

D Employer Identification Number (EIN)
87-0476353

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	3137603	3524875
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	211355760	265712038
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	19446048	23726503
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	233939411	292963416
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	233939411	292963416

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	11906456	
(B) Participants	2a(1)(B)	27719357	
(C) Others (including rollovers)	2a(1)(C)	2197419	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		41823232
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	264137	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		264137
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		38102114
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		397179
d Total income. Add all **income** amounts in column (b) and enter total	2d		80586662
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	27274838	
(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)		27274838
f Corrective distributions (see instructions)	2f		208332
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	885835	
(3) Recordkeeping fees	2i(3)	1345541	
(4) IQPA audit fees	2i(4)	10000	
(5) Investment advisory and investment management fees	2i(5)	77395	
(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)		2318771
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		29801941
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		50784721
l Transfers of assets:			
(1) To this plan	2l(1)		16845551
(2) From this plan	2l(2)		8606267

Part III Accountant's Opinion

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

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

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: K&C, CPAS **(2)** EIN: 45-4186798

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)
ALLIANT SECURITY 401(K)	36-1573640	002
BARRETT BUSINESS SERVICES	52-0812977	001
ADP TOTALSOURCE RETIREMENT SAVINGS PLAN	59-2452823	001
PARADIGM CHARTER SCHOOL 401(K) PLAN	20-3338204	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 _____.

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

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)
UTAH ASSOCIATION OF PUBLIC CHARTER SCHOOLS RETIREMENT PLAN	56-2429582	001
ME COMPUTER SOLUTIONS 401(K) PLAN	20-0993435	001

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ..... ☐ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
HELPSIDE INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 333

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

D Employer Identification Number (EIN)
87-0476353

Part I Distributions

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

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

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

EIN(s): 36-6071399

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

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

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

SCHEDULE MEP (Form 5500)	MULTIPLE-EMPLOYER RETIREMENT PLAN INFORMATION	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and Section 6058(a) of the Internal Revenue Code (the Code) ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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

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).**

2a Name of Participating Employer	**2b** EIN	**2c** Percentage of Total Contributions for the Plan Year	**2d** Aggregate Account Balances Attributable to Participating Employer
HELPSIDE INC.	87-0476354	1.78	8051505
2a Name of Participating Employer	**2b** EIN	**2c** Percentage of Total Contributions for the Plan Year	**2d** Aggregate Account Balances Attributable to Participating Employer
ADAMS & SMITH, INC.	94-2309476	0.54	4553285

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer "Yes" to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

2e	Does the plan include any individuals not participating through an employer or who are individual working owners?	**2e**	☐ Yes ☒ No
2f	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.	**2f**	
2g	If you answer "Yes" in Line 2e, enter the aggregate account balances for all such individuals that are not listed on line 2a.	**2g**	

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
BASSETT FURNITURE DIRECT	01-0656036	0.20	802942
PERFORMANCE REHAB	03-0485045	0.00	20115
SYRACUSE ARTS ACADEMY	11-3738847	2.08	6724696
WASATCH PEAK ACADEMY	11-3738851	0.61	1917380
NORTH STAR ACADEMY	13-4290294	0.68	2297144
TAM SOLUTIONS	20-0278969	0.41	1318407
GREENLIGHT GROUP	20-0404025	0.14	0
ESP EXACAVATION	20-1173848	0.08	276087
PARNELL'S GLASS AND BODY WORKS	20-3239357	0.01	56342

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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
BOSWELL WASATCH MILL	20-4218343	0.32	1331670
SUPERIOR CLEANING SERVICES	20-5636595	0.01	103185
CAPITALROCK	20-5806291	1.41	3574837
JEFFERSON ACADEMY	26-2546736	0.42	857429
EARLY LIGHT ACADEMY	26-2722827	1.43	2757135
HAWTHORN ACADEMY	26-2723562	1.31	3228913
HIFUNDA	26-3003580	0.20	530679
PROGRESSIVE INDUSTRIAL ELECTRICAL, INC.	26-3274981	0.29	2063077
MOUNTAIN HEIGHTS ACADEMY	26-3417162	2.64	7103013

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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
MARIA MONTESSORI ACADEMY	26-3939335	0.06	115413
OSCILLA POWER	27-0790220	0.27	827364
BARNES BULLETS	27-1488510	0.74	3714147
ZYTO CORPORATION	34-1997382	0.44	2283384
GENERAL CONSTRUCTION AND DEVELOPMENT	42-1562377	0.00	86795
HIGH MARK CHARTER SCHOOL	45-3789507	0.62	1510854
LINKTRUST	82-3692963	0.18	295414
CERTS	56-2447598	0.82	2408074
ALLIANCE DAIRY SERVICE & SUPPLIES	71-0955001	0.40	2616994

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

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
AWD SALES AND SERVICE	75-3142233	0.01	185691
NORTH DAVIS PREP ACADEMY	76-0762107	1.07	2127288
UINTA BANK	83-0151940	0.32	1231627
VASE FUNERAL HOME	83-0251226	0.05	394779
YOUTH ALTERNATIVE HOME	83-0269541	0.10	0
DERU'S GLASSWORKS	83-0269751	0.00	0
HUNTER FAMILY MEDICAL CENTER	83-0330098	0.26	1820646
STATE BANK	85-1332427	0.37	1554931
BLUEFIN OFFICE GROUP LLC	87-0260924	0.10	209464

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

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
THOMAS J. PECK & SONS	87-0274025	0.03	971162
WOI STEEL INC.	87-0540130	0.11	110081
RICHARDS LABORATORIES	87-0327515	0.00	52690
SAVAGE ASPHALT	87-0349974	0.00	55265
PYNE FLOOR COVERINGS	87-0394680	0.04	100391
FOUNDATION SYSTEMS, INC.	87-0430174	0.08	848831
FREEWAY PROPANE	87-0449808	0.15	262674
POOLE & ASSOCIATES	87-0475324	0.16	1124738
INTERMOUNTAIN BUSINESS LENDING, INC.	87-0477091	0.29	611135

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

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
BUFFO'S TERMITE & PEST CONTROL	87-0491210	0.01	8456
JOHNSON'S MEDICAL	87-0491669	0.15	565915
PALMER'S METALMART	87-0533603	0.33	882367
JEFFREY G. OGDEN MD PC	87-0547016	0.18	588999
NORTH STAR PRINTING	87-0568243	0.43	1253388
TSA ARCHITECTS, INC.	87-0575827	0.28	1259406
CS DESIGN GROUP	87-0576370	0.31	1139050
PRIVACY LINK	87-0633770	0.07	200590
MOUNTAIN PEAKS FAMILY PRACTICE	87-0638632	0.02	69192

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Part II Participating Employer Information (Continued).

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COBALT REFRIGERATION, LLC	87-0648815	0.14	680069
DEXTER & DEXTER ATTORNEYS AT LAW	87-0650309	0.02	782381
CURECRETE MANAGEMENT	87-0653420	0.88	1556904
LEGACY MILL AND CABINET	87-0655829	0.03	253700
THE SHIPLEY GROUP	87-0658495	0.00	209033
A-PLUS HOME CARE	87-0659679	0.00	29181
ASPHALT ZIPPER	87-0661865	0.67	2828420
ATOMIC CONSTRUCTION	27-2250033	0.03	130988
DEER CREST MASTER ASSOCIATION	87-0679651	0.07	95671

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CONVIRZA	86-3165955	0.06	490007
M13 CONSTRUCTION	87-0683801	0.09	357378
PANEK ENTERPRISES INC.	14-1900189	0.04	285519
IGES	87-0581028	0.98	5083565
SNAKE RIVER FARMERS ASSOCIATION	82-0401442	0.11	311295
ROCKY MOUNTAIN PIES, LLC	20-4846068	0.56	2128448
OKELBERRY TRUCKING	87-0579439	0.06	183654
LEAVITT'S MORTUARY	87-0494545	0.02	7396
ONWARD TECHNOLOGY, LLC	27-4394603	0.55	2048490

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PARADIGM HIGH SCHOOL	20-3338204	0.29	0
THERMAL ENGINEERING, LLC	26-1683138	0.43	1665852
LEHI ALOP, LLC	90-0769215	0.01	16363
LEADERSHIP LEARNING ACADEMY	45-3821104	0.72	1188644
UTAH CAREER PATH HIGH	46-2398951	0.17	499099
ASCENT ACADEMIES OF UTAH	46-2680772	2.63	6279350
GRIFFITH ENGINEERING SERVICES LLC	43-2096356	0.32	1664140
WYOLECTRIC, INC.	30-1496512	0.07	171451
BRENT BOWEN, M.D.P.C. (SALT LAKE SPINE & SPORTS MEDICINE)	87-0573977	0.00	54036

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SERVSIX US CORP	33-1220025	0.02	155556
MOUNTAIN WEST MONTESSORI ACADEMY	46-2729463	0.60	1484447
WYOMING FABRICATION & MACHINE	20-1717127	0.47	1142141
A PLUS BENEFITS, INC. ROTH AG-CONSTRUCTION & EQUIPMENT, INC.	47-1621310	0.22	738403
ALIGN BI, LLC	26-3313686	0.20	1039327
SYSTEMS WEST PERFORMANCE LLC	26-2875498	0.28	2099480
THE SPINE INSTITUTE	26-2977151	0.10	1135529
GROUSER SALES LTD	77-0722760	0.05	110163
MOUNTAIN STATES TRUCKING	27-1609571	0.00	11591

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HANSEN BLACK ANDERSON ASHCRAFT, PLLC	45-5561418	0.00	177507
SWEETWATER TECHNOLOGY SERVICES INC.	20-8937499	0.14	338586
UINTA TECHNOLOGIES, INC.	52-2387410	0.17	1157259
THE TREELINE GROUP	36-4491568	0.13	512001
LITTLE ADVENTURES, LLC.	20-1994815	0.42	1723597
UP RIGHT STEEL, LLC	47-5372592	0.22	334947
SILENT BREAK SECURITY, LLC	45-2962557	0.00	103972
WALLACE STEGNER ACADEMY	47-3210780	2.57	4860616
FOWERS TRUCKING LLC	80-0423061	0.10	394793

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ROCKY MOUNTAIN LIGHTING AND CONTROLS	47-2380500	0.00	18319
CENTRAL UTAH ENTERPRISES	38-3985487	0.13	600896
UINTA SENIOR CITIZENS, INC.	83-0215583	0.08	130394
LANDMARK EXCAVATING, INC.	02-0702131	0.76	1518496
ELEARNING BROTHERS	26-3957849	0.00	129634
ELEARNING BROTHERS CUSTOM	46-2073193	0.00	7831
HEARTH AND HOME DISTRIBUTIONS OF UTAH	32-0080694	1.16	3215889
VINCOTECH GMBH	98-1326311	0.10	253406
HEARTH AND HOME STONE LLC	45-5606299	0.23	845282

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PHARMATECH INC	46-1702120	0.59	1541044
WASATCH FIREPLACE & STOVE	81-2741571	0.05	173066
CCC'S HOLDCO LLC DBA MOUNTAIN MODERN HOTEL	81-2382551	0.21	584679
ARMSTRONG PROPERTY LLC	82-0854799	0.07	55446
BOWCUTT'S FLOORING AMERICA	26-2821208	0.31	894748
NATURA PEST SERVICES	81-5319441	0.12	162022
H2 HOMES	47-5675877	0.21	397924
ABBINGTON SENIOR LIVING CORP	87-0644400	0.20	397806
BLUE 360 MEDIA LLC	81-4672006	0.71	1525953

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HARRIS ARCHITECTURE	48-1253731	0.21	1186212
LINE 8 DESIGN LLC	47-1501956	0.03	37126
AVI-ON LABS INC.	47-1086057	0.18	327930
SCVSOFT LLC	46-3224884	0.21	961080
HFN, INC.	45-4222784	0.11	455477
SALT LAKE AVIATION	82-8105760	0.16	753229
INVITE NETWORKS	45-4077489	1.63	4662494
TWIST ELECTRIC INC.	81-4987775	0.20	628476
SILVERPEAK ENGINEERING	87-0790940	0.34	1721917

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WASATCH STEEL ERECTORS LLC	87-2236757	0.09	401690
DOLPHIN WINDER LLC DBA WINDER FARMS	20-1378384	0.00	68581
SUPER SAVER COUPONS, INC.	87-0484810	0.00	35590
XVOYANT	81-2567522	0.00	50739
E-EDUCATION LLC	37-1620940	0.57	1933656
ONE WEST CONSTUCTION LLC	20-3713783	0.01	54935
ACADEMICA WEST, LLC DBA ACADEMICA WEST	33-1064293	0.70	3619513
UTAH CONTROLS, INC.	87-0496338	2.10	12504750
ARCH CONSTRUCTION	32-0060840	0.04	235174

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LEDGES CANYON VIEW GOLF	46-2419342	0.34	540363
MSG EMPLOYMENT LLC	82-3677693	0.70	1875565
PACIFIC HORIZON CREDIT UNION	87-0254941	0.32	824797
TURNER INNOVATIONS LC	46-1785844	0.25	250273
ZYIA ACTIVE	81-2813014	0.74	2313290
US SPORTS MEDICINE	47-2415996	0.00	44617
EMPLOYEEREFERRALS, INC.	45-1064265	0.06	91608
DESKTOP VISUAL PRODUCTS, INC.	87-0477068	0.12	410002
CREATIONS WEST LLC	88-4078874	0.02	47769

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BLUE DIAMOND GM	81-5149187	0.09	505952
MOUNTAIN STANDARD GROUP LLC DBA SPRINGHILL SUITES	81-3448419	0.06	120589
MOMENTUM DEVELOPMENT GROUP	27-3601524	0.53	4939752
PROLINK IT SOLUTIONS, INC.	20-0993435	0.08	0
5 SONS SERVICES	46-3453422	0.28	473528
NOMATIC INC.	88-1701037	0.38	875308
ARMOUR CONSTRUCTION	82-3856656	0.56	1637081
RENDEZVOUS RENTALS, LLC	82-1637325	0.40	768422
OGDEN-WEBER COMMUNITY ACTION PARTNERSHIP, INC.	87-6124938	0.86	3773150

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DARRIN R. JEFFREY DDS PC	87-0644825	0.14	469770
KARMAHOLIC MEDIA, LLC	81-4706265	0.22	764734
APPLE TREE MANAGEMENT LLC	26-0876679	0.02	60824
HEARTH AND HILL	82-4116910	1.00	1102155
EVANSTON CHILD DEVELOPMENT CENTER	74-2183157	0.18	443690
CLIENTSUCCESS, INC.	46-4860642	0.22	817475
TRISTATE TIRE, INC.	87-0646671	0.00	14431
HEALTHCARE COMPLIANCE PROS.	81-3958135	0.57	1030967
INTEGRATED WELL SERVICES, INC.	47-3124614	0.57	1145348

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COMPLIATRIC	20-8829537	0.89	2739169
DISASTER RECOVERY CENTER, INC. DBA TELEIRA	20-2200859	0.00	101566
STRIKE CONSULTING GROUP, LLC	82-4734386	0.10	426886
BBH CONSULTING INC	30-0124324	0.00	36302
COPPER GRILL L.C.	27-5005096	0.00	85439
LATINOS IN ACTION	34-4304427	0.00	17910
INTERMOUNTAIN FIRE SYSTEMS	84-1638290	0.07	260063
TEN EIGHTY LLC	83-1294789	0.23	644302
R&D SWEEPING AND ASPHALT MAINTENANCE LC	20-3884504	0.37	1138952

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ACCELERATED SERVICES LLC	65-1198892	0.07	180816
ESSENTIAL HUB, LLC	81-3930727	1.58	2252361
PRECISION MILLWORK LLC	47-2910512	0.16	265493
AQS INC. DBA QUALITY SOLUTIONS CORP.	87-0553593	0.17	1834361
UTAH VALLEY MORTUARY	27-3871141	0.19	558849
SCHOLAR ACADEMY	46-3239199	0.38	1605843
SORENSON FORENSICS	26-2617935	0.28	2359110
DUNN CONSTRUCTION LLC	87-0573114	0.10	383478
GERHART COLE INC.	87-0622143	0.77	0

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KEY PROPERTY MANAGEMENT	30-0080051	0.14	184705
ALLIANCE DRILLING TOOLS LLC	27-0766102	0.78	1405636
LUXURY PROPERTIES OF JACKSON HOLE LLC	47-2135123	0.03	36096
SUPER TOP SECRET LLC	27-1025869	0.00	173096
CEDAR FORT INC.	87-0439348	0.01	268710
PEAK MEASUREMENT AND ANALYSIS	82-1489080	0.16	549065
AARDEVO NORTH AMERICA	30-1195762	0.16	412615
APEX REAL ESTATE & PROPERTY MANAGEMENT	56-2502563	0.22	482893
HALOSIGHT	83-2343314	0.13	226340

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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
ARIVE HOMES LLC	87-0476353	0.49	842638
ROCKY MOUNTAIN MOTOR CARS, INC.	84-1403028	0.03	9497
TRANSFORM MANAGEMENT, LLC	81-0963178	0.07	74289
PUPFORD, LLC	82-3139327	0.11	151017
ABACUS GROUP RE LLC	39-4398834	0.07	162497
GLENN WILLIAM ENTERPRISES, LLC	74-3051600	0.00	190669
LEHI PHYSICAL THERAPY DBA WESTLAKE PHYSICAL THERAPY	20-1855087	0.10	231851
FIFE DERMATOLOGY UTAH, PLLC DBA VIVIDA DERMATOLOGY	82-3731846	0.15	292113
COOK SURVEYING & ASSOCIATES, LLC	84-3341489	0.02	162323

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Part II Participating Employer Information (Continued).

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NUTRIIENT LLC	84-3808751	0.03	35251
BRIDGE ELEMENTARY	83-3548280	0.22	0
SIGNATURE FLOORS INC.	87-0549510	0.23	415247
BATEMAN IP LAW GROUP	80-0060375	0.01	29295
BERKLEY LLC	82-2775405	0.06	305604
SPONENBURGH & COMPANY	26-3527149	0.12	305640
ALPINE APOTHECARY 2, LLC	83-1686269	0.05	83885
ADVANTAGE ARTS ACADEMY	82-0987141	0.03	57494
OUTLAW HOTSHOT LLC	45-5529195	0.01	6384

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Part II Participating Employer Information (Continued).

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BEX CONSTRUCTION LLC	93-3015311	0.01	14683
LUNCH PRO. LLC	85-0792883	0.06	83516
ASPEN MOUNTAIN ELECTRIC	20-0957254	0.03	78881
PROFESSIONAL RIG SERVICES, INC.	45-3060178	0.27	486693
BARCH INDUSTRIES, LLC	84-2665545	0.02	44775
PALMER WHOLESALE INC.	26-2936056	0.09	264712
INDICIO PBC DBA INDICIO, INC.	85-0605709	0.30	582088
PEAK DISPOSAL, LLC	82-2064930	0.05	65036
HEALTHLINX LLC	87-0660214	0.33	639630

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ALLRED'S INC	87-0209177	0.55	1112659
AVATIVE LLC	46-3439127	0.01	0
BLUE SUN PRODUCTS LLC	27-3405145	0.06	93748
BLUEEQ, LLC	46-4450621	0.23	372519
JT STEEL INC	87-0481642	0.61	2373991
PLATINUM PAYMENTS LLC	45-1846246	0.14	335912
P1 TITLE INSURANCE AGENCY	84-5178335	0.02	36396
RESONO PRESSURE SYSTEMS, INC	82-1228443	0.04	74321
MOUNTAIN STANDARD GROUP LLC DBA THE CLOUDVEIL HOTEL	83-1320389	0.26	262207

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UNION TITLE INSURANCE AGENCY, LLC	20-3715966	0.12	244857
JERRY G. DAVIS CONSTRUCTION INC.	87-0514937	0.26	535131
ECLIPSE MOBILITY LLC	81-1401564	0.11	90598
OYBOY HEATING & COOLING LLC	83-1639295	0.00	8522
UP NORTH LLC DBA BILL'S COMFORT SYSTEMS	83-4006510	0.17	242998
KENNETH L CRUMP, MD PC	87-0638151	0.24	905105
CONCORD HOMES, LLC	81-1883046	0.05	51162
CRAIG ENTERPRISES, INC DBA COMMGAP	87-0649117	0.20	1809187
SIGNATURE GROUP REAL ESTATE DBA REALTY ONE GROUP SIGNATURE	27-0588301	0.11	159150

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PHOENIX REBELLION THERAPY LLC	84-4010500	0.02	58989
PLUMBING UTAH LLC	47-4640273	0.03	0
LANDMARK LIFTING	47-2987962	0.00	992
LEGACY OUTDOOR ADVENTURES LLC	38-3846242	0.05	65194
3DIO, INC	84-1819074	0.08	157741
TURNER IMAGING SYSTEMS	81-3211097	0.13	271815
CANDYCO LLC	45-3060922	0.42	489971
ISSIMO PRODUCTIONS	20-3861353	0.08	207397
G & S CRANE SERVICE, LLC	20-4243936	0.02	76423

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D COOK ELECTRICAL SALES INC. DBA GT SALES	93-4394811	0.16	303843
COMMERCIAL KITCHEN SUPPLY	87-0563098	0.11	126840
INTELVIO, LLC DBA PHLEBOTOMY TRAINING SPECIALISTS USA, LLC	47-1869929	0.75	880953
ASCEND SALESFORCE CONSULTING	84-3630294	0.01	11182
QUIVERS INTERNATIONAL INC.	45-4648702	0.24	608315
UTAH PRIDE CENTER	87-0504077	0.00	9939
ADAPT THERAPY LLC	86-2954631	0.05	75591
DEER HOLLOW HOLDINGS, LLC	82-2863818	0.47	720136
KIRK MOBILE REPAIR, LLC	20-3685101	0.31	696971

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LUMEN SCHOLAR INSTITUTE	47-1342184	0.49	785694
SWAGS DETAILING INC	83-2315122	0.01	0
JEREMY KEELE TRUCKING, LLC DBA JKT, LLC	46-5757855	0.02	24010
VALLEY VISION CENTER	45-4037502	0.07	140031
SBI CONTRACTING INC.	46-0473188	0.02	26569
SOCIALSWELL INC. DBA SWELL	81-3936654	0.33	939301
KLOPHAUS & ASSOCIATES DBA KLOPHAUS PLLC	27-4806633	0.73	2214981
FUTURE HOUSE STUDIOS, LLC	35-2554872	0.06	123185
OLYMPUS HILLS LANES INC. DBA OLYMPUS	87-0514396	0.05	113519

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STENA GROUP LLC	87-3526760	0.00	482445
MILLHAVEN CONSTRUCTION	27-0810151	0.39	454432
ASTORIA PARK CONSERVANCY	82-5250433	0.20	237786
TRIAXIOM, LLC	87-3869105	0.01	17146
DOODLEBUG DESIGN INC.	87-0657258	0.06	193360
AEREL DESIGN, INC.	27-3698124	0.33	527661
VERBATIM SOLUTIONS, LLC	87-0707413	0.03	35667
B.O.S.S. RETIREMENT SOLUTIONS LLC	26-2695202	3.03	4784105
NEWTOWN DEVELOPMENT, LLC	87-4814636	0.37	911441

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ALLSTATE ROBINSON, GREGORY	88-0402877	0.02	24794
KOMODO SYSTEMS INC	46-3139015	0.18	244810
HIJK COMMERCIAL LLC	87-2725168	0.02	1319
FELTRIGHT, LLC	84-4239157	0.21	221457
BOLD APPROVED, LLC	85-0558283	0.05	90016
FLUIDBANKING TECHNOLOGIES, INC.	88-3154172	0.00	18488
AIM CONSTRUCTION LLC	87-7696143	0.02	94114
ACHIEVE CMO LLC DBA ACHIEVE CMO	92-2806407	0.08	147185
AQUA YIELD OPERATIONS INC	88-3449133	0.42	441333

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PARADIGM LIFE INSURANCE LLC	87-0813762	0.39	343698
SKYLINE LANDSCAPE AND EXCAVATION, LLC	86-3182074	0.04	49201
DUDLEY CONCRETE AND PUMPING INC.	87-0563086	0.49	2783957
BPI LABS INC.	83-0313201	0.18	518856
SYNERGY REHAB LLC	88-3656372	0.58	633856
HIGHPOINT CPAS, LLC	27-3854246	0.28	484643
ALGIN ENTERPRISES DBA 5TH AVENUE STUDIO SUPPLY	27-3741111	0.03	31366
CLINGERHAGERMAN, LLC	88-3539285	0.06	58827
PELLO LLC	93-2782077	0.00	527689

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ATWOOD STRONG & ASSOCIATES, PLLC DBA SOUTH VALLEY DENTAL CARE	82-1856316	0.15	125343
THE FENCE COMPANY, LLC	88-4167677	0.00	1170
HIGH FITNESS, LP	82-2396177	0.08	63088
HELPSIDE INC.	84-3773044	0.24	177732
KENT WHIPPLE CONSTRUCTION, LLC	47-5549081	0.02	70453
CDE, LLC	46-4435422	0.15	1030856
BATEMAN COLLECTIVE, LLC	83-1255000	0.03	0
BASIN UPFITTING	46-2894905	0.54	336517
KINGBEE RENTALS	86-1222268	0.97	2810764

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MAX CONNECT MARKETING	46-2678795	2.35	7702170
DEER MEADOWS BRANDS, LLC	92-2395531	0.00	1253
DEER MEADOWS LANDSCAPE, LLC	92-2794948	0.00	143
VINYL INDUSTRIES, LLC	30-0867895	0.34	938659
BL CUSTOM, LLC	93-1387509	0.04	104244
RON KELLER TIRE, INC	84-1416972	0.68	468869
ROBERT R. THORUP, DDS, PC	87-0554433	0.08	63806
CABINET CORNER, LLC	87-2265051	0.14	341455
BVP, LLC	83-3713805	0.05	20503

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CADENCESEO, LLC	85-2301834	0.11	57098
DENSLEY DEVELOPMENT	87-0530664	0.01	7224
ALL STAR CREW, LLC	99-1013441	0.11	144637
WESTERN TRUCK & TRAILER SALES, LLC	87-0399651	0.48	568204
THE LAW OFFICE OF JILL L. COIL	47-2545957	0.34	689883
WATSON PROPERTY MANAGEMENT COMPANY, LLC	87-0476353	0.04	110761
SPILT INK SLC, LLC	27-3257970	0.12	56638
CCC'S HOLDCO II, LLC DBA SEDONA REAL	93-3866530	0.09	59516
CACHE TITLE COMPANY	87-0330039	0.21	198864

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IDAHO FUEL TRANSPORT, LLC	92-3286625	0.05	33534
WIND RIVER CUSTOM HOMES, LLC	93-3371595	0.04	13525
SMARTCOS, INC.	83-0945624	0.08	72261
DARE 2B SAFE, LLC	92-1321241	0.37	197292
HARRIS INVESTMENT GROUP, LLC	83-3504136	0.72	961042
ROBERTSON DIESEL REPAIR, INC	81-5368447	0.26	206743
KEN FORTUNA, LLC DBA ANVIL WEALTH	47-2398003	0.25	173074
UI PROFESSIONAL SERVICES, LLC	83-1982344	0.00	0
BRIMSTONE ASSET MANAGEMENT LLC DBA HOMESMART REALTY PARTNERS	82-2296117	0.00	0

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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
LYLE W. WILLIAMS COMPANY	87-0305609	1.08	3900161
LONG LAKE MANAGEMENT HOLDINGS, INC	93-4962156	0.23	144040
UINTA COUNSELING, LLC	83-1903402	0.05	30130
CONNECTIONS COUNSELING SERVICES OF UTAH, PLLC	83-0680001	0.18	107284
PAWS PROVIDING ANIMAL WELFARE SERVICES	83-0326768	0.22	186553
OMNIDERM, LLC	93-4714076	0.10	187602
IRONSIDE ENGINEERING, LLC.	81-3775841	0.07	38729
VOICES JACKSON HOLE	92-1110044	0.01	2625
STREAMLINE DEVELOPMENT, LLC	92-2331553	0.06	33834

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

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
AIRBRIDGE BROADBAND	81-5005773	0.19	99551
HET, INC.	99-1317273	0.07	171671
OVERMAN CONCRETE INC.	87-0477127	0.25	125903
MORGAN TAYLOR HOMES, LLC	26-1609209	0.32	585586
CE MEDICAL GROUP, LLC	36-4609823	0.52	1735775
ASPIRE365, LLC	83-2806379	0.81	552272
CROWN CONTRACTORS, LLC	99-1765446	0.01	38635
RANCH EATS, LLC	88-3145637	0.06	37720
NVE, LLC	27-1438360	0.03	13418

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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
PLANT MANUFACTURING & LABS, LLC	84-4196788	0.22	228922
SUMSION BUSINESS LAW, LLC	20-5669798	0.04	17370
PROSPECT TITLE INSURANCE AGENCY LLC	83-2804930	0.42	1096979
M&M TRANSFER, INC.	83-0306863	0.08	31352
ZIPLOCAL LP	20-0398371	0.15	2526373
EVOSONIC (USA) INC.	99-5108620	0.15	63271
ROSEWOOD DENTAL ASSOCIATES LLC	14-1954877	0.12	48950
EVANSTON MOTORS, LLC	99-3723061	0.06	34434
LIVE LIKE SAM FOUNDATION	85-2202987	0.03	13674

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Part II Participating Employer Information (Continued).

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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
TRACO MANUFACTURING, LLC	87-0452158	0.79	3849688
VIOLET CONSULTING LLC	86-3493310	0.03	54833
SUN VALLEY MARKINGS, LLC	93-1707717	0.21	80061
SMOKIN J DIESEL & AUTOMOTIVE SERVICE, LLC	87-2357393	0.02	9664
CHANNEL EDGE MEDIA, LLC	33-2705298	0.02	10079
RICHARD S CARLILE DDS PLLC	88-2642278	0.11	151361
SENIOR FINANCIAL AID ADVOCATES	86-3514332	0.01	4405
ESM INC. DBA NIMBL FULFILLMENT	82-1921961	0.10	38741
FACTOR 1 STUDIOS, LLC	20-1551501	0.06	218284

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Part II Participating Employer Information (Continued).

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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
SETHERA THERAPEUTICS, INC.	99-3550314	0.02	0
BLACK MESA ADVANCED FISSION, LLC	88-3194181	0.07	51902
IDAHO ARTHRITIS & OSTEOPOROSIS CENTER PC DBA IDAHO ARTHRITIS CENTER	82-0536242	0.28	4224406
REDI INSPECTION SERVICES, LLC	81-2329121	0.02	6610
MEADOWBROOK COUNSELING OF UTAH LLC	86-2670894	0.09	50388
ANCIENT AMERICA FOUNDATION	74-2363812	0.02	10277
KSM FAMILY LLC	46-5171949	0.01	16056
OAKWOOD CREATIVE CARE	86-0575242	0.03	82834
TETON ADAPTIVE	06-1741611	0.01	3915

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part II Participating Employer Information (Continued).

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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
SRF TECHNOLOGIES, LLC	20-4810189	0.06	240150
MARIANI CONSTRUCTION COMPANY	93-4452584	0.01	2978
ANIMAL ADOPTION CENTER, INC.	20-0629074	0.03	80425
OXN ENGINEERING PLLC	33-4211061	0.05	28804
AMERICAN SONS LLC DBA MONAD	83-1340743	0.09	111691
FARNSWORTH-RICKS MANAGEMENT AND REALTY, INC.	86-0743362	0.01	3997
STACK INTEGRATED INC.	93-4660872	0.00	1228

CAUTION Do not individually list information for working owners (see instructions and 29 CFR 2510.3-55(d)(2)) or other individuals who are participants or beneficiaries in the plan or arrangement that are no longer associated with a particular participating employer or participating employer plan (see instructions). Providing identifying information for individuals may result in rejection of this filing. If there are any such individuals in the plan, answer “Yes” to line 2e and provide the total information for all such individuals, without providing names or other identifying information.

Part III Pooled Employer Plan Information

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 _____

HELPSIDE INC
401 (k) PROFIT SHARING PLAN

FINANCIAL STATEMENTS

For The Years Ended December 31, 2025 and 2024

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, 2025 and 2024, and the related statement of changes in net assets available for benefits (modified cash basis) for the year then ended December 31, 2025, 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, 2025 and 2024, and for the year ended December 31, 2025, 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).

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 12, 2026

HELPSIDE INC
401(k) PROFIT SHARING PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
(MODIFIED CASH BASIS)
December 31, 2025 and 2024

	2025	2024
Assets		
Investments:		
Pooled separate accounts, at fair value	$ 265,712,038	$ 211,355,760
Stable value fund, at contract value	23,726,503	19,430,831
Total investments	289,438,541	230,786,591
Notes receivable from participants	3,524,875	3,134,439
Total Assets	292,963,416	233,921,030
Liabilities		
Excess contributions payable	208,331	198,022
Total Liabilities	208,331	198,022
Net Assets Available For Benefits	$ 292,755,085	$ 233,723,008

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, 2025

	2025
Additions	
Additions to net assets attributed to:	
Investment income	
Net appreciation/(depreciation) in fair value of investments	$ 38,287,683
Interest	620,861
	38,908,544
Contributions	
Employee, salary reduction - 401k	27,719,357
Refund of excess employee contributions	(198,498)
Employer, company matching	12,184,667
Refund of excess employer contributions	(9,833)
Employee rollovers	2,197,419
Total contributions	41,893,112
Conversions in	16,752,164
Total additions	97,553,820
Deductions	
Deductions from net assets attributed to:	
Benefits paid to participants	27,451,523
Conversions out	8,538,376
Administrative expenses	2,314,780
Total deductions	38,304,679
Net increase	59,249,141
Net Assets Available For Benefits	
Beginning of year	233,723,008
Adjustment to forfeitures - net	(217,064)
	233,505,944
End of year	$ 292,755,085

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, 2025. 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 $23,500 and $23,000 ($31,000 and $30,500 for participants age 50 or older), for the years ended December 31, 2025 and 2024, 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.

NOTE 1 DESCRIPTION OF PLAN (Continued)

Forfeited Accounts

The un-vested amounts forfeited by withdrawing participants who were not fully vested totaled $715,306 and $271,165 for the years ended December 31, 2025 and 2024, 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, 2025 and 2024, employer contributions were reduced $278,211 and $185,791, respectively, from forfeited accounts. For the year ended December 31, 2025, administrative expenses were offset with forfeitures totaling $3,991, $67,891 was distributed to departing employers and there was a gain on the account of $23,245. As of year end December 31, 2025 and 2024, the balance of available forfeited accounts was $793,315 and $404,856, 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, 2025, the balance in this account was $68,512. During the year ended December 31, 2025 $633,986 was added to this account and $615,487 was disbursed from this account to fund plan expenses. As of December 31, 2024, the balance of this account was $50,013. This account is not an investment that is available to participant accounts.

Plan Amendments

During the years ended December 31, 2025 and 2024 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.

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, 2025 and 2024, 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.

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, 2025 and 2024.

	Investment Assets at Fair Value as of December 31, 2025			
	Level 1	**Level 2**	**Level 3**	**Total**
Pooled separate accounts measured at net asset value **(a)**	$ -	$ -	$ -	$ 265,712,038
Total investments at fair value	$ -	$ -	$ -	$ 265,712,038

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

(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.

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, 2025 and 2024.

	2025			
	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
Pooled separate accounts	$ 265,712,038	$ -	Daily	Daily

	2024			
	Fair Value	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
Pooled separate accounts	$ 211,355,760	$ -	Daily	Daily

Gains and losses (realized and unrealized) included in changes in net assets available for benefits for the year ended December 31, 2025 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 $23,726,503 (12-31-2025 balance includes an adjustment of $793,315 to add forfeitures to plan assets) and $19,430,831 (12-31-2024 balance includes an adjustment of $404,856 to add forfeitures to plan assets) as of December 31, 2025 and 2024, 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, 2025 and 2024 was 1.65% and 1.58%, respectively. The crediting interest rate on the Contract at year end December 31, 2025 and 2024 was 1.60% and 1.65%, 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.

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 $2,314,780 for the year ended December 31, 2025.

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, 2025 and 2024 to Form 5500 Schedule H:

	2025	2024
Net assets available for benefits according to the financial statements	$ 292,755,085	$ 233,723,008
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	208,331	198,022
Net assets line 1l according to Form 5500	$ 292,963,416	$ 233,939,411

The following is a reconciliation of total additions according to the financial statements at December 31, 2025 and 2024 to Form 5500 Schedule H:

	2025	2024
Total additions according to the financial statements:	$ 97,553,820	$ 75,294,173
Adjustment for excess employee contributions payable not on schedule H	198,498	189,808
Adjustment for excess employer contributions payable not on schedule H	9,833	8,214
More employee contributions on schedule H	-	3,163
Forfeitures used to reduce employer contributions not on financial statements	(278,211)	(185,791)
Forfeitures transfers in not on financial statements	93,387	9,020
Gain adjustments not on schedule H	(185,569)	35,746
Interest income difference on schedule H	40,455	(4,502)
Total income line 2d plus transfers in line 2l(1) according to Form 5500	$ 97,432,213	$ 75,349,831

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, 2025 and 2024 to Form 5500 Schedule H:

	2025	2024
Total deductions according to the financial statements:	$ 38,304,679	$ 39,293,621
More expense on schedule H	3,991	4,000
More distributions on schedule H	31,647	-
Forfeiture transfer out not on financial statements	67,891	40,287
Total expenses line 2j plus transfers out line 2l(2) according to Form 5500	$ 38,408,208	$ 39,337,908

NOTE 9 EXCESS CONTRIBUTION

Amounts payable for excess contributions totaling $208,331 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 12, 2026, which is the date the financial statements were available to be 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, 2025

	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	**	$ 7,019,778
*	State Street S&P Md Cap Indx Ret Acct	Pooled accounts	**	3,438,702
*	DFA U.S. Targeted Val Port Ret Acct	Pooled accounts	**	3,131,891
*	Transamerica LifeGoal Ret with BlackRck RetAct	Pooled accounts	**	4,512,400
*	Transamerica LifeGoal 2030 with BlackRck RetAct	Pooled accounts	**	1,759,854
*	Transamerica LifeGoal 2035 with BlkRck RetAct	Pooled accounts	**	13,312,370
*	Transamerica LifeGoal 2040 with BlkRck Ret Act	Pooled accounts	**	1,541,603
*	Transamerica LifeGoal 2045 with BlkRck Ret Acct	Pooled accounts	**	1,439,296
*	Transamerica LifeGoal 2050 with BlkRck Ret Acct	Pooled accounts	**	4,616,089
*	Transamerica LifeGoal 2055 with BlkRck Ret Acct	Pooled accounts	**	465,073
*	Transamerica LifeGoal 2060 with BlkRck Ret Acct	Pooled accounts	**	358,175
*	American Funds New World Ret Acct	Pooled accounts	**	5,569,888
*	DFA Intrntl Sm Comp Port Ret Acct	Pooled accounts	**	4,767,499
*	DFA U.S. Sm Cap Port Ret Acct	Pooled accounts	**	5,577,640
*	TA Vanguard REIT Index Ret Acct	Pooled accounts	**	3,663,813
*	TA Vanguard Total Stck Mrkt Index Ret Acct	Pooled accounts	**	34,584,832
*	PIMCO Long-Term Credit Bond Ret Acct	Pooled accounts	**	15,162,560
*	BlackRock High Yield Portfolio Ret Acct	Pooled accounts	**	5,884,641
*	Blackrock High Yield Portfolio Ret Acct	Pooled accounts	**	439
*	BlackRock Hlth Scncs Opps Ret Acct	Pooled accounts	**	557,317
*	Janus Henderson Balanced Ret Acct	Pooled accounts	**	828,471
*	BNY Mellon Global Fixed Income Ret Acct	Pooled accounts	**	4,728,539
*	Pioneer Strategic Inc Ret Acct	Pooled accounts	**	15,232,664
*	PIMCO Multi-Sector Bond Ret Acct	Pooled accounts	**	377
*	MFS Md Cap Val Ret Acct	Pooled accounts	**	4,609,868
*	MFS Mid Cap Value Ret Acct	Pooled accounts	**	687
*	American Funds EuroPacific Gr Ret Acct	Pooled accounts	**	7,508,422
*	American Funds EUPAC Ret Acct	Pooled accounts	**	1,071
*	Putnam Large Cap Value Ret Acct	Pooled accounts	**	33,724,241
*	Vanguard Materials Index Ret Acct	Pooled accounts	**	427,216
*	Franklin Utilities Ret Acct	Pooled accounts	**	251,827
*	Fidelity Advisor Growth Opportunities Ret Acct	Pooled accounts	**	23,619,024
*	First Eagle Gold Ret Acct	Pooled accounts	**	1,483,121
*	Victory Intermediate Term Bond Ret Acct	Pooled accounts	**	16,245,137
*	American Century Small Cap Growth Ret Acct	Pooled accounts	**	3,471,500
*	JPMorgan Mid Cap Growth Ret Acct	Pooled accounts	**	3,649,692
*	JPMorgan U.S. Research Enhanced Equity Ret Acct	Pooled accounts	**	15,109,840
*	Transamerica LifeGoal 2065 with BlackRck RetAcc	Pooled accounts	**	39,500
*	Victory Nasdaq 100 Index Ret Acct	Pooled accounts	**	17,089,704
*	Transamerica LifeGoal 2070 with BlackRck RetAct	Pooled accounts	**	327,277
				$ 265,712,038
*	TransAmerica Stable Value Core Account	Investment contract	**	$ 23,726,503
	Participant Loans	Participant loans secured by participants vested accrued benefit. Interest rates varied from 4.25% to 9.50%.	$ -	$ 3,524,875

* Transamerica Financial Life Insurance Company is a party in interest.
**Cost information is not required for participant directed investments.

Multiple-Employer Plan Participating Employer Information

Attachment to Part I of the Form 5500

Helpside Inc. 401(k) Retirement Plan
EIN No.: 87-0476353, Plan No. 333
Plan Year Ending: December 31, 2025

(a) Name of Participating Employer	(b) EIN	(c) Percent of Total Contributions	(d) Employer Balance
Helpside Inc.	87-0476354	1.78%	8,051,505
Adams & Smith, Inc.	94-2309476	0.54%	4,553,285
Bassett Furniture Direct	01-0656036	0.20%	802,942
Performance Rehab	03-0485045	0.00%	20,115
Syracuse Arts Academy	11-3738847	2.09%	6,724,696
Wasatch Peak Academy	11-3738851	0.61%	1,917,380
North Star Academy	13-4290294	0.68%	2,297,144
TAM Solutions	20-0278969	0.41%	1,318,407
Greenlight Group	20-0404025	0.14%	-
ESP Exacavation	20-1173848	0.08%	276,087
Parnell's Glass and Body Works	20-3239357	0.01%	56,342
Boswell Wasatch Mill	20-4218343	0.32%	1,331,670
Superior Cleaning Services	20-5636595	0.01%	103,185
Capitalrock	20-5806291	1.41%	3,574,837
Jefferson Academy	26-2546736	0.42%	857,429
Early Light Academy	26-2722827	1.43%	2,757,135
Hawthorn Academy	26-2723562	1.31%	3,228,913
HiFunda	26-3003580	0.20%	530,679
Progressive Industrial Electrical, Inc.	26-3274981	0.29%	2,063,077
Mountain Heights Academy	26-3417162	2.64%	7,103,013
Maria Montessori Academy	26-3939335	0.06%	115,413
Oscilla Power	27-0790220	0.27%	827,364
Barnes Bullets	27-1488510	0.74%	3,714,147
Zyto Corporation	34-1997382	0.44%	2,283,384
General Construction and Development	42-1562377		86,795
High Mark Charter School	45-3789507	0.62%	1,510,854
LinkTrust	82-3692963	0.18%	295,414
Certs	56-2447598	0.82%	2,408,074
Alliance Dairy Service & Supplies	71-0955001	0.40%	2,616,994
AWD Sales and Service	75-3142233	0.01%	185,691
North Davis Prep Academy	76-0762107	1.08%	2,127,288
Uinta Bank	83-0151940	0.32%	1,231,627

Multiple-Employer Plan Participating Employer Information

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Helpside Inc. 401(k) Retirement Plan
EIN No.: 87-0476353, Plan No. 333
Plan Year Ending: December 31, 2025

Vase Funeral Home	83-0251226	0.05%	394,779
Youth Alternative Home	83-0269541	0.10%	-
Deru's Glassworks	83-0269751	0.00%	-
Hunter Family Medical Center	83-0330098	0.26%	1,820,646
State Bank	85-1332427	0.37%	1,554,931
Bluefin Office Group LLC	87-0260924	0.10%	209,464
Thomas J. Peck & Sons	87-0274025	0.03%	971,162
WOI Steel Inc.	87-0540130	0.11%	110,081
Richards Laboratories	87-0327515		52,690
Savage Asphalt	87-0349974		55,265
Pyne Floor Coverings	87-0394680	0.04%	100,391
Foundation Systems, Inc.	87-0430174	0.08%	848,831
Freeway Propane	87-0449808	0.15%	262,674
Poole & Associates	87-0475324	0.16%	1,124,738
InterMountain Business Lending, Inc.	87-0477091	0.29%	611,135
Buffo's Termite & Pest Control	87-0491210	0.01%	8,456
Johnson's Medical	87-0491669	0.15%	565,915
Palmer's Metalmart	87-0533603	0.33%	882,367
Jeffrey G. Ogden MD PC	87-0547016	0.18%	588,999
North Star Printing	87-0568243	0.43%	1,253,388
TSA Architects, Inc.	87-0575827	0.28%	1,259,406
CS Design Group	87-0576370	0.31%	1,139,050
Privacy Link	87-0633770	0.07%	200,590
Mountain Peaks Family Practice	87-0638632	0.02%	69,192
Cobalt Refrigeration, LLC	87-0648815	0.14%	680,069
Dexter & Dexter Attorneys At Law	87-0650309	0.02%	782,381
Curecrete Management	87-0653420	0.88%	1,556,904
Legacy Mill And Cabinet	87-0655829	0.03%	253,700
The Shipley Group	87-0658495		209,033
A-Plus Home Care	87-0659679		29,181
Asphalt Zipper	87-0661865	0.67%	2,828,420
Atomic Construction	27-2250033	0.03%	130,988
Deer Crest Master Association	87-0679651	0.07%	95,671
Convirza	86-3165955	0.06%	490,007
M13 Construction	87-0683801	0.09%	357,378
Panek Enterprises Inc.	14-1900189	0.04%	285,519

Multiple-Employer Plan Participating Employer Information

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Helpside Inc. 401(k) Retirement Plan
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Plan Year Ending: December 31, 2025

IGES	87-0581028	0.98%	5,083,565
Snake River Farmers Association	82-0401442	0.11%	311,295
Rocky Mountain Pies, LLC	20-4846068	0.56%	2,128,448
Okelberry Trucking	87-0579439	0.06%	183,654
Leavitt's Mortuary	87-0494545	0.02%	7,396
Onward Technology, LLC	27-4394603	0.55%	2,048,490
Paradigm High School	20-3338204	0.29%	-
Thermal Engineering, LLC	26-1683138	0.43%	1,665,852
Lehi ALOP, LLC	90-0769215	0.01%	16,363
Leadership Learning Academy	45-3821104	0.72%	1,188,644
Utah Career Path High	46-2398951	0.17%	499,099
Ascent Academies of Utah	46-2680772	2.63%	6,279,350
Griffith Engineering Services LLC	43-2096356	0.32%	1,664,140
Wyolectric, Inc.	30-1496512	0.07%	171,451
Brent Bowen, M.D.P.C. (Salt Lake Spine & Sports Medicine)	87-0573977	0.00%	54,036
ServSix US Corp	33-1220025	0.02%	155,556
Mountain West Montessori Academy	46-2729463	0.60%	1,484,447
Wyoming Fabrication & Machine	20-1717127	0.47%	1,142,141
A Plus Benefits, Inc. Roth Ag-Construction & Equipment, Inc.	47-1621310	0.22%	738,403
Align BI, LLC	26-3313686	0.20%	1,039,327
Systems West Performance LLC	26-2875498	0.28%	2,099,480
The Spine Institute	26-2977151	0.10%	1,135,529
Grouser Sales LTD	77-0722760	0.05%	110,163
Mountain States Trucking	27-1609571	0.00%	11,591
Hansen Black Anderson Ashcraft, PLLC	45-5561418		177,507
Sweetwater Technology Services Inc.	20-8937499	0.14%	338,586
Uinta Technologies, Inc.	52-2387410	0.17%	1,157,259
The Treeline Group	36-4491568	0.13%	512,001
Little Adventures, LLC.	20-1994815	0.42%	1,723,597
Up Right Steel, LLC	47-5372592	0.22%	334,947
Silent Break Security, LLC	45-2962557		103,972
Wallace Stegner Academy	47-3210780	2.57%	4,860,616
Fowers Trucking LLC	80-0423061	0.10%	394,793
Rocky Mountain Lighting and Controls	47-2380500		18,319
Central Utah Enterprises	38-3985487	0.13%	600,896
Uinta Senior Citizens, Inc.	83-0215583	0.08%	130,394

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Helpside Inc. 401(k) Retirement Plan
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Plan Year Ending: December 31, 2025

Landmark Excavating, Inc.	02-0702131	0.76%	1,518,496
eLearning Brothers	26-3957849		129,634
eLearning Brothers Custom	46-2073193		7,831
Hearth and Home Distributions of Utah	32-0080694	1.16%	3,215,889
Vincotech GmbH	98-1326311	0.10%	253,406
Hearth and Home Stone LLC	45-5606299	0.23%	845,282
Pharmatech Inc	46-1702120	0.59%	1,541,044
Wasatch Fireplace & Stove	81-2741571	0.05%	173,066
CCC's Holdco LLC dba Mountain Modern Hotel	81-2382551	0.21%	584,679
Armstrong Property LLC	82-0854799	0.07%	55,446
Bowcutt's Flooring America	26-2821208	0.31%	894,748
Natura Pest Services	81-5319441	0.12%	162,022
H2 Homes	47-5675877	0.21%	397,924
Abbington Senior Living Corp	87-0644400	0.20%	397,806
Blue 360 Media LLC	81-4672006	0.71%	1,525,953
Harris Architecture	48-1253731	0.21%	1,186,212
Line 8 Design LLC	47-1501956	0.03%	37,126
Avi-on Labs Inc.	47-1086057	0.18%	327,930
SCVsoft LLC	46-3224884	0.21%	961,080
HFN, Inc.	45-4222784	0.11%	455,477
Salt Lake Aviation	82-8105760	0.16%	753,229
Invite Networks	45-4077489	1.63%	4,662,494
Twist Electric Inc.	81-4987775	0.20%	628,476
Silverpeak Engineering	87-0790940	0.34%	1,721,917
Wasatch Steel Erectors LLC	87-2236757	0.09%	401,690
Dolphin Winder LLC dba Winder Farms	20-1378384		68,581
Super Saver Coupons, Inc.	87-0484810		35,590
Xvoyant	81-2567522		50,739
E-education LLC	37-1620940	0.57%	1,933,656
One West Constuction LLC	20-3713783	0.01%	54,935
Academica West, LLC dba Academica West	33-1064293	0.70%	3,619,513
Utah Controls, Inc.	87-0496338	2.10%	12,504,750
Arch Construction	32-0060840	0.04%	235,174
Ledges Canyon View Golf	46-2419342	0.34%	540,363
MSG Employment LLC	82-3677693	0.70%	1,875,565
Pacific Horizon Credit Union	87-0254941	0.32%	824,797

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Helpside Inc. 401(k) Retirement Plan
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Turner Innovations LC	46-1785844	0.25%	250,273
Zyia Active	81-2813014	0.74%	2,313,290
US Sports Medicine	47-2415996		44,617
EmployeeReferrals, Inc.	45-1064265	0.06%	91,608
Desktop Visual Products, Inc.	87-0477068	0.12%	410,002
Creations West LLC	88-4078874	0.02%	47,769
Blue Diamond GM	81-5149187	0.09%	505,952
Mountain Standard Group LLC dba Springhill Suites	81-3448419	0.06%	120,589
Momentum Development Group	27-3601524	0.53%	4,939,752
ProLink IT Solutions, Inc.	20-0993435	0.08%	-
5 Sons Services	46-3453422	0.28%	473,528
Nomatic Inc.	88-1701037	0.38%	875,308
Armour Construction	82-3856656	0.56%	1,637,081
Rendezvous Rentals, LLC	82-1637325	0.40%	768,422
Ogden-Weber Community Action Partnership, Inc.	87-6124938	0.86%	3,773,150
Darrin R. Jeffrey DDS PC	87-0644825	0.14%	469,770
Karmaholic Media, LLC	81-4706265	0.22%	764,734
Apple Tree Management LLC	26-0876679	0.02%	60,824
Hearth and Hill	82-4116910	1.00%	1,102,155
Evanston Child Development Center	74-2183157	0.18%	443,690
ClientSuccess, Inc.	46-4860642	0.22%	817,475
TriState Tire, Inc.	87-0646671		14,431
Healthcare Compliance Pros.	81-3958135	0.57%	1,030,967
Integrated Well Services, Inc.	47-3124614	0.57%	1,145,348
Compliatric	20-8829537	0.89%	2,739,169
Disaster Recovery Center, Inc. dba Teleira	20-2200859	0.00%	101,566
Strike Consulting Group, LLC	82-4734386	0.10%	426,886
BBH Consulting Inc	30-0124324		36,302
Copper Grill L.C.	27-5005096		85,439
Latinos In Action	34-4304427		17,910
Intermountain Fire Systems	84-1638290	0.07%	260,063
Ten Eighty LLC	83-1294789	0.23%	644,302
R&D Sweeping and Asphalt Maintenance LC	20-3884504	0.37%	1,138,952
Accelerated Services LLC	65-1198892	0.07%	180,816
Essential Hub, LLC	81-3930727	1.58%	2,252,361
Precision Millwork LLC	47-2910512	0.16%	265,493

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Helpside Inc. 401(k) Retirement Plan
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Plan Year Ending: December 31, 2025

AQS Inc. dba Quality Solutions Corp.	87-0553593	0.17%	1,834,361
Utah Valley Mortuary	27-3871141	0.19%	558,849
Scholar Academy	46-3239199	0.38%	1,605,843
Sorenson Forensics	26-2617935	0.28%	2,359,110
Dunn Construction LLC	87-0573114	0.10%	383,478
Gerhart Cole Inc.	87-0622143	0.77%	-
Key Property Management	30-0080051	0.14%	184,705
Alliance Drilling Tools LLC	27-0766102	0.78%	1,405,636
Luxury Properties of Jackson Hole LLC	47-2135123	0.03%	36,096
Super Top Secret LLC	27-1025869		173,096
Cedar Fort Inc.	87-0439348	0.01%	268,710
Peak Measurement and Analysis	82-1489080	0.16%	549,065
Aardevo North America	30-1195762	0.16%	412,615
Apex Real Estate & Property Management	56-2502563	0.22%	482,893
Halosight	83-2343314	0.13%	226,340
Arive Homes LLC	87-0476353	0.49%	842,638
Rocky Mountain Motor Cars, Inc.	84-1403028	0.03%	9,497
Transform Management, LLC	81-0963178	0.07%	74,289
Pupford, LLC	82-3139327	0.11%	151,017
Abacus Group RE LLC	39-4398834	0.07%	162,497
Glenn William Enterprises, LLC	74-3051600		190,669
Lehi Physical Therapy dba Westlake Physical Therapy	20-1855087	0.10%	231,851
Fife Dermatology Utah, PLLC dba Vivida Dermatology	82-3731846	0.15%	292,113
Cook Surveying & Associates, LLC	84-3341489	0.02%	162,323
Nutriient LLC	84-3808751	0.03%	35,251
Bridge Elementary	83-3548280	0.22%	-
Signature Floors Inc.	87-0549510	0.23%	415,247
Bateman IP Law Group	80-0060375	0.01%	29,295
Berkley LLC	82-2775405	0.06%	305,604
Sponenburgh & Company	26-3527149	0.12%	305,640
Alpine Apothecary 2, LLC	83-1686269	0.05%	83,885
Advantage Arts Academy	82-0987141	0.03%	57,494
Outlaw Hotshot LLC	45-5529195	0.01%	6,384
Bex Construction LLC	93-3015311	0.01%	14,683
Lunch Pro. LLC	85-0792883	0.06%	83,516
Aspen Mountain Electric	20-0957254	0.03%	78,881

Multiple-Employer Plan Participating Employer Information

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Helpside Inc. 401(k) Retirement Plan
EIN No.: 87-0476353, Plan No. 333
Plan Year Ending: December 31, 2025

Professional Rig Services, Inc.	45-3060178	0.27%	486,693
Barch Industries, LLC	84-2665545	0.02%	44,775
Palmer Wholesale Inc.	26-2936056	0.09%	264,712
Indicio PBC dba Indicio, Inc.	85-0605709	0.30%	582,088
Peak Disposal, LLC	82-2064930	0.05%	65,036
HealthLinX LLC	87-0660214	0.33%	639,630
Allred's Inc	87-0209177	0.55%	1,112,659
Avative LLC	46-3439127	0.01%	-
Blue Sun Products LLC	27-3405145	0.06%	93,748
BlueEQ, LLC	46-4450621	0.23%	372,519
JT Steel Inc	87-0481642	0.61%	2,373,991
Platinum Payments LLC	45-1846246	0.14%	335,912
P1 Title Insurance Agency	84-5178335	0.02%	36,396
Resono Pressure Systems, Inc	82-1228443	0.04%	74,321
Mountain Standard Group LLC dba The Cloudveil Hotel	83-1320389	0.26%	262,207
Union Title Insurance Agency, LLC	20-3715966	0.12%	244,857
Jerry G. Davis Construction Inc.	87-0514937	0.26%	535,131
Eclipse Mobility LLC	81-1401564	0.11%	90,598
Oyboy Heating & Cooling LLC	83-1639295		8,522
Up North LLC dba Bill's Comfort Systems	83-4006510	0.17%	242,998
Kenneth L Crump, MD PC	87-0638151	0.24%	905,105
Concord Homes, LLC	81-1883046	0.05%	51,162
Craig Enterprises, Inc dba CommGap	87-0649117	0.20%	1,809,187
Signature Group Real Estate dba Realty ONE Group Signature	27-0588301	0.11%	159,150
Phoenix Rebellion Therapy LLC	84-4010500	0.02%	58,989
Plumbing Utah LLC	47-4640273	0.03%	-
Landmark Lifting	47-2987962	0.00%	992
Legacy Outdoor Adventures LLC	38-3846242	0.05%	65,194
3DIO, Inc	84-1819074	0.08%	157,741
Turner Imaging Systems	81-3211097	0.13%	271,815
CandyCo LLC	45-3060922	0.42%	489,971
Issimo Productions	20-3861353	0.08%	207,397
G & S Crane Service, LLC	20-4243936	0.02%	76,423
D Cook Electrical Sales Inc. dba GT Sales	93-4394811	0.16%	303,843
Commercial Kitchen Supply	87-0563098	0.11%	126,840
Intelvio, LLC dba Phlebotomy Training Specialists USA, LLC	47-1869929	0.75%	880,953

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Ascend Salesforce Consulting	84-3630294	0.01%	11,182
Quivers International Inc.	45-4648702	0.24%	608,315
Utah Pride Center	87-0504077		9,939
Adapt Therapy LLC	86-2954631	0.05%	75,591
Deer Hollow Holdings, LLC	82-2863818	0.47%	720,136
Kirk Mobile Repair, LLC	20-3685101	0.31%	696,971
Lumen Scholar Institute	47-1342184	0.49%	785,694
SWAGS Detailing Inc	83-2315122	0.01%	-
Jeremy Keele Trucking, LLC dba JKT, LLC	46-5757855	0.02%	24,010
Valley Vision Center	45-4037502	0.07%	140,031
SBI Contracting Inc.	46-0473188	0.02%	26,569
SocialSwell Inc. dba Swell	81-3936654	0.33%	939,301
Klophaus & Associates dba Klophaus PLLC	27-4806633	0.73%	2,214,981
Future House Studios, LLC	35-2554872	0.06%	123,185
Olympus Hills Lanes Inc. dba Olympus	87-0514396	0.05%	113,519
Stena Group LLC	87-3526760		482,445
Millhaven Construction	27-0810151	0.39%	454,432
Astoria Park Conservancy	82-5250433	0.20%	237,786
Triaxiom, LLC	87-3869105	0.01%	17,146
Doodlebug Design Inc.	87-0657258	0.06%	193,360
Aerel Design, Inc.	27-3698124	0.33%	527,661
Verbatim Solutions, LLC	87-0707413	0.03%	35,667
B.O.S.S. Retirement Solutions LLC	26-2695202	3.03%	4,784,105
Newtown Development, LLC	87-4814636	0.37%	911,441
Allstate Robinson, Gregory	88-0402877	0.02%	24,794
Komodo Systems Inc	46-3139015	0.18%	244,810
HIJK Commercial LLC	87-2725168	0.02%	1,319
FeltRight, LLC	84-4239157	0.21%	221,457
Bold Approved, LLC	85-0558283	0.05%	90,016
FluidBanking Technologies, Inc.	88-3154172		18,488
Aim Construction LLC	87-7696143	0.02%	94,114
Achieve CMO LLC DBA Achieve CMO	92-2806407	0.08%	147,185
Aqua Yield Operations Inc	88-3449133	0.42%	441,333
Paradigm Life Insurance LLC	87-0813762	0.39%	343,698
Skyline Landscape and Excavation, LLC	86-3182074	0.04%	49,201
Dudley Concrete and Pumping Inc.	87-0563086	0.49%	2,783,957

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Helpside Inc. 401(k) Retirement Plan
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BPI Labs Inc.	83-0313201	0.18%	518,856
Synergy Rehab LLC	88-3656372	0.58%	633,856
HighPoint CPAs, LLC	27-3854246	0.28%	484,643
Algin Enterprises DBA 5th Avenue Studio Supply	27-3741111	0.03%	31,366
ClingerHagerman, LLC	88-3539285	0.06%	58,827
Pello LLC	93-2782077		527,689
Atwood Strong & Associates, PLLC dba South Valley Dental Care	82-1856316	0.15%	125,343
The Fence Company, LLC	88-4167677	0.00%	1,170
High Fitness, LP	82-2396177	0.08%	63,088
Helpside Inc.	84-3773044	0.24%	177,732
Kent Whipple Construction, LLC	47-5549081	0.02%	70,453
CDE, LLC	46-4435422	0.15%	1,030,856
Bateman Collective, LLC	83-1255000	0.03%	-
Basin Upfitting	46-2894905	0.54%	336,517
Kingbee Rentals	86-1222268	0.97%	2,810,764
Max Connect Marketing	46-2678795	2.35%	7,702,170
Deer Meadows Brands, LLC	92-2395531		1,253
Deer Meadows Landscape, LLC	92-2794948		143
Vinyl Industries, LLC	30-0867895	0.34%	938,659
BL Custom, LLC	93-1387509	0.04%	104,244
Ron Keller Tire, Inc	84-1416972	0.68%	468,869
Robert R. Thorup, DDS, PC	87-0554433	0.08%	63,806
Cabinet Corner, LLC	87-2265051	0.14%	341,455
BVP, LLC	83-3713805	0.05%	20,503
CadenceSEO, LLC	85-2301834	0.11%	57,098
Densley Development	87-0530664	0.01%	7,224
All Star Crew, LLC	99-1013441	0.11%	144,637
Western Truck & Trailer Sales, LLC	87-0399651	0.48%	568,204
The Law Office of Jill L. Coil	47-2545957	0.34%	689,883
Watson Property Management Company, LLC	87-0476353	0.04%	110,761
Spilt Ink SLC, LLC	27-3257970	0.12%	56,638
CCC's Holdco II, LLC dba Sedona Real	93-3866530	0.09%	59,516
Cache Title Company	87-0330039	0.21%	198,864
Idaho Fuel Transport, LLC	92-3286625	0.05%	33,534
Wind River Custom Homes, LLC	93-3371595	0.04%	13,525
Smartcos, Inc.	83-0945624	0.08%	72,261

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Helpside Inc. 401(k) Retirement Plan
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Dare 2B Safe, LLC	92-1321241	0.37%	197,292
Harris Investment Group, LLC	83-3504136	0.72%	961,042
Robertson Diesel Repair, Inc	81-5368447	0.26%	206,743
Ken Fortuna, LLC dba Anvil Wealth	47-2398003	0.25%	173,074
UI Professional Services, LLC	83-1982344	0.00%	-
Brimstone Asset Management LLC dba HomeSmart Realty Partners	82-2296117	0.00%	-
Lyle W. Williams Company	87-0305609	1.08%	3,900,161
Long Lake Management Holdings, Inc	93-4962156	0.23%	144,040
Uinta Counseling, LLC	83-1903402	0.05%	30,130
Connections Counseling Services of Utah, PLLC	83-0680001	0.18%	107,284
PAWS Providing Animal Welfare Services	83-0326768	0.22%	186,553
OmniDerm, LLC	93-4714076	0.10%	187,602
Ironside Engineering, LLC.	81-3775841	0.07%	38,729
Voices Jackson Hole	92-1110044	0.01%	2,625
Streamline Development, LLC	92-2331553	0.06%	33,834
AirBridge Broadband	81-5005773	0.19%	99,551
HET, Inc.	99-1317273	0.07%	171,671
Overman Concrete Inc.	87-0477127	0.25%	125,903
Morgan Taylor Homes, LLC	26-1609209	0.32%	585,586
CE Medical Group, LLC	36-4609823	0.52%	1,735,775
Aspire365, LLC	83-2806379	0.81%	552,272
Crown Contractors, LLC	99-1765446	0.01%	38,635
Ranch Eats, LLC	88-3145637	0.06%	37,720
NVE, LLC	27-1438360	0.03%	13,418
Plant Manufacturing & Labs, LLC	84-4196788	0.22%	228,922
Sumsion Business Law, LLC	20-5669798	0.04%	17,370
Prospect Title Insurance Agency LLC	83-2804930	0.42%	1,096,979
M&M Transfer, Inc.	83-0306863	0.08%	31,352
Ziplocal LP	20-0398371	0.15%	2,526,373
evoSonic (USA) Inc.	99-5108620	0.15%	63,271
Rosewood Dental Associates LLC	14-1954877	0.12%	48,950
Evanston Motors, LLC	99-3723061	0.06%	34,434
Live Like Sam Foundation	85-2202987	0.03%	13,674
Traco Manufacturing, LLC	87-0452158	0.79%	3,849,688
Violet Consulting LLC	86-3493310	0.03%	54,833
Sun Valley Markings, LLC	93-1707717	0.21%	80,061

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Helpside Inc. 401(k) Retirement Plan
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Plan Year Ending: December 31, 2025

Smokin J Diesel & Automotive Service, LLC	87-2357393	0.02%	9,664
Channel Edge Media, LLC	33-2705298	0.02%	10,079
Richard S Carlile DDS PLLC	88-2642278	0.11%	151,361
Senior Financial Aid Advocates	86-3514332	0.01%	4,405
ESM Inc. dba Nimbl Fulfillment	82-1921961	0.10%	38,741
Factor 1 Studios, LLC	20-1551501	0.06%	218,284
Sethera Therapeutics, Inc.	99-3550314	0.02%	-
Black Mesa Advanced Fission, LLC	88-3194181	0.07%	51,902
Idaho Arthritis & Osteoporosis Center PC dba Idaho Arthritis Center	82-0536242	0.28%	4,224,406
Redi Inspection Services, LLC	81-2329121	0.02%	6,610
Meadowbrook Counseling of Utah LLC	86-2670894	0.09%	50,388
Ancient America Foundation	74-2363812	0.02%	10,277
KSM Family LLC	46-5171949	0.01%	16,056
Oakwood Creative Care	86-0575242	0.03%	82,834
Teton Adaptive	06-1741611	0.01%	3,915
SRF Technologies, LLC	20-4810189	0.06%	240,150
Mariani Construction Company	93-4452584	0.01%	2,978
Animal Adoption Center, Inc.	20-0629074	0.03%	80,425
OXN Engineering PLLC	33-4211061	0.05%	28,804
American Sons LLC dba Monad	83-1340743	0.09%	111,691
Farnsworth-Ricks Management and Realty, Inc.	86-0743362	0.01%	3,997
Stack Integrated Inc.	93-4660872	0.00%	1,228

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, 2025

	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	**	$ 7,019,778
*	State Street S&P Md Cap Indx Ret Acct	Pooled accounts	**	3,438,702
*	DFA U.S. Targeted Val Port Ret Acct	Pooled accounts	**	3,131,891
*	Transamerica LifeGoal Ret with BlackRck RetAct	Pooled accounts	**	4,512,400
*	Transamerica LifeGoal 2030 with BlackRck RetAct	Pooled accounts	**	1,759,854
*	Transamerica LifeGoal 2035 with BlkRck RetAct	Pooled accounts	**	13,312,370
*	Transamerica LifeGoal 2040 with BlkRck Ret Act	Pooled accounts	**	1,541,603
*	Transamerica LifeGoal 2045 with BlkRck Ret Acct	Pooled accounts	**	1,439,296
*	Transamerica LifeGoal 2050 with BlkRck Ret Acct	Pooled accounts	**	4,616,089
*	Transamerica LifeGoal 2055 with BlkRck Ret Acct	Pooled accounts	**	465,073
*	Transamerica LifeGoal 2060 with BlkRck Ret Acct	Pooled accounts	**	358,175
*	American Funds New World Ret Acct	Pooled accounts	**	5,569,888
*	DFA Intrntl Sm Comp Port Ret Acct	Pooled accounts	**	4,767,499
*	DFA U.S. Sm Cap Port Ret Acct	Pooled accounts	**	5,577,640
*	TA Vanguard REIT Index Ret Acct	Pooled accounts	**	3,663,813
*	TA Vanguard Total Stck Mrkt Index Ret Acct	Pooled accounts	**	34,584,832
*	PIMCO Long-Term Credit Bond Ret Acct	Pooled accounts	**	15,162,560
*	BlackRock High Yield Portfolio Ret Acct	Pooled accounts	**	5,884,641
*	Blackrock High Yield Portfolio Ret Acct	Pooled accounts	**	439
*	BlackRock Hlth Scncs Opps Ret Acct	Pooled accounts	**	557,317
*	Janus Henderson Balanced Ret Acct	Pooled accounts	**	828,471
*	BNY Mellon Global Fixed Income Ret Acct	Pooled accounts	**	4,728,539
*	Pioneer Strategic Inc Ret Acct	Pooled accounts	**	15,232,664
*	PIMCO Multi-Sector Bond Ret Acct	Pooled accounts	**	377
*	MFS Md Cap Val Ret Acct	Pooled accounts	**	4,609,868
*	MFS Mid Cap Value Ret Acct	Pooled accounts	**	687
*	American Funds EuroPacific Gr Ret Acct	Pooled accounts	**	7,508,422
*	American Funds EUPAC Ret Acct	Pooled accounts	**	1,071
*	Putnam Large Cap Value Ret Acct	Pooled accounts	**	33,724,241
*	Vanguard Materials Index Ret Acct	Pooled accounts	**	427,216
*	Franklin Utilities Ret Acct	Pooled accounts	**	251,827
*	Fidelity Advisor Growth Opportunities Ret Acct	Pooled accounts	**	23,619,024
*	First Eagle Gold Ret Acct	Pooled accounts	**	1,483,121
*	Victory Intermediate Term Bond Ret Acct	Pooled accounts	**	16,245,137
*	American Century Small Cap Growth Ret Acct	Pooled accounts	**	3,471,500
*	JPMorgan Mid Cap Growth Ret Acct	Pooled accounts	**	3,649,692
*	JPMorgan U.S. Research Enhanced Equity Ret Acct	Pooled accounts	**	15,109,840
*	Transamerica LifeGoal 2065 with BlackRck RetAcc	Pooled accounts	**	39,500
*	Victory Nasdaq 100 Index Ret Acct	Pooled accounts	**	17,089,704
*	Transamerica LifeGoal 2070 with BlackRck RetAct	Pooled accounts	**	327,277
				$ 265,712,038
*	TransAmerica Stable Value Core Account	Investment contract	**	$ 23,726,503
	Participant Loans	Participant loans secured by participants vested accrued benefit. Interest rates varied from 4.25% to 9.50%.	$ -	$ 3,524,875

* Transamerica Financial Life Insurance Company is a party in interest.
**Cost information is not required for participant directed investments.