

Form 5500-SF

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed 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-SF.**

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A** This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)
- 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** Check box if filing under: Form 5558 automatic extension DFVC program
 special extension (enter description)
- D** If the plan is a collectively-bargained plan, check here ▶
- 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 <u>FOX HOME INNOVATIONS, LLC PROFIT SHARING/401(K) PLAN & TRUST</u>	1b Three-digit plan number (PN) ▶	<u>001</u>
	1c Effective date of plan	<u>01/01/2017</u>
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>FOX HOME INNOVATIONS, LLC</u> <u>9175 EXCEL LN</u> <u>MANHATTAN, KS 66502</u>	2b Employer Identification Number (EIN)	<u>27-3317614</u>
	2c Sponsor's telephone number	<u>785-537-0366</u>
	2d Business code (see instructions)	<u>236110</u>
3a Plan administrator's name and address <input checked="" type="checkbox"/> 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	
5a Total number of participants at the beginning of the plan year	5a	<u>24</u>
b Total number of participants at the end of the plan year	5b	<u>20</u>
c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	5c(1)	<u>20</u>
c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	5c(2)	<u>20</u>
d(1) Total number of active participants at the beginning of the plan year	5d(1)	<u>18</u>
d(2) Total number of active participants at the end of the plan year	5d(2)	<u>16</u>
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	5e	<u>1</u>

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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	<u>Filed with authorized/valid electronic signature.</u>	<u>09/30/2025</u>	<u>CHRISTOPHER FOX</u>
	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

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) Yes No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____ (See instructions.)

Part III Financial Information			
7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	413999	572876
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	413999	572876
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	36382	
(2) Participants	8a(2)	74587	
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	56286	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		167255
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	3975	
e Certain deemed and/or corrective distributions (see instructions) .	8e		
f Administrative service providers (salaries, fees, commissions)	8f	4403	
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		8378
i Net income (loss) (subtract line 8h from line 8c)	8i		158877
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristics	
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2J 2K 2S 3D 2T
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions				
10 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)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		20000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below. Yes No

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 **11a**

b PBGC missed contribution reporting requirements. If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, 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 _____

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above.

a 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 letter ruling granting the waiver. Month Day Year

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year **12b**

c Enter the amount contributed by the employer to the plan for this plan year **12c**

d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) **12d**

e Will the minimum funding amount reported on line 12d be met by the funding deadline?..... Yes No N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year? Yes No

a If "Yes," enter the amount of any plan assets that reverted to the employer this year..... **13a**

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? Yes No

c 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

Part VIII IRS Compliance Questions

14a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

14b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).
 Design-based safe harbor method
 "Prior year" ADP test
 "Current year" ADP test
 N/A

15 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702767A.

Form 5500-SF

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Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed 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-SF.**

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2024

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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 Check box if filing under: Form 5558 automatic extension DFVC program
 special extension (enter description)

D If the plan is a collectively-bargained plan, check here

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
Fox Home Innovations, LLC Profit Sharing/401(k) Plan & Trust

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan
01/01/2017

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)
Fox Home Innovations, LLC

2b Employer Identification Number (EIN)
27-3317614

2c Sponsor's telephone number
(785) 537-0366

2d Business code (see instructions)
236110

9175 Excel Ln
Manhattan KS 66502

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

3b Administrator's EIN

3c Administrator's telephone number

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

4b EIN

4d PN

a Sponsor's name
c Plan Name

5a Total number of participants at the beginning of the plan year 24

b Total number of participants at the end of the plan year 20

c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) 20

c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) 20

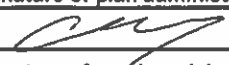
d(1) Total number of active participants at the beginning of the plan year 18

d(2) Total number of active participants at the end of the plan year 16

e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested 1

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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			Christopher Fox
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		<u>9/30/25</u>	
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

- 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes No
- 6b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) Yes No
If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.
- 6c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____ (See instructions.)

Part III Financial Information			
7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a	Total plan assets	413,999	572,876
b	Total plan liabilities		
c	Net plan assets (subtract line 7b from line 7a)	413,999	572,876
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a	Contributions received or receivable from:		
(1)	Employers	36,382	
(2)	Participants	74,587	
(3)	Others (including rollovers)		
b	Other income (loss)	56,286	
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		167,255
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	3,975	
e	Certain deemed and/or corrective distributions (see instructions)		
f	Administrative service providers (salaries, fees, commissions)	4,403	
g	Other expenses		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)		8,378
i	Net income (loss) (subtract line 8h from line 8c)		158,877
j	Transfers to (from) the plan (see instructions)		

Part IV Plan Characteristics	
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2J 2K 2S 3D 2T
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions				
10 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 there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a)		X	
c	Was the plan covered by a fidelity bond?	X		20,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions)		X	
f	Has the plan failed to provide any benefit when due under the plan?		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)		X	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below. Yes No

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 **11a**

b PBGC missed contribution reporting requirements. If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, 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 _____

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above. Yes No

a 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 letter ruling granting the waiver. Month Day Year

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year **12b**

c Enter the amount contributed by the employer to the plan for this plan year **12c**

d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) **12d**

e Will the minimum funding amount reported on line 12d be met by the funding deadline? Yes No N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year? Yes No

a If "Yes," enter the amount of any plan assets that reverted to the employer this year **13a**

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? Yes No

c 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

Part VIII IRS Compliance Questions

14a Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules? Yes No

14b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

Design-based safe harbor method

"Prior year" ADP test

"Current year" ADP test

N/A

15 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06/30/2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702767a.

This Retirement Plan Administrative Services Agreement ("Agreement") entered into by and between Keating & Associates, Inc., whose address is 1011 Poyntz Ave., Manhattan, Kansas 66502 ("Keating"), and Fox Home Innovations, LLC ("Employer") and Christopher Fox ("Trustee(s)") whose address is 9175 Excel Ln, Manhattan, KS 66502. The Employer and Trustee(s) shall be collectively referred to as "Sponsor". In consideration of the mutual promises, covenants, and undertakings set forth herein, the parties agree as follows, pertaining to the administration services to be provided by Keating to Sponsor on the Fox Home Innovations, LLC Profit Sharing/401(k) Plan & Trust ("the Plan").

Section 1. Fees and Services

Keating undertakes to provide the administrative services elected on the attached Fees and Services Schedule for the beginning of the Plan's reporting Period commencing January 1, 2025. If Sponsor requests that Keating perform services not covered by such Fees and Services Schedule, charges will be billed on a job order basis and will be agreed to, in writing, by the parties before Keating commences any such work. Examples of these additional services include, but are not limited to, preparing corrective measures for violations of 401(k) or other discrimination rules, including calculation of amounts which may be necessary to be returned to participants in order that the rules be observed; plan termination; preparation for, and assisting with, IRS audits of plan records; preparation of plan documentation and amendments; submission of any documentation to the Internal Revenue Services, such as new determination letter or determination upon merger or termination of plan.

Section 2. Data Gathering

The administrative services provided by Keating can only be as accurate as the data that Sponsor provides to Keating. Sponsor shall, therefore, certify the accuracy of the data submitted to Keating. As a result, any suggestions made by Keating concerning the eligibility or participation of any individual in the Plan, the allocation to be received by any participant, top heavy status, compensation history, etc., shall be based upon the data provided by the Sponsor to Keating. Sponsor shall, therefore, be responsible for the completeness and accuracy of all such data. If any administrative services must be repeated due to inaccurate or incomplete data, an additional charge of 100% of the scheduled fees shall become due and payable.

Section 3. Fiduciary Responsibilities

The parties agree that Keating shall NOT perform the functions of a Plan Fiduciary or Administrator as those terms are defined under ERISA, and that Keating shall not furnish any legal, accounting, or investment advice or recommendations, nor shall Keating exercise any discretionary authority or control over the management or administration of the Plan, the administration of its trusts, or the disposition of its assets. Keating is not authorized to perform such services on behalf of the Sponsor. Keating is performing only administrative services for the Sponsor; therefore, Keating shall not be acting in a fiduciary capacity as that term is defined under ERISA. Further, Keating is not the Plan Administrator, and is not acting as the Plan Administrator, such that the Plan Administrator shall be as denoted by the Plan and Trust documents. Keating is, however, providing administrative services to said fiduciary, and as such, is acting solely in the capacity of a contract provider for administrative services. Keating shall not exercise any discretion or control over the operation or assets of the Plan. To that end, all decisions regarding the assets of the Plan, the interpretation of its provisions, compliance with applicable legal requirements, and operation of the plan shall be made by the Sponsor. The Sponsor agrees to seek the advice of its legal counsel and/or other advisors as to matters that might arise relating to the operation and administration of the Plan.

Section 4. Legal Documents:

The Sponsor agrees that all reports and other materials received under this Agreement shall be reviewed by its legal counsel and/or other advisors. Keating may periodically review any legal documents related to the Plan that are in its possession as of effective date of this Agreement and alert the Sponsor of any perceived deficiencies in those documents that may affect the qualified status of the Plan. Keating, however, shall not be responsible for the sufficiency of any document nor its continued qualified status with the Internal Revenue Services unless Keating has been specifically engaged by the Sponsor to prepare said document or amendment and has been authorized to submit the same to the Internal Revenue Service for approval.

Section 5. Billings:

Billings for the annual charges shall be made by Keating on a yearly basis. Billings for other charges will be made on a periodic basis. Payment shall be within 10 days of the Sponsor's receipt of the statement. If Annual Administration fees are not paid within 90 days of issuance, a late fee of \$50 for each occurring month after will be assessed.

Section 6. Termination:

This Agreement may be terminated by either party for any reason upon 30 days advance written notice of such termination provided to the other party.

Sponsor shall be responsible for all work in progress until written notice is received by Keating. Termination fees will be assessed based on the prior year Annual Administration and will be billed in advance. Payment shall be due upon receipt of statement.

Section 7. Law:

This Agreement shall be governed by the laws of the State of Kansas.

Section 8. Confidentiality:

This Agreement and fees shall remain confidential and the property of Keating. Release of this Agreement or Fee and Services Schedule are not allowed without prior written approval of Keating.

Section 9. Indemnification:

The parties agree that this Agreement shall not impose upon Keating (a) any responsibility during the term of the Plan for its qualification, for any taxes, penalties, or other expenses as may be imposed upon Sponsor, participant or any beneficiary under the Plan; (b) any obligation to any participant or beneficiary under the Plan; (c) any duty to see the application of funds from securities or other assets under the Plan, or to question any action requests by the Sponsor. The Sponsor agrees that it will hold harmless and indemnify Keating for all expenses, claims, penalties, and demands that arise by reason of this Agreement, other than those arising from Keating's negligence or intentional misconduct with respect to the administrative services provided by Keating and that such indemnification is limited by ERISA. To that end, Keating shall not be responsible or liable for any administrative mistakes that may have occurred before Keating began performing those administrative services for the Sponsor.

Section 10. Miscellaneous:

- This Agreement is not assignable by either party without the prior written consent of the other party.
- This Agreement shall be binding upon and shall inure to the benefit of the parties and their respective successors and assigns.
- The invalidity or unenforceability of any provision of this Agreement shall not affect the validity or enforceability of any other provision herein. No waiver of any of the provisions of this Agreement shall constitute a waiver of any other provision, nor shall any waiver as to one event constitute a waiver as to any other event.
- This Agreement contains the entire agreement of the parties relating to the subject matter hereof, and no agreements or representations, oral or otherwise, express or implied, with respect to the subject matter hereof have been made by the parties that are not expressly set forth herein. This Agreement may be modified or amended only by a separate writing signed by the parties.
- This Agreement may be executed in counterparts, each of which shall be deemed to be originals, but all of which together shall constitute one and the same instruments.
- All notices, notifications, and demands shall be given in writing either by personal service or by certified mail, postage prepaid, and return receipt requested. Notice shall be considered given when received on date appearing on the return receipt, but if the receipt is not returned within five days, then 48 hours after deposit in the mail. Notices shall be addressed as appears above for each party, or to such other address as either party may designate, in writing, to the other party.
- Typewritten or handwritten provision inserted or attached shall supersede all conflicting printed provisions.

IN WITNESS WHEREOF, the undersigned have hereunder set their respective hands as of the date and year written below:

Sponsor:



Christopher Fox, Title: Trustee

Date: 9/30/25

Keating & Associates, Inc.:



Ashleen Noriega, TPA Department Manager