# 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

**2021**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

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

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

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

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

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

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
KEY FAMILY 401K PLAN

**1b** Three-digit plan number (PN) ▶ 002

**1c** Effective date of plan 01/01/1988

**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)
KEY BENEFIT ADMINISTRATORS

8330 ALLISON POINTE TRAIL
INDIANAPOLIS, IN 46250-1682

**2b** Employer Identification Number (EIN) 35-1450364

**2c** Plan Sponsor's telephone number 317-284-7100

**2d** Business code (see instructions) 524290

**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. | 10/10/2022 | BRADLEY P. RAY |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | | | |
| | **Signature of employer/plan sponsor** | Date | Enter name of individual signing as employer or plan sponsor |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

**3a** Plan administrator's name and address [X] Same as Plan Sponsor

**3b** Administrator's EIN

**3c** Administrator's telephone number

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

**4b** EIN

**4d** PN

| | | |
|---|---|---|
| **5** Total number of participants at the beginning of the plan year | **5** | 582 |
| **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)** | 385 |
| **a(2)** Total number of active participants at the end of the plan year | **6a(2)** | 388 |
| **b** Retired or separated participants receiving benefits | **6b** | 4 |
| **c** Other retired or separated participants entitled to future benefits | **6c** | 217 |
| **d** Subtotal. Add lines **6a(2)**, **6b**, and **6c** | **6d** | 609 |
| **e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. | **6e** | 1 |
| **f** Total. Add lines **6d** and **6e** | **6f** | 610 |
| **g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 516 |
| **h** Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 10 |
| **7** Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

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

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

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

**9a** Plan funding arrangement (check all that apply)

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

**9b** Plan benefit arrangement (check all that apply)

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

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

**a Pension Schedules**

| | | |
|---|---|---|
| **(1)** | [X] | **R** (Retirement Plan Information) |
| **(2)** | [ ] | **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary |
| **(3)** | [ ] | **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |

**b General Schedules**

| | | | |
|---|---|---|---|
| **(1)** | [X] | | **H** (Financial Information) |
| **(2)** | [ ] | | **I** (Financial Information – Small Plan) |
| **(3)** | [X] | 1 | **A** (Insurance Information) |
| **(4)** | [X] | | **C** (Service Provider Information) |
| **(5)** | [ ] | | **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 2021 Form M-1 annual report. If the plan was not required to file the 2021 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

**2021**

**This Form is Open to Public Inspection**

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

**A** Name of plan
KEY FAMILY 401K PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
KEY BENEFIT ADMINISTRATORS

**D** Employer Identification Number (EIN)
35-1450364

**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
NATIONWIDE 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 |
| 31-4156830 | 66869 | 752-80000 | 90 | 01/01/2021 | 12/31/2021 |

**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 | |
| 5 | Current value of plan's interest under this contract in separate accounts at year end | 5 | |

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

| | | | | | |
|---|---|---|---|---|---|
| b | Balance at the end of the previous year | | | 7b | 1590508 |
| c | Additions: (1) Contributions deposited during the year | 7c(1) | 88504 | | |
| | (2) Dividends and credits | 7c(2) | 0 | | |
| | (3) Interest credited during the year | 7c(3) | 20665 | | |
| | (4) Transferred from separate account | 7c(4) | 121349 | | |
| | (5) Other (specify below) | 7c(5) | 1707051 | | |
| | ▶ INTRA COMPANY TRANSFER IN - 1696705.66 LOAN REPAYMENT - $10345.03 | | | | |
| | (6) Total additions | | | 7c(6) | 1937569 |
| d | Total of balance and additions (add lines **7b** and **7c(6)**) | | | 7d | 3528077 |
| e | Deductions: | | | | |
| | (1) Disbursed from fund to pay benefits or purchase annuities during year | 7e(1) | 398237 | | |
| | (2) Administration charge made by carrier | 7e(2) | 2494 | | |
| | (3) Transferred to separate account | 7e(3) | 131736 | | |
| | (4) Other (specify below) | 7e(4) | 8234 | | |
| | ▶ FORFEITURE - $315.97 LOAN WITHDRAWAL - 7918.16 | | | | |
| | (5) Total deductions | | | 7e(5) | 540701 |
| f | Balance at the end of the current year (subtract line **7e(5)** from line **7d**) | | | 7f | 2987376 |

## 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<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2021**<br>**This Form is Open to Public Inspection.** |

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

| **A** Name of plan | **B** Three-digit plan number (PN) ▶ |
|---|---|
| KEY FAMILY 401K PLAN | 002 |
| **C** Plan sponsor's name as shown on line 2a of Form 5500 | **D** Employer Identification Number (EIN) |
| KEY BENEFIT ADMINISTRATORS | 35-1450364 |

## Part I Service Provider Information (see instructions)

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

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

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

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

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

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

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

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMNBUS, OH 43215

| (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? |
|---|---|---|---|---|---|---|
| 19 51 52 28 | CUSTODIAN | 76185 | Yes [X] No [ ] | Yes [X] No [ ] | 6364 | Yes [ ] No [X] |

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

GWN SECURITIES INC

11440 N JOG RD
PALM BEACH GARDENS, FL 33418

65-0939556

| (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? |
|---|---|---|---|---|---|---|
| 51 | ADVISOR | 0 | Yes [X] No [ ] | Yes [X] No [ ] | 44273 | Yes [ ] No [X] |

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

NYHART

8415 ALLISON POINTE BLVD. SUITE 300
INDIANAPOLIS, IN 46250

35-0966414

| (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? |
|---|---|---|---|---|---|---|
| 14 37 | TPA | 21861 | Yes [X] No [ ] | Yes [X] No [ ] | 1737 | 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)

ACTIVE-PASSIVE/IRON-CO-FID-ORTH

5440 W 110TH ST
SHAWNEE MISSION, KS 66211

26-2409128

| (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? |
|---|---|---|---|---|---|---|
| 52 | ADVISOR | 3188 | Yes [ ] No [X] | Yes [ ] No [ ] | | Yes [ ] No [ ] |

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

NATIONWIDE LIFE INSURANCE

10 W NATIONWIDE BLVD
5-05-111V
COLUMBUS, OH 43215

31-4156830

| (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? |
|---|---|---|---|---|---|---|
| 23 | INSURANCE | 1675 | 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 |
|---|---|---|
| | | |

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

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

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

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

| **Part III** | **Termination Information on Accountants and Enrolled Actuaries (see instructions)**<br>(complete as many entries as needed) |
|---|---|

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

**a** Name:

**b** EIN:

**c** Position:

**d** Address:

**e** Telephone:

Explanation:

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Financial Information

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

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

OMB No. 1210-0110

**2021**

**This Form is Open to Public Inspection**

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

**A** Name of plan
KEY FAMILY 401K PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
KEY BENEFIT ADMINISTRATORS

**D** Employer Identification Number (EIN)
35-1450364

## 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) | 0 | 0 |
| **(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) | 112608 | 0 |
| **(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) | 212135 | 189761 |
| **(9)** Value of interest in common/collective trusts | 1c(9) | | |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | | |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | | |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | | |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | 17030692 | 19307129 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | 1590508 | 1396866 |
| **(15)** Other | 1c(15) | | |

| | | | **(a)** Beginning of Year | **(b)** End of Year |
|---|---|---|---|---|
| **1d** | Employer-related investments: | | | |
| | **(1)** Employer securities | 1d(1) | 0 | 0 |
| | **(2)** Employer real property | 1d(2) | | |
| **e** | Buildings and other property used in plan operation | 1e | | |
| **f** | Total assets (add all amounts in lines 1a through 1e) | 1f | 18945943 | 20893756 |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | 1g | 65212 | 50601 |
| **h** | Operating payables | 1h | | |
| **i** | Acquisition indebtedness | 1i | | |
| **j** | Other liabilities | 1j | | |
| **k** | Total liabilities (add all amounts in lines 1g through1j) | 1k | 65212 | 50601 |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | 1l | 18880731 | 20843155 |

## 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) | 163404 | |
| | **(B)** Participants | 2a(1)(B) | 1229320 | |
| | **(C)** Others (including rollovers) | 2a(1)(C) | | |
| | **(2)** Noncash contributions | 2a(2) | | |
| | **(3)** Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)** | 2a(3) | | 1392724 |
| **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) | 10131 | |
| | **(F)** Other | 2b(1)(F) | | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 10131 |
| | **(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) | 730351 | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | 730351 |
| | **(3)** Rents | 2b(3) | | |
| | **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| | **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| | **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | 0 |
| | **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate | 2b(5)(A) | | |
| | **(B)** Other | 2b(5)(B) | | |
| | **(C)** Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)** | 2b(5)(C) | | 0 |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | 1541464 |
| c Other income | 2c | | |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 3674670 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 1683972 | |
| (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) | | 1683972 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | |
| h Interest expense | 2h | | |
| i Administrative expenses: (1) Professional fees | 2i(1) | 21861 | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Investment advisory and management fees | 2i(3) | | |
| (4) Other | 2i(4) | 6413 | |
| (5) Total administrative expenses. Add lines **2i(1)** through **(4)** | 2i(5) | | 28274 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 1712246 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line **2j** from line **2d** | 2k | | 1962424 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

## Part III Accountant's Opinion

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

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

**(1)** [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: GREENWALT CPAS, INC. **(2)** EIN: 35-1489521

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

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

## Part IV Compliance Questions

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

During the plan year:

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

| | | | Yes | No | Amount |
|---|---|---|---|---|---|
| **b** | Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | **4b** | | X | |
| **c** | Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | **4c** | | X | |
| **d** | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | **4d** | | X | |
| **e** | Was this plan covered by a fidelity bond? | **4e** | X | | 1000000 |
| **f** | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | **4f** | | X | |
| **g** | Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | **4g** | | X | |
| **h** | Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | **4h** | | X | |
| **i** | Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | **4i** | X | | |
| **j** | Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) | **4j** | | X | |
| **k** | Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | **4k** | | X | |
| **l** | Has the plan failed to provide any benefit when due under the plan? | **4l** | | X | |
| **m** | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | **4m** | | X | |
| **n** | If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 | **4n** | | | |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No

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

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

| **5b(1)** Name of plan(s) | **5b(2)** EIN(s) | **5b(3)** PN(s) |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

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

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

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Retirement Plan Information

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

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

OMB No. 1210-0110

**2021**

**This Form is Open to Public Inspection.**

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

**A** Name of plan
KEY FAMILY 401K PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
KEY BENEFIT ADMINISTRATORS

**D** Employer Identification Number (EIN)
35-1450364

## 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): 31-1592130

**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 contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

---

**a** Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

# KEY FAMILY 401(K) PLAN

FINANCIAL STATEMENTS

Together with Independent Auditors' Report

DECEMBER 31, 2021 AND 2020

GREENWALT CPAs

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PH 317 241 2999
FAX 317 240 4485

Greenwalt CPAs, Inc.
5342 W. Vermont Street
Indianapolis, IN 46224
www.greenwaltcpas.com

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# INDEPENDENT AUDITORS' REPORT

To the Board of Directors of Key Benefit Administrators, Inc. and
Plan Management of Key Family 401(k) Plan:

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

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

Management, having determined it is permissible in the circumstances, has elected to have the audit of Key Family 401(k) 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 audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of and for the year ended December 31, 2021, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

## Opinion

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

- the amounts and disclosures in the financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

## Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Key Family 401(k) Plan and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

## Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. 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 Key Family 401(k) 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.

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Key Family 401(k) 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 Key Family 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

## Supplemental Schedule Required by ERISA

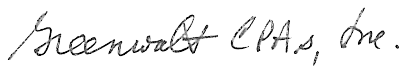
The supplemental schedule of assets (held at end of year) as of December 31, 2021 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information 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 GAAS. 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 its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

- the 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).



Indianapolis, Indiana
September 16, 2022

PH 317 241 2999
FAX 317 240 4485

Greenwalt CPAs, Inc.
5342 W. Vermont Street
Indianapolis, IN 46224
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GREENWALT CPAs

# Independent Auditors' Report

To the Board of Directors of Key Benefit Administrators, Inc. and
Plan Management of Key Family 401(k) Plan:

We were engaged to audit the accompanying statement of net assets available for benefits of Key Family 401(k) Plan as of December 31, 2020, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

## Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

## Auditors' Responsibility

Our responsibility is to express an opinion on the 2020 financial statement based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

## Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Nationwide Trust Company, FSB and Nationwide Life Insurance Company (collectively, the "Nationwide"), the custodian of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of and for the year ended December 31, 2020 that the information provided to the plan administrator by the custodian is complete and accurate.

## Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the 2020 financial statements. Accordingly, we do not express an opinion on the 2020 financial statements.

## Report on Form and Content in Compliance With DOL Rules and Regulations for 2020 Financial Statements

The form and content of the information included in the 2020 financial statements, other than that derived from the information certified by the custodians, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Greenwalt CPAs, Inc.

Indianapolis, Indiana
September 16, 2022

# KEY FAMILY 401(K) PLAN
## STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
## DECEMBER 31, 2021 AND 2020

| | 2021 | 2020 |
|---|---|---|
| **ASSETS** | | |
| Investments at fair value (See Note 4) | $ 19,307,129 | $ 17,143,300 |
| Investment at contract value (See Note 5) | 1,396,866 | 1,590,508 |
| *Total investments* | 20,703,995 | 18,733,808 |
| Notes receivable from participants | 189,761 | 212,135 |
| *Total assets* | 20,893,756 | 18,945,943 |
| **LIABILITIES** | | |
| Excess contributions payable | 50,601 | 65,212 |
| **NET ASSETS AVAILABLE FOR BENEFITS** | $ 20,843,155 | $ 18,880,731 |

See accompanying notes to financial statements.

# KEY FAMILY 401(K) PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020

| | 2021 | 2020 |
|---|---|---|
| **ADDITIONS TO NET ASSETS ATTRIBUTED TO** | | |
| Investment activity | | |
| Net appreciation in fair value of investments, net fees of $73,731 and $98,370 for 2021 and 2020, respectively | $ 1,541,464 | $ 1,771,045 |
| Interest and dividend income | 730,351 | 696,776 |
| *Total investment activity* | 2,271,815 | 2,467,821 |
| Interest income on notes receivable from participants | 10,131 | 12,294 |
| Contributions | | |
| Employer | 163,404 | 164,815 |
| Participants | 1,229,320 | 1,210,108 |
| Rollover | - | 19,280 |
| *Total contributions* | 1,392,724 | 1,394,203 |
| *Total additions* | 3,674,670 | 3,874,318 |
| **DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO** | | |
| Benefits paid to participants | 1,683,972 | 959,157 |
| Administrative expenses | 28,274 | 18,905 |
| *Total deductions* | 1,712,246 | 978,062 |
| *Net increase* | 1,962,424 | 2,896,256 |
| **NET ASSETS AVAILABLE FOR BENEFITS** | | |
| Beginning of year | 18,880,731 | 15,984,475 |
| End of year | $ 20,843,155 | $ 18,880,731 |

## 1. Description of the Plan

The following description of Key Family 401(k) Plan (the Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

### General

The Plan is a defined contribution plan covering the employees of Key Benefit Administrators, Inc. and Employee Benefit Services, Inc. (collectively "the Company") who are at least 18 years old and have completed 30 days of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Board of Directors of the Company is responsible for oversight of the Plan. Plan management determines the appropriateness of the Plan's investment offerings, monitors investment performance, and reports to the Board of Directors.

### Contributions

Each year, participants may contribute up to the Internal Revenue Service (IRS) limits of pre-tax annual compensation, as defined by the Plan. Employees may also elect to make Roth deferrals, which when combined with pre-tax deferrals, may not exceed the plan limits as described above. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollover). Participants direct the investment of their contributions into various investment options offered by the Plan.

The Company may make contributions in two manners. First, a discretionary matching contribution equal to a percentage of the participant's elective deferrals is possible. Second, the Company can make a special discretionary contribution allocated to all eligible participants. The Company elected to match 25% of participants' contributions up to a maximum of 1% of the participants' eligible compensation for the years ended December 31, 2021 and 2020. No additional special discretionary contribution was made by the Company in 2021 or 2020. The Company contributions are invested as directed by the participant. Contributions are subject to certain IRS limitations.

### Participant Accounts

Each participant's account is credited with the participant's contributions and the Company's discretionary matching contributions, as well as allocations of the Company's special discretionary contribution and plan earnings. Participant accounts are charged with an allocation of administrative expenses that are paid by the Plan. Allocations are based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

## 1. Description of the Plan, Continued

### Vesting

Participants are vested immediately in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts is based on a graduated scale as shown below:

| Years of Service | Vested % |
|---|---|
| Less than 1 year | 0 |
| At least 1 year, but less than 2 years | 20 |
| At least 2 years, but less than 3 years | 40 |
| At least 3 years, but less than 4 years | 60 |
| At least 4 years, but less than 5 years | 80 |
| 5 years or more | 100 |

### 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 $20,000 or their vested account balance. The loans are secured by the balance in the participant's account. The loan interest rate is set at 1% above the prime rate, as defined. Principal and interest is paid ratably through payroll deductions.

### Payment of Benefits

On termination of service due to any reason, a participant may elect to receive a lump sum amount equal to the value of the participant's vested interest in his or her account. Partial withdrawals are only permitted for participants or beneficiaries who must receive required minimum distributions. The Plan permits in-service withdrawals at age 59.5 and hardship withdrawals to participants subject to certain restrictions. Early retirement is not permitted.

### Forfeited Accounts

At December 31, 2021 and 2020, there were no forfeited nonvested accounts. These accounts may be used to reduce future employer contributions or to pay plan expenses. Employer contributions were reduced by $1,000 and $2,000 from forfeited nonvested accounts in 2021 and 2020, respectively.

### Plan Amendment

Effective January 1, 2020, the Plan was amended and will not initiate a six-month suspension period on elective deferrals following a hardship distribution. Also, a distribution will be considered necessary to satisfy the participant's immediate and heavy financial need only if: (1) the participant has obtained all distributions, other than hardship distributions, under all plans maintained by the Company; (2) the distribution is not in excess of the amount of an immediate and heavy financial need; (3) the participant has represented in writing that they have insufficient cash or other liquid assets to satisfy the financial need.

## 2. Summary of Significant Accounting Policies

### Basis of Accounting and Use of Estimates

The financial statements of the Plan are prepared on the accrual basis of accounting. The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

### Investment Valuation and Income Recognition

Investments are reported at fair value (except for the fully benefit-responsive investment contract, which is reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's management determines the Plan's valuation policies utilizing information provided by the investment adviser, custodians, and insurance company. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. 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 are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are charged directly to the borrowing participant's account and are recorded as administrative expenses when incurred. No allowance for credit losses has been recorded as of December 31, 2021 or 2020.

### Payments of Benefits

Benefits are recorded when paid.

### Administrative Expenses

Certain expenses of maintaining the Plan are paid by the Plan, unless otherwise paid by the Company. Expenses that are paid by the Company are excluded from these financial statements. Fees related to the administration of notes receivable from participants are charged directly to the participant's account. Investment related expenses are included in net appreciation of fair value of investments.

### Subsequent Events

The Plan has evaluated subsequent events through September 16, 2022, the date the financial statements were available to be issued.

## 3. CERTIFIED INVESTMENTS

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and supplemental schedule, including investments and notes receivable from participants held at December 31, 2021 and 2020, and net appreciation in fair value of investments, interest and dividends for the years then ended, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Nationwide Trust Company, FSB and Nationwide Life Insurance Company (collectively, "Nationwide"), the custodians of the Plan.

## 4. FAIR VALUE MEASUREMENTS

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of fair value hierarchy are described as follows:

- Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 – Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2021 and 2020:

*Money market fund:* Generally transact subscription and redemption activity at a $1 stable net asset value (NAV) however, on a daily basis, the funds are valued at their quoted price in active markets provided by the financial institution managing the fund.

*Registered Investment Companies (mutual funds):* Valued at the daily closing price as reported by the fund. Mutual funds are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

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

## 4. Fair Value Measurements, Continued

Assets Measured at Fair Value on a Recurring Basis

| December 31, 2021 | Total | Quoted Prices in Active Markets for Identical Assets (Level 1) | Significant Other Observable Inputs (Level 2) | Significant Unobservable Inputs (Level 3) |
|---|---|---|---|---|
| Mutual funds | $ 19,307,129 | $ 19,307,129 | $ - | $ - |
| *Investments at fair value* | $ 19,307,129 | $ 19,307,129 | $ - | $ - |

| December 31, 2020 | Total | Quoted Prices in Active Markets for Identical Assets (Level 1) | Significant Other Observable Inputs (Level 2) | Significant Unobservable Inputs (Level 3) |
|---|---|---|---|---|
| Money market fund | $ 112,608 | $ 112,608 | $ - | $ - |
| Mutual funds | 17,030,692 | 17,030,692 | - | - |
| *Investments at fair value* | $ 17,143,300 | $ 17,143,300 | $ - | $ - |

## 5. Investment Contract with Insurance Company

The Plan entered into a fully benefit-responsive guaranteed investment contract with Nationwide totaling $1,396,866 and $1,590,508 at December 31, 2021 and 2020, respectively. Nationwide maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer but may not be less than 1.95%. The crediting rate is reviewed on a quarterly basis for resetting.

This contract meets the fully benefit-responsive investment contract criteria and therefore is reported at contract value. Contract value is the relevant measure for fully benefit-responsive investment contracts because this is the amount received by participants if they were to initiate permitted transactions under the terms of the Plan. Contract value, as reported to the Plan by Nationwide, represents contributions made under the contract, plus earnings, less participant withdrawals, and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments.

## 5. Investment Contract with Insurance Company, Continued

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include (1) amendments to the plan documents (including complete or partial plan termination or merger with another plan), (2) changes to Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) which cause a significant withdrawal from the Plan, (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA or (5) premature termination of the contract. No events are probable of occurring that might limit the ability of the Plan to transact at contract value with the contract issuers and that also would limit the ability of the Plan to transact at contract value with the participants.

In addition, certain events allow the issuer to terminate the contract with the Plan and settle at an amount different from contract value. Such events include (1) an uncured violation of the Plan's investment guidelines, (2) a breach of material obligation under the contract, (3) a material misrepresentation, (4) a material amendment to the agreement without the consent of the issuer.

## 6. Party-in-Interest Transactions

Certain plan investments are managed by Nationwide. Nationwide is the custodian for the Plan and, therefore, these transactions qualify as party-in-interest transactions. The Plan paid fees to Nationwide totaled $28,274 and $18,905 for the years ended December 31, 2021 and 2020, respectively. The Company paid fees to Nationwide of $77,870 and $98,273 for the years ended December 31, 2021 and 2020, respectively.

Nationwide provides certain administrative services to the Plan pursuant to a Master Plan Services Agreement (MSA) between the Company and Nationwide. Nationwide receives revenue from mutual fund service providers for services Nationwide provides to the funds. This revenue is used to offset certain amounts owed to Nationwide for its administrative services to the Plan. Fees of $77,870 and $98,273 for the years ended December 31, 2021 and 2020, respectively were offset with revenue received by Nationwide.

## 7. Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants would become 100% vested in their employer contributions.

## 8. Plan Tax Status

The Plan operates under an adoption agreement regarding a volume submitter plan sponsored by KSM Business Services, Inc. The Plan has not been submitted to the IRS for an individual determination letter as the volume submitter document has a favorable opinion letter from the IRS. The plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the Internal Revenue Code and, therefore, believes that the Plan is qualified, and the related trust is tax-exempt.

## 9. Risks and Uncertainties

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

On March 11, 2020, the World Health Organization declared COVID-19 a pandemic. The COVID-19 pandemic and resulting global disruptions have caused significant economic uncertainty and volatility in financial markets. Because of the uncertainty of the markets during this time, plan management is unable to estimate the full impact the pandemic will have on the Plan's financial statements.

## 10. CARES Act Provision

The Plan adopted the required minimum distribution provision of the Coronavirus Aid, Relief, and Economic Security ("CARES") Act that was signed into law on March 27, 2020. The provision adopted by the Plan allows qualified plan participants who have required minimum distributions to waive the distribution for the plan year ended December 31, 2020. The Plan has until December 31, 2022 to formally amend the plan for the adopted provision.

## 11. Reclassifications

Certain accounts relating to the prior year have been reclassified to conform to the current year presentation with no effect on previously reported net increase in net assets available for benefits.

| (a) | (b) Identity of issue, borrower, lessor or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par or maturity value | (d) Cost** | (e) Current value |
|---|---|---|---|---|
| | AB Global bond I | | N/A | $ 11,198 |
| | AB Large Cap Growth I | Registered Investment Company | N/A | 456,997 |
| | AQR International Defensive Style Fund Class I | Registered Investment Company | N/A | 5,436 |
| | Allspring Adj Rt Government | Registered Investment Company | N/A | 951 |
| | Allspring Disc | Registered Investment Company | N/A | 279 |
| | Allspring Growth | Registered Investment Company | N/A | 10,397 |
| | Allspring Precious Metals | Registered Investment Company | N/A | 7,631 |
| | Allspring Utilities Telecom | Registered Investment Company | N/A | 6,080 |
| | American Century Inflation Adjusted Bond R5 | Registered Investment Company | N/A | 602 |
| | American Funds Euro Pacific Growth R6 | Registered Investment Company | N/A | 2,109 |
| | American Funds Growth Fund of America R6 | Registered Investment Company | N/A | 1,087 |
| | American Funds Inflation Linked Bond R6 | Registered Investment Company | N/A | 926 |
| | American Funds Investment Company of America R6 | Registered Investment Company | N/A | 2,389 |
| | American Funds New Economy R6 | Registered Investment Company | N/A | 998 |
| | American Funds New Prospect R6 | Registered Investment Company | N/A | 1,310 |
| | American Funds New World RG | Registered Investment Company | N/A | 28,754 |
| | American Funds Small Cap World R6 | Registered Investment Company | N/A | 1,246 |
| | Artisan International Value | Registered Investment Company | N/A | 42 |
| | Avnts US Small Cap Value | Registered Investment Company | N/A | 4,431 |
| | Baird Corporate Plus Bond | Registered Investment Company | N/A | 416,467 |
| | Baron Fifth Avenue Growth | Registered Investment Company | N/A | 4,173 |
| | Baron Growth Retail | Registered Investment Company | N/A | 1,390 |
| | Baron Partners | Registered Investment Company | N/A | 2,547 |
| | Blackrock High Yield Bond Port K | Registered Investment Company | N/A | 15,261 |
| | Blackrock Health Science Opportunities Portfolio Investor A | Registered Investment Company | N/A | 1,632 |
| | Blackrock Midcap Growth Equity Instrument | Registered Investment Company | N/A | 574,479 |
| | Blackrock Strategic Income Opportunity I | Registered Investment Company | N/A | 28,187 |
| | Blackrock Title Rtn K | Registered Investment Company | N/A | 6,976 |
| | Cariln Eagle Small Cap Growth R6 | Registered Investment Company | N/A | 1,980 |
| | Calvert Equity I | Registered Investment Company | N/A | 1,148 |
| | Columbia Convertible Securities | Registered Investment Company | N/A | 145 |
| | Columbia Dividend Income | Registered Investment Company | N/A | 7,327 |
| | Columbia Select Large Cap Growth | Registered Investment Company | N/A | 12,723 |
| | DE Ivy Emerging Markets Cor Equity | Registered Investment Company | N/A | 13,913 |
| | DE Ivy Energy R6 | Registered Investment Company | N/A | 630 |
| | DFA Emerging Market Core Equity | Registered Investment Company | N/A | 11,461 |
| | DFA US Large Cap Gr | Registered Investment Company | N/A | 2,041 |
| | DFA US Large Cap Val | Registered Investment Company | N/A | 17,238 |
| | DWS RREEF Real Estate Securities Fund Institutional | Registered Investment Company | N/A | 2,503 |
| | Davis Financial Y Fund | Registered Investment Company | N/A | 894 |
| | Davis NY Venture | Registered Investment Company | N/A | 1,507 |
| | Davis Opportunity | Registered Investment Company | N/A | 26,407 |
| | Diamon Hill Mid Cap | Registered Investment Company | N/A | 8,470 |
| | Dodgecox International Stock | Registered Investment Company | N/A | 18,317 |
| | Eaton Vance Government Opportunities A | Registered Investment Company | N/A | 2,731 |
| | Federated Hermes Government Obligations Prmr | Registered Investment Company | N/A | 7,007 |
| | Federated Hermes Hildbd | Registered Investment Company | N/A | 6,842 |
| | Federated Hermes MDT Small Cap Growth Fund Institutional | Registered Investment Company | N/A | 677 |
| | Federated Hermes Strategic Value Dividend Fund Institutional | Registered Investment Company | N/A | 27,767 |
| | Fidelity 500 Index | Registered Investment Company | N/A | 113,015 |
| | Fidelity Emerging Market Index | Registered Investment Company | N/A | 20,003 |
| | Fidelity Free Index 2015 | Registered Investment Company | N/A | 2,385,998 |
| | Fidelity Free Index 2020 | Registered Investment Company | N/A | 794,715 |

| (a) | (b) Identity of issue, borrower, lessor or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par or maturity value | (d) Cost** | (e) Current value |
|---|---|---|---|---|
| | Fidelity Free Index 2025 | Registered Investment Company | N/A | 2,626,319 |
| | Fidelity Free Index 2030 | Registered Investment Company | N/A | 2,184,334 |
| | Fidelity Free Index 2035 | Registered Investment Company | N/A | 1,012,443 |
| | Fidelity Free Index 2040 | Registered Investment Company | N/A | 909,442 |
| | Fidelity Free Index 2045 | Registered Investment Company | N/A | 770,999 |
| | Fidelity Free Index 2050 | Registered Investment Company | N/A | 237,620 |
| | Fidelity Free Index 2055 | Registered Investment Company | N/A | 198,542 |
| | Fidelity Free Index 2060 | Registered Investment Company | N/A | 69,496 |
| | Fidelity Free Index 2065 | Registered Investment Company | N/A | 482 |
| | Fidelity International Index | Registered Investment Company | N/A | 70,721 |
| | Fidelity Large Cap Growth Index | Registered Investment Company | N/A | 22,549 |
| | Fidelity Large Cap Value Index | Registered Investment Company | N/A | 256,845 |
| | Fidelity Mid Cap Index | Registered Investment Company | N/A | 28,083 |
| | Fidelity Multi Asset Index | Registered Investment Company | N/A | 177 |
| | Fidelity Real Estate Index | Registered Investment Company | N/A | 8,530 |
| | Fidelity Small Cap Index | Registered Investment Company | N/A | 52,193 |
| | Fidelity Total Market Index | Registered Investment Company | N/A | 163 |
| | Fidelity US Bond Index | Registered Investment Company | N/A | 24,343 |
| | Fidelity Advisor Growth Opportunities Fund Class A | Registered Investment Company | N/A | 10,263 |
| | Goldman Sachs High Quality Floating Rate Fund | Registered Investment Company | N/A | 1,421 |
| | Goldman Sachs Gqgptnrintloppr RG | Registered Investment Company | N/A | 18,210 |
| | Goldman Sachs Short Duration Government Institutional | Registered Investment Company | N/A | 2,154 |
| | Goldman Sachs US Mortgages Institution | Registered Investment Company | N/A | 1,382 |
| | Harbor Capital Appreciation Institutional | Registered Investment Company | N/A | 563,608 |
| | Heartland Value Plus Investment | Registered Investment Company | N/A | 44,254 |
| | Invesco American Franchise Y | Registered Investment Company | N/A | 1,070 |
| | Invesco Global Fund Class Y | Registered Investment Company | N/A | 2,386 |
| | Invesco Opportunity Gold & Special Minerals Fund Y | Registered Investment Company | N/A | 3,054 |
| | Invesco Health Care Y | Registered Investment Company | N/A | 24,029 |
| | JPMorgan Equity Income A | Registered Investment Company | N/A | 412,632 |
| | JPMorgan Mid Cap Growth A | Registered Investment Company | N/A | 1,382 |
| | JPMorgan SMID Cap Equity A | Registered Investment Company | N/A | 6,805 |
| | JPMorgan Strategic Income Opportunity A | Registered Investment Company | N/A | 14,058 |
| | Janus Henderson Global Life Sciences I | Registered Investment Company | N/A | 9,195 |
| | Janus Henderson Global Technology and Innovation N | Registered Investment Company | N/A | 1,980 |
| | Legg Mason BW Global Opportunity Bond A | Registered Investment Company | N/A | 1,756 |
| | Legg Mason ColorBridge Midcap Core | Registered Investment Company | N/A | 6,454 |
| | Legg Mason Western Assets Core Bond I | Registered Investment Company | N/A | 24,389 |
| | Loomis Sayles Bond Admin | Registered Investment Company | N/A | 31,593 |
| | Lord Abbett Floating Rate | Registered Investment Company | N/A | 22,527 |
| | Lord Abbett International Opportunity A | Registered Investment Company | N/A | 6,743 |
| | Morgan Stanley Insight I | Registered Investment Company | N/A | 4,464 |
| | Morgan Stanley Inception I | Registered Investment Company | N/A | 693 |
| | Morgan Stanley Growth I | Registered Investment Company | N/A | 3,277 |
| * | Nationwide Bond Index Institutional | Registered Investment Company | N/A | 7,550 |
| * | Nationwide Geneva Small Cap Growth | Registered Investment Company | N/A | 60,741 |
| * | Nationwide Loomis All Cap Growth R6 | Registered Investment Company | N/A | 13,546 |
| * | Nationwide S&P 500 Index Institutional | Registered Investment Company | N/A | 44,698 |
| | Nuveen Global Infr R6 | Registered Investment Company | N/A | 4,455 |
| | Oakmark International Fund Investor | Registered Investment Company | N/A | 26,847 |
| | PGIM Jennison Natural Resources | Registered Investment Company | N/A | 18,850 |
| | PGIM Short-term Corporate Bond | Registered Investment Company | N/A | 2,749 |
| | PGIM Total Return Bond R6 | Registered Investment Company | N/A | 13,416 |

| (a) | (b) Identity of issue, borrower, lessor or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par or maturity value | (d) Cost** | (e) Current value |
|---|---|---|---|---|
| | PIMCO Income Institutional | Registered Investment Company | N/A | 78,882 |
| | PIMCO International Bdusdlrhdginst | Registered Investment Company | N/A | 29,763 |
| | PIMCO Real Return | Registered Investment Company | N/A | 11,207 |
| | PIMCO Short-term Institutional | Registered Investment Company | N/A | 2,218 |
| | PIMCO Stock Plus International Hedge | Registered Investment Company | N/A | 5,655 |
| | PIMCO Total Return Institutional | Registered Investment Company | N/A | 2,395 |
| | PIMCO Commodity | Registered Investment Company | N/A | 6,320 |
| | Principal Global Real Estate R6 | Registered Investment Company | N/A | 6,404 |
| | Putnam Focused Equity Fund Y | Registered Investment Company | N/A | 12,404 |
| | Putnam Growth Opportunity Y | Registered Investment Company | N/A | 1,206,916 |
| | Putnam International Equity A | Registered Investment Company | N/A | 4,951 |
| | TCW Total Return Bond | Registered Investment Company | N/A | 1,269 |
| | TIAA-CREF Large-Cap Growth Index | Registered Investment Company | N/A | 35,655 |
| | T Rowe Price Dividend Growth | Registered Investment Company | N/A | 45,380 |
| | T Rowe Price Health Sciences Fund | Registered Investment Company | N/A | 45,600 |
| | T Rowe Price Science Tach | Registered Investment Company | N/A | 652 |
| | T Rowe Price Small Cap Value | Registered Investment Company | N/A | 706 |
| | Vanguard 500 Index Fund | Registered Investment Company | N/A | 356,701 |
| | Vanguard Balance Index Admiral | Registered Investment Company | N/A | 1,478,934 |
| | Vanguard Emerging Market Stock Index Admiral | Registered Investment Company | N/A | 19,192 |
| | Vanguard Explore Admiral | Registered Investment Company | N/A | 4,415 |
| | Vanguard Extended Market Index Admiral | Registered Investment Company | N/A | 2,393 |
| | Vanguard Growth Index Admiral | Registered Investment Company | N/A | 23,035 |
| | Vanguard International Growth Admiral | Registered Investment Company | N/A | 418,033 |
| | Vanguard Midcap Index Fund | Registered Investment Company | N/A | 27,007 |
| | Vanguard Pacific Stock Index Admiral | Registered Investment Company | N/A | 12,682 |
| | Vanguard Real Estate Index Admiral | Registered Investment Company | N/A | 5,480 |
| | Vanguard Total Bond Market Index Admiral | Registered Investment Company | N/A | 21,958 |
| | Vanguard Total International Bond Index Admiral | Registered Investment Company | N/A | 16,470 |
| | Vanguard Total International Stock Index Admiral | Registered Investment Company | N/A | 40,373 |
| | Vanguard Stock Market Index Fund | Registered Investment Company | N/A | 73,836 |
| | Van Eck Global Research | Registered Investment Company | N/A | 787 |
| | Van Eck International Investors Gold | Registered Investment Company | N/A | 19,825 |
| | Virtus Seix Core Bond A | Registered Investment Company | N/A | 17,937 |
| | Virtus NFJ Mic Cap Value | Registered Investment Company | N/A | 1,102 |
| | Victory Fund For Income I | Registered Investment Company | N/A | 320 |
| | Victory Syc Established Value I | Registered Investment Company | N/A | 248,398 |
| | Vanguard Utility Index Admiral | Registered Investment Company | N/A | 3,064 |
| | Vanguard WIsly Income Admiral | Registered Investment Company | N/A | 53,464 |
| | Total registered investment companies at fair value | | | 19,307,129 |
| | Total investments at fair value | | | 19,307,129 |
| * | Nationwide Fixed Select Contract | Fixed Income non-401(a) | | 1,396,866 |
| * | Participant loans | Interest Rate (4.25%-6.50%) | -0- | 189,761 |
| | Total | | | $ 20,893,756 |

* Represents party-in-interest but not a prohibited transaction.
** Cost information is not required for participant-directed investments

| (a) | (b) Identity of issue, borrower, lessor or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par or maturity value | (d) Cost** | (e) Current value |
|---|---|---|---|---|
| | AB Global bond I | | N/A | $ 11,198 |
| | AB Large Cap Growth I | Registered Investment Company | N/A | 456,997 |
| | AQR International Defensive Style Fund Class I | Registered Investment Company | N/A | 5,436 |
| | Allspring Adj Rt Government | Registered Investment Company | N/A | 951 |
| | Allspring Disc | Registered Investment Company | N/A | 279 |
| | Allspring Growth | Registered Investment Company | N/A | 10,397 |
| | Allspring Precious Metals | Registered Investment Company | N/A | 7,631 |
| | Allspring Utilities Telecom | Registered Investment Company | N/A | 6,080 |
| | American Century Inflation Adjusted Bond R5 | Registered Investment Company | N/A | 602 |
| | American Funds Euro Pacific Growth R6 | Registered Investment Company | N/A | 2,109 |
| | American Funds Growth Fund of America R6 | Registered Investment Company | N/A | 1,087 |
| | American Funds Inflation Linked Bond R6 | Registered Investment Company | N/A | 926 |
| | American Funds Investment Company of America R6 | Registered Investment Company | N/A | 2,389 |
| | American Funds New Economy R6 | Registered Investment Company | N/A | 998 |
| | American Funds New Prospect R6 | Registered Investment Company | N/A | 1,310 |
| | American Funds New World RG | Registered Investment Company | N/A | 28,754 |
| | American Funds Small Cap World R6 | Registered Investment Company | N/A | 1,246 |
| | Artisan International Value | Registered Investment Company | N/A | 42 |
| | Avnts US Small Cap Value | Registered Investment Company | N/A | 4,431 |
| | Baird Corporate Plus Bond | Registered Investment Company | N/A | 416,467 |
| | Baron Fifth Avenue Growth | Registered Investment Company | N/A | 4,173 |
| | Baron Growth Retail | Registered Investment Company | N/A | 1,390 |
| | Baron Partners | Registered Investment Company | N/A | 2,547 |
| | Blackrock High Yield Bond Port K | Registered Investment Company | N/A | 15,261 |
| | Blackrock Health Science Opportunities Portfolio Investor A | Registered Investment Company | N/A | 1,632 |
| | Blackrock Midcap Growth Equity Instrument | Registered Investment Company | N/A | 574,479 |
| | Blackrock Strategic Income Opportunity I | Registered Investment Company | N/A | 28,187 |
| | Blackrock Title Rtn K | Registered Investment Company | N/A | 6,976 |
| | Cariln Eagle Small Cap Growth R6 | Registered Investment Company | N/A | 1,980 |
| | Calvert Equity I | Registered Investment Company | N/A | 1,148 |
| | Columbia Convertible Securities | Registered Investment Company | N/A | 145 |
| | Columbia Dividend Income | Registered Investment Company | N/A | 7,327 |
| | Columbia Select Large Cap Growth | Registered Investment Company | N/A | 12,723 |
| | DE Ivy Emerging Markets Cor Equity | Registered Investment Company | N/A | 13,913 |
| | DE Ivy Energy R6 | Registered Investment Company | N/A | 630 |
| | DFA Emerging Market Core Equity | Registered Investment Company | N/A | 11,461 |
| | DFA US Large Cap Gr | Registered Investment Company | N/A | 2,041 |
| | DFA US Large Cap Val | Registered Investment Company | N/A | 17,238 |
| | DWS RREEF Real Estate Securities Fund Institutional | Registered Investment Company | N/A | 2,503 |
| | Davis Financial Y Fund | Registered Investment Company | N/A | 894 |
| | Davis NY Venture | Registered Investment Company | N/A | 1,507 |
| | Davis Opportunity | Registered Investment Company | N/A | 26,407 |
| | Diamon Hill Mid Cap | Registered Investment Company | N/A | 8,470 |
| | Dodgecox International Stock | Registered Investment Company | N/A | 18,317 |
| | Eaton Vance Government Opportunities A | Registered Investment Company | N/A | 2,731 |
| | Federated Hermes Government Obligations Prmr | Registered Investment Company | N/A | 7,007 |
| | Federated Hermes Hildbd | Registered Investment Company | N/A | 6,842 |
| | Federated Hermes MDT Small Cap Growth Fund Institutional | Registered Investment Company | N/A | 677 |
| | Federated Hermes Strategic Value Dividend Fund Institutional | Registered Investment Company | N/A | 27,767 |
| | Fidelity 500 Index | Registered Investment Company | N/A | 113,015 |
| | Fidelity Emerging Market Index | Registered Investment Company | N/A | 20,003 |
| | Fidelity Free Index 2015 | Registered Investment Company | N/A | 2,385,998 |
| | Fidelity Free Index 2020 | Registered Investment Company | N/A | 794,715 |

| (a) | (b) Identity of issue, borrower, lessor or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par or maturity value | (d) Cost** | (e) Current value |
|---|---|---|---|---|
| | Fidelity Free Index 2025 | Registered Investment Company | N/A | 2,626,319 |
| | Fidelity Free Index 2030 | Registered Investment Company | N/A | 2,184,334 |
| | Fidelity Free Index 2035 | Registered Investment Company | N/A | 1,012,443 |
| | Fidelity Free Index 2040 | Registered Investment Company | N/A | 909,442 |
| | Fidelity Free Index 2045 | Registered Investment Company | N/A | 770,999 |
| | Fidelity Free Index 2050 | Registered Investment Company | N/A | 237,620 |
| | Fidelity Free Index 2055 | Registered Investment Company | N/A | 198,542 |
| | Fidelity Free Index 2060 | Registered Investment Company | N/A | 69,496 |
| | Fidelity Free Index 2065 | Registered Investment Company | N/A | 482 |
| | Fidelity International Index | Registered Investment Company | N/A | 70,721 |
| | Fidelity Large Cap Growth Index | Registered Investment Company | N/A | 22,549 |
| | Fidelity Large Cap Value Index | Registered Investment Company | N/A | 256,845 |
| | Fidelity Mid Cap Index | Registered Investment Company | N/A | 28,083 |
| | Fidelity Multi Asset Index | Registered Investment Company | N/A | 177 |
| | Fidelity Real Estate Index | Registered Investment Company | N/A | 8,530 |
| | Fidelity Small Cap Index | Registered Investment Company | N/A | 52,193 |
| | Fidelity Total Market Index | Registered Investment Company | N/A | 163 |
| | Fidelity US Bond Index | Registered Investment Company | N/A | 24,343 |
| | Fidelity Advisor Growth Opportunities Fund Class A | Registered Investment Company | N/A | 10,263 |
| | Goldman Sachs High Quality Floating Rate Fund | Registered Investment Company | N/A | 1,421 |
| | Goldman Sachs Gqgptnrintloppr RG | Registered Investment Company | N/A | 18,210 |
| | Goldman Sachs Short Duration Government Institutional | Registered Investment Company | N/A | 2,154 |
| | Goldman Sachs US Mortgages Institution | Registered Investment Company | N/A | 1,382 |
| | Harbor Capital Appreciation Institutional | Registered Investment Company | N/A | 563,608 |
| | Heartland Value Plus Investment | Registered Investment Company | N/A | 44,254 |
| | Invesco American Franchise Y | Registered Investment Company | N/A | 1,070 |
| | Invesco Global Fund Class Y | Registered Investment Company | N/A | 2,386 |
| | Invesco Opportunity Gold & Special Minerals Fund Y | Registered Investment Company | N/A | 3,054 |
| | Invesco Health Care Y | Registered Investment Company | N/A | 24,029 |
| | JPMorgan Equity Income A | Registered Investment Company | N/A | 412,632 |
| | JPMorgan Mid Cap Growth A | Registered Investment Company | N/A | 1,382 |
| | JPMorgan SMID Cap Equity A | Registered Investment Company | N/A | 6,805 |
| | JPMorgan Strategic Income Opportunity A | Registered Investment Company | N/A | 14,058 |
| | Janus Henderson Global Life Sciences I | Registered Investment Company | N/A | 9,195 |
| | Janus Henderson Global Technology and Innovation N | Registered Investment Company | N/A | 1,980 |
| | Legg Mason BW Global Opportunity Bond A | Registered Investment Company | N/A | 1,756 |
| | Legg Mason ColorBridge Midcap Core | Registered Investment Company | N/A | 6,454 |
| | Legg Mason Western Assets Core Bond I | Registered Investment Company | N/A | 24,389 |
| | Loomis Sayles Bond Admin | Registered Investment Company | N/A | 31,593 |
| | Lord Abbett Floating Rate | Registered Investment Company | N/A | 22,527 |
| | Lord Abbett International Opportunity A | Registered Investment Company | N/A | 6,743 |
| | Morgan Stanley Insight I | Registered Investment Company | N/A | 4,464 |
| | Morgan Stanley Inception I | Registered Investment Company | N/A | 693 |
| | Morgan Stanley Growth I | Registered Investment Company | N/A | 3,277 |
| * | Nationwide Bond Index Institutional | Registered Investment Company | N/A | 7,550 |
| * | Nationwide Geneva Small Cap Growth | Registered Investment Company | N/A | 60,741 |
| * | Nationwide Loomis All Cap Growth R6 | Registered Investment Company | N/A | 13,546 |
| * | Nationwide S&P 500 Index Institutional | Registered Investment Company | N/A | 44,698 |
| | Nuveen Global Infr R6 | Registered Investment Company | N/A | 4,455 |
| | Oakmark International Fund Investor | Registered Investment Company | N/A | 26,847 |
| | PGIM Jennison Natural Resources | Registered Investment Company | N/A | 18,850 |
| | PGIM Short-term Corporate Bond | Registered Investment Company | N/A | 2,749 |
| | PGIM Total Return Bond R6 | Registered Investment Company | N/A | 13,416 |

| (a) | (b) Identity of issue, borrower, lessor or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par or maturity value | (d) Cost** | (e) Current value |
|---|---|---|---|---|
| | PIMCO Income Institutional | Registered Investment Company | N/A | 78,882 |
| | PIMCO International Bdusdlrhdginst | Registered Investment Company | N/A | 29,763 |
| | PIMCO Real Return | Registered Investment Company | N/A | 11,207 |
| | PIMCO Short-term Institutional | Registered Investment Company | N/A | 2,218 |
| | PIMCO Stock Plus International Hedge | Registered Investment Company | N/A | 5,655 |
| | PIMCO Total Return Institutional | Registered Investment Company | N/A | 2,395 |
| | PIMCO Commodity | Registered Investment Company | N/A | 6,320 |
| | Principal Global Real Estate R6 | Registered Investment Company | N/A | 6,404 |
| | Putnam Focused Equity Fund Y | Registered Investment Company | N/A | 12,404 |
| | Putnam Growth Opportunity Y | Registered Investment Company | N/A | 1,206,916 |
| | Putnam International Equity A | Registered Investment Company | N/A | 4,951 |
| | TCW Total Return Bond | Registered Investment Company | N/A | 1,269 |
| | TIAA-CREF Large-Cap Growth Index | Registered Investment Company | N/A | 35,655 |
| | T Rowe Price Dividend Growth | Registered Investment Company | N/A | 45,380 |
| | T Rowe Price Health Sciences Fund | Registered Investment Company | N/A | 45,600 |
| | T Rowe Price Science Tach | Registered Investment Company | N/A | 652 |
| | T Rowe Price Small Cap Value | Registered Investment Company | N/A | 706 |
| | Vanguard 500 Index Fund | Registered Investment Company | N/A | 356,701 |
| | Vanguard Balance Index Admiral | Registered Investment Company | N/A | 1,478,934 |
| | Vanguard Emerging Market Stock Index Admiral | Registered Investment Company | N/A | 19,192 |
| | Vanguard Explore Admiral | Registered Investment Company | N/A | 4,415 |
| | Vanguard Extended Market Index Admiral | Registered Investment Company | N/A | 2,393 |
| | Vanguard Growth Index Admiral | Registered Investment Company | N/A | 23,035 |
| | Vanguard International Growth Admiral | Registered Investment Company | N/A | 418,033 |
| | Vanguard Midcap Index Fund | Registered Investment Company | N/A | 27,007 |
| | Vanguard Pacific Stock Index Admiral | Registered Investment Company | N/A | 12,682 |
| | Vanguard Real Estate Index Admiral | Registered Investment Company | N/A | 5,480 |
| | Vanguard Total Bond Market Index Admiral | Registered Investment Company | N/A | 21,958 |
| | Vanguard Total International Bond Index Admiral | Registered Investment Company | N/A | 16,470 |
| | Vanguard Total International Stock Index Admiral | Registered Investment Company | N/A | 40,373 |
| | Vanguard Stock Market Index Fund | Registered Investment Company | N/A | 73,836 |
| | Van Eck Global Research | Registered Investment Company | N/A | 787 |
| | Van Eck International Investors Gold | Registered Investment Company | N/A | 19,825 |
| | Virtus Seix Core Bond A | Registered Investment Company | N/A | 17,937 |
| | Virtus NFJ Mic Cap Value | Registered Investment Company | N/A | 1,102 |
| | Victory Fund For Income I | Registered Investment Company | N/A | 320 |
| | Victory Syc Established Value I | Registered Investment Company | N/A | 248,398 |
| | Vanguard Utility Index Admiral | Registered Investment Company | N/A | 3,064 |
| | Vanguard WIsly Income Admiral | Registered Investment Company | N/A | 53,464 |
| | Total registered investment companies at fair value | | | 19,307,129 |
| | Total investments at fair value | | | 19,307,129 |
| * | Nationwide Fixed Select Contract | Fixed Income non-401(a) | | 1,396,866 |
| * | Participant loans | Interest Rate (4.25%-6.50%) | -0- | 189,761 |
| | Total | | | $ 20,893,756 |

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** Cost information is not required for participant-directed investments