

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2023</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024

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

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

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

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>K II HOLDING COMPANY GROUP MEDICAL PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>502</u></p>
<p>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) <u>K II HOLDING COMPANY</u></p> <p><u>4400 GETTYSBURG ROAD</u> <u>CAMP HILL, PA 17011</u></p>	<p>1c Effective date of plan <u>04/01/2022</u></p> <p>2b Employer Identification Number (EIN) <u>26-4366175</u></p> <p>2c Plan Sponsor's telephone number <u>717-943-7055</u></p> <p>2d Business code (see instructions) <u>238900</u></p>

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.	01/22/2025	DOMINIC SHERONY
	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 <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>																		
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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: center;">5</td> <td style="text-align: right;">153</td> </tr> </table>	5	153																
5	153																		
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:80%;"></td> </tr> <tr> <td style="text-align: center;">6a(1)</td> <td style="text-align: center;">6a(2)</td> <td style="text-align: right;">153</td> </tr> <tr> <td style="text-align: center;">6b</td> <td style="text-align: center;">6c</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6d</td> <td style="text-align: center;">6e</td> <td style="text-align: right;">153</td> </tr> <tr> <td style="text-align: center;">6f</td> <td style="text-align: center;">6g(1)</td> <td style="text-align: center;">6g(2)</td> </tr> <tr> <td style="text-align: center;">6h</td> <td style="text-align: center;">7</td> <td style="text-align: center;">7</td> </tr> </table>				6a(1)	6a(2)	153	6b	6c	0	6d	6e	153	6f	6g(1)	6g(2)	6h	7	7
6a(1)	6a(2)	153																	
6b	6c	0																	
6d	6e	153																	
6f	6g(1)	6g(2)																	
6h	7	7																	

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

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:
 4A

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

a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u> 1 </u> (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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

2023

This Form is Open to Public Inspection

For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

A Name of plan K II HOLDING COMPANY GROUP MEDICAL PLAN		B Three-digit plan number (PN) ▶	502
C Plan sponsor's name as shown on line 2a of Form 5500 K II HOLDING COMPANY		D Employer Identification Number (EIN) 26-4366175	

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
HM 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
06-1041332	93340	408727-A	153	07/01/2023	06/30/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
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3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

(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	

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

e Type of contract: (1) individual policies (2) group deferred annuity
(3) other (specify) ▶

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

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

a Type of contract: (1) deposit administration (2) immediate participation guarantee
(3) guaranteed investment (4) other ▶

b Balance at the end of the previous year	7b	0
c Additions: (1) Contributions deposited during the year	7c(1)	
	7c(2)	
	7c(3)	
	7c(4)	
	7c(5)	
(6) Total additions.....	7c(6)	0
d Total of balance and additions (add lines 7b and 7c(6))	7d	0
e Deductions: (1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
	7e(2)	
	7e(3)	
	7e(4)	
	(5) Total deductions.....	7e(5)
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

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 <input type="checkbox"/> paid in cash, or <input type="checkbox"/> 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		558767
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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2023 This Form is Open to Public Inspection.
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For calendar plan year 2023 or fiscal plan year beginning **07/01/2023** and ending **06/30/2024**

A Name of plan K II HOLDING COMPANY GROUP MEDICAL PLAN	B Three-digit plan number (PN) ▶	502
C Plan sponsor's name as shown on line 2a of Form 5500 K II HOLDING COMPANY	D Employer Identification Number (EIN) 26-4366175	

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)

BROWN & BROWN OF PA

20-0878127

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22	BROKER	69459	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

HIGHMARK BLUE SHIELD (CENTRAL)

23-1294723

(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?
12	ADMIN	33896	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

THE BENECON GROUP, LLC

23-1315351

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
22	BROKER	28034	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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)

CONNECTCARE3

26-1768616

(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?
49	PATIENT ADVOCATE	9725	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 2023 This Form is Open to Public Inspection
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For calendar plan year 2023 or fiscal plan year beginning 07/01/2023 and ending 06/30/2024	
A Name of plan K II HOLDING COMPANY GROUP MEDICAL PLAN	B Three-digit plan number (PN) ▶ 502
C Plan sponsor's name as shown on line 2a of Form 5500 K II HOLDING COMPANY	D Employer Identification Number (EIN) 26-4366175

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.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	96777	369844
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	0	70418
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(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	96777	440262
Liabilities			
g Benefit claims payable	1g	167000	89000
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	84028	33895
k Total liabilities (add all amounts in lines 1g through 1j)	1k	251028	122895
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	-154251	317367

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)	1364637	
(B) Participants	2a(1)(B)	598460	
(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)		1963097
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	8080	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		8080
(2) Dividends:			
(A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		106267
d Total income. Add all income amounts in column (b) and enter total.....	2d		2077444

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	901835	
(2) To insurance carriers for the provision of benefits.....	2e(2)	562878	
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1464713
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances.....	2i(1)		
(2) Contract administrator fees.....	2i(2)	141113	
(3) Recordkeeping fees.....	2i(3)		
(4) IQPA audit fees.....	2i(4)		
(5) Investment advisory and investment management fees.....	2i(5)		
(6) Bank or trust company trustee/custodial fees.....	2i(6)		
(7) Actuarial fees.....	2i(7)		
(8) Legal fees.....	2i(8)		
(9) Valuation/appraisal fees.....	2i(9)		
(10) Other trustee fees and expenses.....	2i(10)		
(11) Other expenses.....	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		141113
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1605826

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		471618
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: STAMBAUGH NESS, INC.

(2) EIN: 23-2846715

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		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.)		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.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?		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?		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.)	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.)	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?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		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.			

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 _____.



K II Holding Company Group Medical Plan

**Financial Statements and
Independent Auditors' Report**

June 30, 2024 and 2023

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**Gold underlines represent hyperlinks*

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator and Plan Trustees of the
K II Holding Company Group Medical Plan

Opinion

We have audited the financial statements of K II Holding Company Group Medical Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statements of net assets available for benefits as of June 30, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended June 30, 2024 and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets available for benefits of the Plan as of June 30, 2024 and 2023, and the changes in net assets available for benefits the year ended June 30, 2024, in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (U.S. 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 the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern within one year after the date that 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

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 U.S. 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 U.S. GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

Other Matters

Supplemental Schedules Required by ERISA

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedules of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of June 30, 2024 and Schedule H, Line 4j - Schedule of Reportable Transactions for the year ended June 30, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with U.S. GAAS.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

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



York, Pennsylvania
December 22, 2024

K II HOLDING COMPANY GROUP MEDICAL PLAN**Statements of Net Assets Available for Benefits**

	June 30,	
	<u>2024</u>	<u>2023</u>
ASSETS		
Investment, at fair value	\$ 369,844	\$ 96,777
Accounts receivables	<u>70,418</u>	<u>-</u>
Total assets	440,262	96,777
LIABILITIES		
Accounts payable	<u>33,895</u>	<u>84,028</u>
Net assets available for benefits	<u><u>\$ 406,367</u></u>	<u><u>\$ 12,749</u></u>

See Accompanying Notes

K II HOLDING COMPANY GROUP MEDICAL PLAN
Statement of Changes in Net Assets Available for Benefits

	<u>For the Year Ended June 30, 2024</u>
ADDITIONS	
Contributions:	
Employer's	\$ 1,364,637
Employees'	<u>598,460</u>
Total contributions	1,963,097
Interest income	8,080
Reimbursements:	
Stop loss	<u>106,267</u>
Total reimbursements	<u>106,267</u>
Total additions	2,077,444
DEDUCTIONS	
Health claims, net	979,835
Stop loss premiums	558,767
Administrative expenses	141,113
COBRA premiums	<u>4,111</u>
Total deductions	<u>1,683,826</u>
Net increase	393,618
NET ASSETS AVAILABLE FOR BENEFITS	
Beginning of year	<u>12,749</u>
End of year	<u>\$ 406,367</u>

See Accompanying Notes

K II HOLDING COMPANY GROUP MEDICAL PLAN

Notes to Financial Statements

June 30, 2024 and 2023

NOTE A - DESCRIPTION OF PLAN

The following description of the K II Holding Company Group Medical Plan (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan is a welfare benefit plan that provides medical benefits to covered persons who are employees of Liberty Excavators, Inc., Freedom Equipment, Inc. and Utility Services Group, Inc. (collectively the Company). All regular full-time employees, except executive class employees, of the Company working at least thirty hours per week, and completing sixty days of service, are eligible for coverage. Coverage for executive class employees will begin on the first day of hire. Coverage for all other employees will begin on the first day of the month coinciding with or following the first day that all eligibility requirements are met, not to exceed ninety days for medical benefits. The waiting period is waived for former employees of the Company that are rehired within fifty-two weeks of their termination date. Spouses and dependents of the full-time employees are also eligible for coverage if couple or family coverage is elected at enrollment and spouse doesn't have coverage offered at their employer.

The Company joined as a member of the Veris Benefits Consortium, LLC (Consortium) as of April 1, 2022, which is a group of companies that have partnered together in efforts of obtaining more preferential treatment and insurance rates than the companies could have acquired individually. The Company entered into an agreement with the Consortium whereby the manager of the Consortium will perform administrative services on behalf of the Plan including development of the program with respect to eligibility and underwriting standards, placing stop loss insurance, coordination of regulatory compliance and document preparation. The health benefits are paid in part from the trust established by the Consortium and in part by pre-tax contributions made by the employees.

Effective July 1, 2024, the Company resigned from the Consortium and began funding the claims and expenses from the corporate assets of the Company.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions

Participants are required to contribute to the Plan to fund a portion of the cost of their medical benefits. Amounts required to be contributed by participants are determined annually in accordance with the plan document. The remainder of the funding required to pay benefits under the Plan is paid by the Company.

Self-Insured Benefits

All medical benefits are self-insured. The claims are processed by the Plan's third-party claims processors under administrative services only arrangements. The claims processors pay claims directly to or on behalf of participants and are then reimbursed by the Plan's trust. Despite the Plan's utilization of third-party claims processors, ultimate responsibility for payments to providers and participants is retained by the Plan.

K II HOLDING COMPANY GROUP MEDICAL PLAN

Notes to Financial Statements

June 30, 2024 and 2023

NOTE A - DESCRIPTION OF PLAN - continued

Stop Loss Insurance

The Plan has a stop loss insurance arrangement whereby the stop loss insurance will cover the Plan's obligations for any participant's claims in excess of a fixed dollar amount (self-insured retention). The self-insured retention of the Company is \$75,000 per person through June 30, 2024. The aggregate limit is approximately \$1,000,000.

COBRA Insurance

The Plan allows for coverage for a specified time period under the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). If a participant's medical coverage terminates because of a life event known as a "qualifying event," then the participant and eligible family members may have the right to purchase continued coverage for a temporary period of time. Each qualifying individual pays their premium directly to the third-party administrator. COBRA claims and other related expenses are paid by the third-party administrator.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The financial statements are prepared on the accrual basis of accounting.

Payment of Benefits

Claim payments are recorded when paid by the third-party administrator.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investment is stated at fair 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. Fair value measurements are discussed in Note D. Purchases and sales are recorded on the trade-date basis. Interest income is recorded on the accrual basis.

K II HOLDING COMPANY GROUP MEDICAL PLAN

Notes to Financial Statements

June 30, 2024 and 2023

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - continued

Benefit Obligations

Plan benefit obligations at June 30, 2024 and 2023 for claims incurred by active participants but not reported are calculated by an actuary retained by the Plan's management using historical claim information.

Risks and Uncertainties

Plan assets include cash which is held at a bank insured by the Federal Deposit Insurance Corporation (FDIC). The Company's cash balances may at times have exceeded federally insured limits.

The actuarial value of benefit obligations is reported based on certain assumptions applied to historical claim information which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near-term could be material to the financial statements.

Administrative Expenses

Substantially all administrative expenses of the Plan, including but not limited to costs related to claims processing, are paid from plan assets. Certain other administrative expenses of the Plan, including legal, accounting, and certain recordkeeping services, are paid by the Company.

NOTE C - INVESTMENT

The Plan's investment as of June 30, 2024 and 2023 consisted of a savings account, which is held in a bank administered trust fund. The fair market value is equal to cost and, as such, no appreciation or depreciation of value is recognized.

NOTE D - FAIR VALUE MEASUREMENT

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures*, establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs consist of unobservable inputs and have the lowest priority. The Plan uses valuation techniques based on the available inputs to measure the fair value of its investment. When available, the Plan measures fair value using Level 1 inputs because they provide the most reliable evidence of fair value. Level 3 inputs are used only when Level 1 and Level 2 inputs are not available.

K II HOLDING COMPANY GROUP MEDICAL PLAN

Notes to Financial Statements

June 30, 2024 and 2023

NOTE D - FAIR VALUE MEASUREMENT - continued

The following table sets forth by level, within the fair value hierarchy, the Plan's investment at fair value:

	Investment at Fair Value as of June 30, 2024			
	Level 1	Level 2	Level 3	Total
Interest-bearing cash	<u>\$ -</u>	<u>\$ 369,844</u>	<u>\$ -</u>	<u>\$ 369,844</u>

	Investment at Fair Value as of June 30, 2023			
	Level 1	Level 2	Level 3	Total
Interest-bearing cash	<u>\$ -</u>	<u>\$ 96,777</u>	<u>\$ -</u>	<u>\$ 96,777</u>

The following is a description of the valuation methodologies used for the investment measured at fair value. There have been no changes to the methodology used at June 30, 2024 and 2023.

Interest-bearing Cash: Stated at cost, which approximates fair value.

NOTE E - PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to modify the benefits provided to employees, to discontinue its contributions at any time, and amend or terminate the Plan subject to the provisions set forth in ERISA. In the event of termination of the Plan, remaining assets will be applied in a uniform and nondiscriminatory manner toward the provision of benefits for or on account of the participants. No assets of the Plan may revert to the Company or be used for purposes other than for the exclusive benefit of the Plan's participants.

NOTE F - PLAN TAX STATUS

The Plan is funded through a non-qualified trust under Internal Revenue Code (IRC) 419(a). The trust files Form 1041 U.S. Income Tax Return for Estates and Trusts. Plan management believes that the Plan is being operated in compliance with the applicable requirements of the IRC.

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by applicable taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

K II HOLDING COMPANY GROUP MEDICAL PLAN

Notes to Financial Statements

June 30, 2024 and 2023

NOTE G - TRANSACTIONS WITH PARTIES-IN-INTEREST

As discussed in note A, the Plan has arrangements with service providers and, therefore, these transactions qualify as party-in-interest transactions. Transactions resulting in plan assets being transferred to or used by a related party are prohibited under ERISA unless a specific exemption exists. These transactions are party-in-interest transactions under ERISA. However, these transactions are exempt under Section 408(b)(8) and are not prohibited by ERISA. As discussed in Note B, expenses of administering the Plan are paid from plan assets or by the Company pursuant to provisions of the plan document.

NOTE H - BENEFIT OBLIGATIONS

FASB ASC Topic 965, *Health and Welfare Benefit Plans*, requires disclosure of the following plan obligations at June 30, 2024 and 2023. Claims incurred but not reported to the Plan for active participants as of June 30, 2024 and 2023 were approximately \$89,000 and \$167,000, respectively.

The claims incurred but not reported to the Plan is an estimate that is calculated by the actuary. The estimate is based on the group specific monthly paid claim averages, with adjustments for claim outliers.

The Plan does not offer postemployment benefits and, thus, they are not included in the calculations below.

The following table sets forth the change in the Plan's benefit obligation as of June 30, 2024:

	For the Year Ended <u>June 30, 2024</u>
Beginning balance	\$ 167,000
Claims incurred and approved for payment	901,835
Claims paid	<u>(979,835)</u>
Ending balance	<u><u>\$ 89,000</u></u>

K II HOLDING COMPANY GROUP MEDICAL PLAN

Notes to Financial Statements

June 30, 2024 and 2023

NOTE I - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

Claims that have been processed and approved for payment at year-end but not paid, and claims incurred but not reported are not considered liabilities under U.S. GAAP and, therefore, are not presented as liabilities or claims paid in the statements of net assets available for benefits or statement of changes in net assets available for benefits, but are recorded on the Form 5500 as a liability on June 30, 2024 and 2023. The following is a reconciliation of the financial statements to the Form 5500 for the statements of net assets available for benefits and the statement of changes of net assets available for benefits:

	June 30,	
	<u>2024</u>	<u>2023</u>
Net assets available for benefits reported on the financial statements	\$ 406,367	\$ 12,749
Claims incurred but not reported	<u>(89,000)</u>	<u>(167,000)</u>
Net assets available for benefits reported on the Form 5500	<u>\$ 317,367</u>	<u>\$ (154,251)</u>
	For the Year Ended	
	<u>June 30, 2024</u>	
Health claims, net reported on the financial statements	\$ 979,835	
Net change in claims incurred but not reported	<u>(78,000)</u>	
Benefits paid directly to participants reported on the Form 5500	<u>\$ 901,835</u>	

NOTE J - SUBSEQUENT EVENTS

Management has evaluated subsequent events through the date of the independent auditors' report, the date the financial statements were available to be issued.

As of the date of financial statements, the remaining funds in the trust has not been finalized and transferred to the Company to use against future claims and expenses of the Plan.

SUPPLEMENTAL SCHEDULES

K II HOLDING COMPANY GROUP MEDICAL PLAN

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

E.I.N. 26-4366175

Plan #502

June 30, 2024

<u>(a)</u>	<u>(b) Identity of Party</u>	<u>(c) Description</u>	<u>(d) Cost</u>	<u>(e) Current Value</u>
*	UMB Financial Co	Interest Bearing Cash	<u>\$ 369,844</u>	<u>\$ 369,844</u>

* *Indicates a party-in-interest as defined by ERISA.*

K II HOLDING COMPANY GROUP MEDICAL PLAN

Schedule H, Line 4(j) - Schedule of Reportable Transactions

E.I.N. 26-4366175

Plan #502

Year Ended June 30, 2024

<u>(a) Identity of Party</u>	<u>(b) Description of Asset</u>	<u>(c) Purchase Price</u>	<u>(d) Selling Price</u>	<u>(g) Cost</u>	<u>(h) Current Value</u>
Single Transactions					
UMB Financial Corporation	Interest Bearing Cash	\$ -	\$ 45,871	\$ 45,871	\$ 45,871
UMB Financial Corporation	Interest Bearing Cash	45,871	-	45,871	45,871
UMB Financial Corporation	Interest Bearing Cash	-	21,190	21,190	21,190
UMB Financial Corporation	Interest Bearing Cash	21,190	-	21,190	21,190
UMB Financial Corporation	Interest Bearing Cash	111,507	-	111,507	111,507
UMB Financial Corporation	Interest Bearing Cash	24,239	-	24,239	24,239
UMB Financial Corporation	Interest Bearing Cash	-	24,239	24,239	24,239
UMB Financial Corporation	Interest Bearing Cash	-	13,629	13,629	13,629
UMB Financial Corporation	Interest Bearing Cash	13,629	-	13,629	13,629
UMB Financial Corporation	Interest Bearing Cash	-	121,896	121,896	121,896
UMB Financial Corporation	Interest Bearing Cash	-	111,507	111,507	111,507
UMB Financial Corporation	Interest Bearing Cash	111,507	-	111,507	111,507
UMB Financial Corporation	Interest Bearing Cash	-	13,582	13,582	13,582
UMB Financial Corporation	Interest Bearing Cash	-	883	883	883
UMB Financial Corporation	Interest Bearing Cash	8,921	-	8,921	8,921
UMB Financial Corporation	Interest Bearing Cash	-	21,741	21,741	21,741
UMB Financial Corporation	Interest Bearing Cash	-	978	978	978
UMB Financial Corporation	Interest Bearing Cash	-	1,309	1,309	1,309
UMB Financial Corporation	Interest Bearing Cash	-	111,507	111,507	111,507
UMB Financial Corporation	Interest Bearing Cash	-	4,639	4,639	4,639
UMB Financial Corporation	Interest Bearing Cash	111,507	-	111,507	111,507
UMB Financial Corporation	Interest Bearing Cash	-	5,269	5,269	5,269
UMB Financial Corporation	Interest Bearing Cash	-	17,057	17,057	17,057
UMB Financial Corporation	Interest Bearing Cash	-	1,685	1,685	1,685
UMB Financial Corporation	Interest Bearing Cash	118,660	-	118,660	118,660
UMB Financial Corporation	Interest Bearing Cash	-	738	738	738
UMB Financial Corporation	Interest Bearing Cash	-	53,275	53,275	53,275
UMB Financial Corporation	Interest Bearing Cash	-	53,275	53,275	53,275
UMB Financial Corporation	Interest Bearing Cash	-	4,952	4,952	4,952

K II HOLDING COMPANY GROUP MEDICAL PLAN

Schedule H, Line 4(j) - Schedule of Reportable Transactions

E.I.N. 26-4366175

Plan #502

Year Ended June 30, 2024

<u>(a) Identity of Party</u>	<u>(b) Description of Asset</u>	<u>(c) Purchase Price</u>	<u>(d) Selling Price</u>	<u>(g) Cost</u>	<u>(h) Current Value</u>
Single Transactions - continued					
UMB Financial Corporation	Interest Bearing Cash	\$ -	\$ 8,095	\$ 8,095	\$ 8,095
UMB Financial Corporation	Interest Bearing Cash	111,507	-	111,507	111,507
UMB Financial Corporation	Interest Bearing Cash	108,023	-	108,023	108,023
UMB Financial Corporation	Interest Bearing Cash	-	12,250	12,250	12,250
UMB Financial Corporation	Interest Bearing Cash	-	10,369	10,369	10,369
UMB Financial Corporation	Interest Bearing Cash	-	2,924	2,924	2,924
UMB Financial Corporation	Interest Bearing Cash	-	5,432	5,432	5,432
UMB Financial Corporation	Interest Bearing Cash	53,275	-	53,275	53,275
UMB Financial Corporation	Interest Bearing Cash	-	11,211	11,211	11,211
UMB Financial Corporation	Interest Bearing Cash	107,931	-	107,931	107,931
UMB Financial Corporation	Interest Bearing Cash	-	107,931	107,931	107,931
UMB Financial Corporation	Interest Bearing Cash	-	7,734	7,734	7,734
UMB Financial Corporation	Interest Bearing Cash	-	16,602	16,602	16,602
UMB Financial Corporation	Interest Bearing Cash	-	1,556	1,556	1,556
UMB Financial Corporation	Interest Bearing Cash	107,931	-	107,931	107,931
UMB Financial Corporation	Interest Bearing Cash	-	12,397	12,397	12,397
UMB Financial Corporation	Interest Bearing Cash	-	34,473	34,473	34,473
UMB Financial Corporation	Interest Bearing Cash	-	107,931	107,931	107,931
UMB Financial Corporation	Interest Bearing Cash	-	4,030	4,030	4,030
UMB Financial Corporation	Interest Bearing Cash	-	11,044	11,044	11,044
UMB Financial Corporation	Interest Bearing Cash	-	13,808	13,808	13,808
UMB Financial Corporation	Interest Bearing Cash	-	9,159	9,159	9,159
UMB Financial Corporation	Interest Bearing Cash	-	3,402	3,402	3,402
UMB Financial Corporation	Interest Bearing Cash	-	11,807	11,807	11,807
UMB Financial Corporation	Interest Bearing Cash	100,919	-	100,919	100,919
UMB Financial Corporation	Interest Bearing Cash	-	7,238	7,238	7,238
UMB Financial Corporation	Interest Bearing Cash	105,053	-	105,053	105,053
UMB Financial Corporation	Interest Bearing Cash	-	10,624	10,624	10,624
UMB Financial Corporation	Interest Bearing Cash	107,931	-	107,931	107,931

K II HOLDING COMPANY GROUP MEDICAL PLAN

Schedule H, Line 4(j) - Schedule of Reportable Transactions

E.I.N. 26-4366175

Plan #502

Year Ended June 30, 2024

<u>(a) Identity of Party</u>	<u>(b) Description of Asset</u>	<u>(c) Purchase Price</u>	<u>(d) Selling Price</u>	<u>(g) Cost</u>	<u>(h) Current Value</u>
Single Transactions - continued					
UMB Financial Corporation	Interest Bearing Cash	\$ -	\$ 2,790	\$ 2,790	\$ 2,790
UMB Financial Corporation	Interest Bearing Cash	-	9,738	9,738	9,738
UMB Financial Corporation	Interest Bearing Cash	-	37,115	37,115	37,115
UMB Financial Corporation	Interest Bearing Cash	883	-	883	883
UMB Financial Corporation	Interest Bearing Cash	103,861	-	103,861	103,861
UMB Financial Corporation	Interest Bearing Cash	-	6,477	6,477	6,477
UMB Financial Corporation	Interest Bearing Cash	-	17,123	17,123	17,123
UMB Financial Corporation	Interest Bearing Cash	-	2,305	2,305	2,305
UMB Financial Corporation	Interest Bearing Cash	-	15,596	15,596	15,596
UMB Financial Corporation	Interest Bearing Cash	997	-	997	997
UMB Financial Corporation	Interest Bearing Cash	97,717	-	97,717	97,717
UMB Financial Corporation	Interest Bearing Cash	-	15,972	15,972	15,972
UMB Financial Corporation	Interest Bearing Cash	-	5,775	5,775	5,775
UMB Financial Corporation	Interest Bearing Cash	-	15,395	15,395	15,395
UMB Financial Corporation	Interest Bearing Cash	-	55,641	55,641	55,641
UMB Financial Corporation	Interest Bearing Cash	1,168	-	1,168	1,168
UMB Financial Corporation	Interest Bearing Cash	102,669	-	102,669	102,669
UMB Financial Corporation	Interest Bearing Cash	-	10,942	10,942	10,942
UMB Financial Corporation	Interest Bearing Cash	-	10,377	10,377	10,377
UMB Financial Corporation	Interest Bearing Cash	-	79,671	79,671	79,671
UMB Financial Corporation	Interest Bearing Cash	-	9,123	9,123	9,123
UMB Financial Corporation	Interest Bearing Cash	93,224	-	93,224	93,224
UMB Financial Corporation	Interest Bearing Cash	1,128	-	1,128	1,128
UMB Financial Corporation	Interest Bearing Cash	-	15,208	15,208	15,208
UMB Financial Corporation	Interest Bearing Cash	-	44,960	44,960	44,960
UMB Financial Corporation	Interest Bearing Cash	-	79,702	79,702	79,702
UMB Financial Corporation	Interest Bearing Cash	-	41,206	41,206	41,206
UMB Financial Corporation	Interest Bearing Cash	-	48,898	48,898	48,898
UMB Financial Corporation	Interest Bearing Cash	986	-	986	986
UMB Financial Corporation	Interest Bearing Cash	26,929	-	26,929	26,929

K II HOLDING COMPANY GROUP MEDICAL PLAN

Schedule H, Line 4(j) - Schedule of Reportable Transactions

E.I.N. 26-4366175

Plan #502

Year Ended June 30, 2024

<u>(a) Identity of Party</u>	<u>(b) Description of Asset</u>	<u>(c) Purchase Price</u>	<u>(d) Selling Price</u>	<u>(g) Cost</u>	<u>(h) Current Value</u>
Single Transactions - continued					
UMB Financial Corporation	Interest Bearing Cash	\$ -	\$ 5,396	\$ 5,396	\$ 5,396
UMB Financial Corporation	Interest Bearing Cash	98,035	-	98,035	98,035
UMB Financial Corporation	Interest Bearing Cash	-	22,151	22,151	22,151
UMB Financial Corporation	Interest Bearing Cash	-	21,488	21,488	21,488
UMB Financial Corporation	Interest Bearing Cash	-	13,962	13,962	13,962
UMB Financial Corporation	Interest Bearing Cash	865	-	865	865
Series Transactions					
UMB Financial Corporation	Interest Bearing Cash	\$ 1,900,119	\$ -	\$ 1,900,119	\$ 1,900,119
UMB Financial Corporation	Interest Bearing Cash	-	1,627,052	1,627,052	1,627,052

K II Holding Group Medical Plan
EIN# 26-4366175 PLAN # 502
Schedule H, Line 4j – Schedule of Reportable Transactions
Plan Year Ending 06/30/2024.

This information can be found on page 17 of the Accountant Opinion document.

K II Holding Group Medical Plan
EIN# 26-4366175 PLAN # 502
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
Plan Year Ending 06/30/2024

This information can be found on page 15 the Accountant Opinion document.