

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

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 multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [x] a single-employer plan [] a DFE (specify) ____
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. []
D Check box if filing under: [x] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan: KEY FAMILY 401K PLAN
1b Three-digit plan number (PN): 002
1c Effective date of plan: 01/01/1988
2a Plan sponsor's name (employer, if for a single-employer plan): KEY BENEFIT ADMINISTRATORS
2b Employer Identification Number (EIN): 35-1450364
2c Plan Sponsor's telephone number: 317-284-7100
2d Business code (see instructions): 524290

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

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

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

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

Form 5500 (2024) v. 240311

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	
5 Total number of participants at the beginning of the plan year	5	538
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.....	6a(1)	430
	6a(2)	393
	6b	1
	6c	126
	6d	520
	6e	0
	6f	520
	6g(1)	403
	6g(2)	410
h	6h	12
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
2E 2F 2G 2J 2K 3D 3H 2T

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

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

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

a Pension Schedules	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> A (Insurance Information) – Number Attached <u>1</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

<p style="text-align: center;">SCHEDULE A (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: small;">Pension Benefit Guaranty Corporation</p>	<p>Insurance Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ File as an attachment to Form 5500.</p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p style="font-size: 24pt;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

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

1 Coverage Information:

(a) Name of insurance carrier
NATIONWIDE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
31-4156830	66869	532-80015	410	01/01/2024	12/31/2024

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

(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	

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

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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.	
4	Current value of plan's interest under this contract in the general account at year end	1336634
5	Current value of plan's interest under this contract in separate accounts at year end.....	
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) <input type="checkbox"/> individual policies (2) <input type="checkbox"/> group deferred annuity (3) <input checked="" type="checkbox"/> other (specify) ▶ GIC	
f	If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ <input type="checkbox"/>	
7	Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)	
a	Type of contract: (1) <input type="checkbox"/> deposit administration (2) <input type="checkbox"/> immediate participation guarantee (3) <input checked="" type="checkbox"/> guaranteed investment (4) <input type="checkbox"/> other ▶	
b	Balance at the end of the previous year	7b 1388171
c	(1) Contributions deposited during the year	7c(1) 110033
	(2) Dividends and credits.....	7c(2) 226
	(3) Interest credited during the year.....	7c(3) 26854
	(4) Transferred from separate account	7c(4) 5373774
	(5) Other (specify below)..... ▶	7c(5) 14398
	(6) Total additions	7c(6) 5525285
d	Total of balance and additions (add lines 7b and 7c(6))	7d 6913456
e	Deductions:	
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1) 64874
	(2) Administration charge made by carrier.....	7e(2) 2570
	(3) Transferred to separate account	7e(3) 5492040
	(4) Other (specify below)..... ▶	7e(4) 14337
(5) Total deductions	7e(5) 5573821	
f	Balance at the end of the current year (subtract line 7e(5) from line 7d).....	7f 1339635

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		
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. ▶

OTHER 7C(5); OTHER 7E(4); COMMISSIONS AND FEES RECEIVED BY BROKER; IDENTIFICATION OF BROKER

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> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

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

Part I 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)

FUTUREPLAN BY ASCENSUS

8415 ALLISON POINTE BLVD. SUITE 300
INDIANAPOLIS, IN 46250

82-3719843

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
14 37	TPA	5158	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)

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26	INVESTMENT ADVISORY	3436	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)

PROACCOUNT

10 W NATIONWIDE BLVD
COLUMBUS, OH 43215

73-0988442

(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?
26	INVESTMENT ADVISORY	3169	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)

ACTIVE-PASSIVE/IRON-CO-FID-ORTH

5440 W 110TH ST
SHAWNEE MISSION, KS 66211

26-2409128

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
52	ADVISOR	2512	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)

BRADLEY RAY

8330 ALLISON POINTE TRAIL
INDIANAPOLIS, IN 46250

(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?
26	INVESTMENT ADVISORY	334	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

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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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan KEY FAMILY 401K PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 KEY BENEFIT ADMINISTRATORS	D Employer Identification Number (EIN) 35-1450364

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a 0	0
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1) 0	0
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1) 0	35153
(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) 235139	249588
(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) 17606960	20017453
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14) 1388171	1336634
(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	19230270	21638828
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	19230270	21638828

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)	178879	
(B) Participants	2a(1)(B)	1469930	
(C) Others (including rollovers)	2a(1)(C)	52454	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1701263
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)	16395	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		16395
(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)		2112340
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		3829998

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1387508	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1387508
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)		
(3) Recordkeeping fees	2i(3)	33932	
(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)		33932
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1421440

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		2408558
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: **BARNES DENNIG**

(2) EIN: **31-1119890**

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		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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 _____.

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

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

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

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

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 31-1592130

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

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

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a	
b Enter the amount contributed by the employer to the plan for this plan year	6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c	

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

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

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

Part III	Amendments
-----------------	-------------------

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 06 / 30 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q702814A.

KEY FAMILY 401(k) Plan

**Financial Statements
With Supplemental Information
December 31, 2024 and 2023
With Independent Auditors' Report**

Independent Auditors' Report

To the Board of Directors of and the Plan Participants
and Beneficiaries of the Key Family 401(k) Plan:

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

We have performed audits of the accompanying financial statements of Key Family 401(k) Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) [ERISA Section 103(a)(3)(C) audit]. The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

**Independent Auditors' Report
(Continued)**

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Key Family 401(k) Plan's internal control. Accordingly, no such opinion is expressed.

**Independent Auditors' Report
(Continued)**

Auditors' Responsibilities for the Audit of the Financial Statements (Continued)

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Key Family 401(k) Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Supplemental Schedule Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2024 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the 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 generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

**Independent Auditors' Report
(Continued)**

In our opinion-

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

Barnes, Dennig & Co., Ltd.

September 25, 2025
Indianapolis, Indiana

KEY FAMILY 401(K) PLAN

Statements of Net Assets Available for Benefits December 31, 2024 and 2023

	<u>2024</u>	<u>2023</u>
Assets		
Money market, at fair value	\$ 35,153	\$ -
Mutual funds, at fair value	20,017,453	17,606,960
Fully benefit-responsive contract, at contract value	<u>1,336,634</u>	<u>1,388,171</u>
Total investments	21,389,240	18,995,131
Notes receivable from participants	<u>249,588</u>	<u>235,139</u>
Total assets	<u>21,638,828</u>	<u>19,230,270</u>
Net Assets Available For Benefits	<u>\$ 21,638,828</u>	<u>\$ 19,230,270</u>

See accompanying notes to financial statements

KEY FAMILY 401(K) PLAN

Statements of Changes In Net Assets Available for Benefits For The Years Ended December 31, 2024 and 2023

	2024	2023
Additions To Net Assets Attributed To		
Investment activity		
Net appreciation in fair value of investments	\$ 2,108,678	\$ 2,147,101
Interest and dividend income	3,662	355,815
Total investment activity	2,112,340	2,502,916
Interest income on notes receivable from participants	16,395	14,392
Contributions		
Employer	178,879	169,413
Participants	1,469,930	1,505,963
Rollovers	52,454	77,907
Total contributions	1,701,263	1,753,283
Total additions	3,829,998	4,270,591
Deductions From Net Assets Attributed To		
Benefits paid to participants	1,387,508	1,831,704
Administrative expenses	33,932	41,420
Total deductions	1,421,440	1,873,124
Net increase	2,408,558	2,397,467
Net Assets Available For Benefits		
Beginning of year	19,230,270	16,832,803
End of year	\$ 21,638,828	\$ 19,230,270

See accompanying notes to financial statements

KEY FAMILY 401(K) PLAN

Notes to Financial Statements

NOTE 1 DESCRIPTION OF THE PLAN

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

General

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

Contributions

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

The Company may make contributions in two manners. First, a discretionary matching contribution equal to a percentage of the participant's elective deferrals is possible. Second, the Company can make a special discretionary contribution allocated to all eligible participants. Participants are eligible for company contributions after completing one year of service. The Company elected to match 25% of participants' contributions up to a maximum of 1% of the participants' eligible compensation for the years ended December 31, 2024 and 2023. No additional special discretionary contribution was made by the Company in December 31, 2024 or 2023. The Company contributions are invested as directed by the participant. Contributions are subject to certain IRS limitations.

Participant Accounts

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

KEY FAMILY 401(K) PLAN

Notes to Financial Statements (Continued)

NOTE 1 DESCRIPTION OF THE PLAN (CONTINUED)

Vesting

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

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

Notes Receivable From Participants

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$20,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account. The loan interest rate is set at 1% above the prime rate, as defined. Principal and interest is paid ratably through payroll deductions.

Payment of Benefits

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

Forfeited Accounts

At December 31, 2024 and 2023, forfeited nonvested accounts totaled \$10,912 and \$8,948, respectively. These accounts may be used to reduce future employer contributions or to pay plan expenses. During 2024, \$10,766 was used to reduce employer contributions. No forfeitures were used in 2023.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting and Use of Estimates

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

KEY FAMILY 401(K) PLAN

Notes to Financial Statements (Continued)

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Investment Valuation and Income Recognition

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

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

Notes Receivable From Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are charged directly to the borrowing participant's account and are recorded as administrative expenses when incurred.

Payments of Benefits

Benefits are recorded when paid.

Administrative Expenses

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

Subsequent Events

The Plan has evaluated subsequent events through September 25, 2025, the date the financial statements were available to be issued. See Note 6.

NOTE 3 CERTIFIED INVESTMENTS

Certain information related to investments and notes receivable from participants disclosed in the accompanying financial statements and supplemental schedule, including investments and notes receivable from participants held at December 31, 2024 and 2023, and net appreciation in fair value of investments, interest and dividends for the years then ended, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Nationwide Trust Company, FSB and Nationwide Life Insurance Company (collectively, "Nationwide"), the custodian of the Plan.

KEY FAMILY 401(K) PLAN

Notes to Financial Statements (Continued)

NOTE 4 FAIR VALUE MEASUREMENTS

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023

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

Money market fund: Generally transact subscription and redemption activity at a \$1 stable NAV however, on a daily basis the funds are valued at their daily NAV calculated using the amortized costs of the securities held in the fund.

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

KEY FAMILY 401(K) PLAN

Notes to Financial Statements (Continued)

NOTE 4 FAIR VALUE MEASUREMENTS (CONTINUED)

Assets Measured at Fair Value on a Recurring Basis

December 31, 2024	Total	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	\$ 20,017,453	\$ 20,017,453	\$ -	\$ -
Money market fund	35,153	-	35,153	-
Investments at fair value	<u>\$ 20,052,606</u>	<u>\$ 20,017,453</u>	<u>\$ 35,153</u>	<u>\$ -</u>

December 31, 2023	Total	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual funds	\$ 17,606,960	\$ 17,606,960	\$ -	\$ -
Investments at fair value	<u>\$ 17,606,960</u>	<u>\$ 17,606,960</u>	<u>\$ -</u>	<u>\$ -</u>

NOTE 5 INVESTMENT CONTRACT WITH INSURANCE COMPANY

The Plan entered into a fully benefit-responsive guaranteed investment contract with Nationwide totaling \$1,336,634 and \$1,388,171 at December 31, 2024 and 2023, respectively. Nationwide maintains the contributions in a general account. The account is credited with earnings on the underlying investments and charged for participant withdrawals and administrative expenses. The guaranteed investment contract issuer is contractually obligated to repay the principal and a specified interest rate that is guaranteed to the Plan. The crediting rate is based on a formula established by the contract issuer and is reviewed on a quarterly basis for resetting.

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

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

KEY FAMILY 401(K) PLAN

Notes to Financial Statements (Continued)

NOTE 5 INVESTMENT CONTRACT WITH INSURANCE COMPANY (CONTINUED)

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include plan termination, plan merger, or a reduction in number of participants as defined in the contract. The Plan administrator does not believe that the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with participants, is probable.

Either party may terminate the contract with at least 90 days advance written notice to the other party.

NOTE 6 PARTY-IN-INTEREST TRANSACTIONS

Certain plan investments are managed by Nationwide. Nationwide is the custodian for the Plan and, therefore, these transactions qualify as party-in-interest transactions. In March 2025, the Plan changed its custodian from Nationwide to Principal Trust Company. This change had no effect on the Plan's net assets available for benefits as of December 31, 2024.

Other administrative services are performed by employees of the Company. These services include day-to-day Plan administration. The Plan is not charged by the Company for these services to the Plan.

NOTE 7 PLAN TERMINATION

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

NOTE 8 PLAN TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated June 30, 2020, that the proto-type Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan Administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, no provisions for income taxes have been included in the Plan's financial statements.

NOTE 9 RISKS AND UNCERTAINTIES

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

KEY FAMILY 401(K) PLAN

Employer Identification Number 35-1450364

Plan Number 002

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

December 31, 2024

Column A	Column B	Column C	Column D	Column E
	Identity of issuer, borrower of similar entity	Description of Investment	Cost	Current Value
	Federated Hermes Government Obligations Fund	Money Market Fund	N/A	35,153
	AB Global Bond I	Registered Investment Company	N/A	151
	Ab Global Bond Fund - Class Z	Registered Investment Company	N/A	10,690
	AB Large Cap Growth I	Registered Investment Company	N/A	521,324
	AQR International Defensive Style Fund Class I	Registered Investment Company	N/A	4,903
	Allspring Adjustable Rate Government Institutional	Registered Investment Company	N/A	1,100
	Allspring Discovery SMID Cap Growth Fund	Registered Investment Company	N/A	283
	Amana Gr Inv	Registered Investment Company	N/A	6,771
	Allspring Growth Fund	Registered Investment Company	N/A	11,635
	Allspring Precious Metals Fund	Registered Investment Company	N/A	12,734
	Allspring Utility and Telecommunications Fund	Registered Investment Company	N/A	2,127
	American Century Inflation Adjusted Bond R5	Registered Investment Company	N/A	549
	American Funds Euro Pacific Growth R6	Registered Investment Company	N/A	3,199
	American Funds Growth Fund of America R6	Registered Investment Company	N/A	1,955
	American Funds Inflation Linked Bond R6	Registered Investment Company	N/A	58,514
	American Funds Investment Company of America R6	Registered Investment Company	N/A	4,726
	American Funds New Economy R6	Registered Investment Company	N/A	1,717
	American Funds New Prospect R6	Registered Investment Company	N/A	2,111
	American Funds New World R6	Registered Investment Company	N/A	47,055
	American Funds Small Cap World R6	Registered Investment Company	N/A	1,681
	Artisan International Value	Registered Investment Company	N/A	48,977
	Avantis Emerging Markets Equity Fund - Inst Class	Registered Investment Company	N/A	39,089
	Avantis US Large Cap Value	Registered Investment Company	N/A	44,800
	Avantis US Small Cap Value	Registered Investment Company	N/A	13,297
	Baird Corporate Plus Bond	Registered Investment Company	N/A	130,696
	Baron Fifth Avenue Growth	Registered Investment Company	N/A	7,377
	Baron Growth Fund Institutional	Registered Investment Company	N/A	1,919
	Baron Partners Fund	Registered Investment Company	N/A	28,379
	Blackrock High Yield Bond Port K	Registered Investment Company	N/A	23,124
	Blackrock Health Science Opportunities Portfolio Investor A	Registered Investment Company	N/A	4,829
	Blackrock Is Rslsmmdcapindx K	Registered Investment Company	N/A	5,257
	Blackrock Strategic Income Opportunity I	Registered Investment Company	N/A	57,722
	Blackrock Title Rtn K	Registered Investment Company	N/A	8,231
	Carlin Eagle Small Cap Growth R6	Registered Investment Company	N/A	7,421
	Calvert Equity I	Registered Investment Company	N/A	1,732
	Cohenstrs Real Estate	Registered Investment Company	N/A	33,495
	Columbia Convertible Securities	Registered Investment Company	N/A	20,356
	Columbia Dividend Income	Registered Investment Company	N/A	9,806
	Columbia Global Technology Fund - Institutional Class	Registered Investment Company	N/A	4,652

KEY FAMILY 401(K) PLAN

Employer Identification Number 35-1450364

Plan Number 002

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

December 31, 2024

Column A	Column B	Column C	Column D	Column E
	Identity of issuer, borrower of similar entity	Description of Investment	Cost	Current Value
	DFA Emerging Market Core Equity	Registered Investment Company	N/A	387
	DFA US Large Cap Gr	Registered Investment Company	N/A	7,715
	DWS RREEF Real Estate Securities Fund Institutional	Registered Investment Company	N/A	2,266
	Davis Financial Y Fund	Registered Investment Company	N/A	1,433
	Davis Opportunity	Registered Investment Company	N/A	5,838
	DFA Comdty Strat Inst	Registered Investment Company	N/A	2,333
	Diamon Hill Mid Cap	Registered Investment Company	N/A	24,423
	DFA Intl Lgcap Gr	Registered Investment Company	N/A	321,201
	Dodgecox International Stock	Registered Investment Company	N/A	50,898
	Eaton Vance Government Opportunities A	Registered Investment Company	N/A	3,020
	Federated Hermes Hildbd	Registered Investment Company	N/A	24,146
	Federated Hermes MDT Small Cap Growth Fund Institutional	Registered Investment Company	N/A	1,248
	Federated Hermes Strategic Value Dividend Fund Institutional	Registered Investment Company	N/A	32,278
	Fidelity 500 Index	Registered Investment Company	N/A	835,534
	Fidelity Emerging Market Index	Registered Investment Company	N/A	37,536
	Fidelity Environment And Alternative Energy Fund	Registered Investment Company	N/A	2,203
	Fidelity Free Index 2010	Registered Investment Company	N/A	14,499
	Fidelity Free Index 2015	Registered Investment Company	N/A	2,275,532
	Fidelity Free Index 2020	Registered Investment Company	N/A	572,351
	Fidelity Free Index 2025	Registered Investment Company	N/A	2,655,243
	Fidelity Free Index 2030	Registered Investment Company	N/A	2,579,698
	Fidelity Free Index 2035	Registered Investment Company	N/A	1,277,023
	Fidelity Free Index 2040	Registered Investment Company	N/A	1,022,655
	Fidelity Free Index 2045	Registered Investment Company	N/A	961,316
	Fidelity Free Index 2050	Registered Investment Company	N/A	414,409
	Fidelity Free Index 2055	Registered Investment Company	N/A	332,843
	Fidelity Free Index 2060	Registered Investment Company	N/A	167,970
	Fidelity Free Index 2065	Registered Investment Company	N/A	8,581
	Fidelity Free Idex Inst Prime	Registered Investment Company	N/A	13,762
	Fidelity Inflation Protected Bond	Registered Investment Company	N/A	2,089
	Fidelity International Index	Registered Investment Company	N/A	77,779
	Fidelity Large Cap Growth Index	Registered Investment Company	N/A	47,474
	Fidelity Large Cap Value Index	Registered Investment Company	N/A	340,285
	Fidelity Mid Cap Index	Registered Investment Company	N/A	50,873
	Fidelity Multi Asset Index	Registered Investment Company	N/A	19,142
	Fidelity Select Technology Portfolio	Registered Investment Company	N/A	4,592
	Fidelity Real Estate Index	Registered Investment Company	N/A	3,459
	Fidelity Small Cap Index	Registered Investment Company	N/A	110,235
	Fidelity Total Market Index	Registered Investment Company	N/A	80,101
	Fidadv Enrgy I +	Registered Investment Company	N/A	3,163

KEY FAMILY 401(K) PLAN

Employer Identification Number 35-1450364

Plan Number 002

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

December 31, 2024

Column A	Column B	Column C	Column D	Column E
	Identity of issuer, borrower of similar entity	Description of Investment	Cost	Current Value
	Fidadv Free Inc A	Registered Investment Company	N/A	22
	Fidelity US Bond Index	Registered Investment Company	N/A	33,789
	Fidelity Advisor Growth Opportunities Fund Class A	Registered Investment Company	N/A	13,338
	Goldman Sachs High Quality Floating Rate Fund	Registered Investment Company	N/A	1,558
	Goldman Sachs Gggptnrintloppr RG	Registered Investment Company	N/A	49,764
	Goldman Sachs Short Duration Government Institutional	Registered Investment Company	N/A	2,168
	Goldman Sachs US Mortgages Institution	Registered Investment Company	N/A	1,732
	Harbor Capital Appreciation Institutional	Registered Investment Company	N/A	118,168
	Invesco American Franchise Y	Registered Investment Company	N/A	2,058
	Invesco Opportunity Gold & Special Minerals Fund Y	Registered Investment Company	N/A	3,394
	Invesco Health Care Y	Registered Investment Company	N/A	17,866
	JPMorgan Equity Income A	Registered Investment Company	N/A	40,027
	JPMorgan Large Cap Growth A	Registered Investment Company	N/A	42,873
	JPMorgan Mid Cap Growth A	Registered Investment Company	N/A	2,099
	JPMorgan SMID Cap Equity A	Registered Investment Company	N/A	3,718
	Legal & General Commo. Strategy Fund - Inst Shares	Registered Investment Company	N/A	20,867
	Janus Henderson Global Life Sciences I	Registered Investment Company	N/A	11,130
	Janus Henderson Global Technology and Innovation N	Registered Investment Company	N/A	9,142
	Legg Mason BW Global Opportunity Bond A	Registered Investment Company	N/A	1,735
	Legg Mason ColorBridge Midcap Core	Registered Investment Company	N/A	7,224
	Legg Mason Western Assets Core Bond I	Registered Investment Company	N/A	31,790
	Loomis Sayles Bond Admin	Registered Investment Company	N/A	13,839
	Lord Abbett Floating Rate	Registered Investment Company	N/A	31,174
	Lord Abbett International Opportunity A	Registered Investment Company	N/A	7,695
	Macquarie Climate Solutions Fund - CI R6 +	Registered Investment Company	N/A	883
	Macquarie Emerging Markets Equity - Inst +	Registered Investment Company	N/A	1,250
	MFS Midcap Growth	Registered Investment Company	N/A	24,754
	Morgan Stanley Insight I	Registered Investment Company	N/A	8,974
	Morgan Stanley Inception I	Registered Investment Company	N/A	3,315
	Morgan Stanley Growth I	Registered Investment Company	N/A	2,818
*	Nationwide Bond Index Institutional	Registered Investment Company	N/A	7,147
*	Nationwide Geneva Small Cap Growth	Registered Investment Company	N/A	86,062
*	Nationwide International Small Cap Rg	Registered Investment Company	N/A	14,776
*	Nationwide Loomis All Cap Growth R6	Registered Investment Company	N/A	46,239
*	Nationwide S&P 500 Index Institutional	Registered Investment Company	N/A	62,412
	Nuveen Large Cap Growth Index Fund - Class R6 +	Registered Investment Company	N/A	60,686
	Nuveen Global Infr R6	Registered Investment Company	N/A	6,505
	Oakmark International Fund Investor	Registered Investment Company	N/A	9,533
	PGIM Jennison Natural Resources	Registered Investment Company	N/A	312
	PGIM Short-term Corporate Bond	Registered Investment Company	N/A	3,847

KEY FAMILY 401(K) PLAN

Employer Identification Number 35-1450364

Plan Number 002

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

December 31, 2024

Column A	Column B	Column C	Column D	Column E
	Identity of issuer, borrower of similar entity	Description of Investment	Cost	Current Value
	PGIM Total Return Bond R6	Registered Investment Company	N/A	33,274
	PIMCO Income Institutional	Registered Investment Company	N/A	57,322
	PIMCO International Bduslrhdginst	Registered Investment Company	N/A	68,398
	PIMCO Real Return	Registered Investment Company	N/A	18,628
	PIMCO Short-term Institutional	Registered Investment Company	N/A	2,913
	PIMCO Stock Plus International Hedge	Registered Investment Company	N/A	8,722
	PIMCO Total Return Institutional	Registered Investment Company	N/A	3,938
	PIMCO Commodity	Registered Investment Company	N/A	232
	Principal Global Real Estate R6	Registered Investment Company	N/A	22,475
	Principal MidCap R6	Registered Investment Company	N/A	442,812
	Putnam Growth Opportunity Y	Registered Investment Company	N/A	804,602
	State Street Balanced Index Fund - Class K	Registered Investment Company	N/A	1,163,784
	TCW Total Return Bond	Registered Investment Company	N/A	1,521
	T Rowe Price Dividend Growth	Registered Investment Company	N/A	54,119
	T Rowe Price Health Sciences Fund	Registered Investment Company	N/A	21,734
	T Rowe Price Science Tach	Registered Investment Company	N/A	4,737
	T Rowe Price Small Cap Value	Registered Investment Company	N/A	1,099
	Vanguard 500 Index Fund	Registered Investment Company	N/A	18,125
	Vanguard Emerging Market Stock Index Admiral	Registered Investment Company	N/A	27,577
	Vanguard Explore Admiral	Registered Investment Company	N/A	13,463
	Vanguard Extended Market Index Admiral	Registered Investment Company	N/A	3,522
	Vanguard Grand Admiral	Registered Investment Company	N/A	17,004
	Vanguard Inflation Protected Sec Admiral	Registered Investment Company	N/A	39,517
	Vanguard Midcap Index Fund	Registered Investment Company	N/A	12,976
	Vanguard Real Estate Index Admiral	Registered Investment Company	N/A	6,266
	Vanguard Total Bond Market Index Admiral	Registered Investment Company	N/A	12,925
	Vanguard Total International Bond Index Admiral	Registered Investment Company	N/A	44,684
	Vanguard Total International Stock Index Admiral	Registered Investment Company	N/A	57,808
	Vanguard Stock Market Index Fund	Registered Investment Company	N/A	6,362
	Van Eck Global Research	Registered Investment Company	N/A	714
	Van Eck International Investors Gold	Registered Investment Company	N/A	1,554
	Virtus Seix Core Bond A	Registered Investment Company	N/A	19,470
	Virtus NFJ Mic Cap Value	Registered Investment Company	N/A	1,778
	Victory Fund For Income I	Registered Investment Company	N/A	566
	Victory Nasdaq-100 Index Fund R6 Shares	Registered Investment Company	N/A	8,070
	Victory Syc Established Value I	Registered Investment Company	N/A	225,131
	Vanguard US Grand Admiral	Registered Investment Company	N/A	22,721
	Vanguard Utility Index Admiral	Registered Investment Company	N/A	2,115
	Vanguard WNDSR Admiral	Registered Investment Company	N/A	333,595

KEY FAMILY 401(K) PLAN

Employer Identification Number 35-1450364

Plan Number 002

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

December 31, 2024

<u>Column A</u>	<u>Column B</u>	<u>Column C</u>	<u>Column D</u>	<u>Column E</u>
	<u>Identity of issuer, borrower of similar entity</u>	<u>Description of Investment</u>	<u>Cost</u>	<u>Current Value</u>
	Wf Prec Mtls	Registered Investment Company	N/A	2,174
	Vanguard Wlsly Income Admiral	Registered Investment Company	N/A	50,426
*	Nationwide Fixed Select Contract	Investment Contract	N/A	1,336,634
*	Participant loans	Interest Rate (4.25%-9.50%)	-0-	249,588
				<u>21,638,828</u>

NOTE: The above data is based upon information that has been certified as complete and accurate by Nationwide.

* Denotes Party-In-Interest

KEY FAMILY 401(K) PLAN

Employer Identification Number 35-1450364

Plan Number 002

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

December 31, 2024

Column A	Column B	Column C	Column D	Column E
	Identity of issuer, borrower of similar entity	Description of Investment	Cost	Current Value
	Federated Hermes Government Obligations Fund	Money Market Fund	N/A	35,153
	AB Global Bond I	Registered Investment Company	N/A	151
	Ab Global Bond Fund - Class Z	Registered Investment Company	N/A	10,690
	AB Large Cap Growth I	Registered Investment Company	N/A	521,324
	AQR International Defensive Style Fund Class I	Registered Investment Company	N/A	4,903
	Allspring Adjustable Rate Government Institutional	Registered Investment Company	N/A	1,100
	Allspring Discovery SMID Cap Growth Fund	Registered Investment Company	N/A	283
	Amana Gr Inv	Registered Investment Company	N/A	6,771
	Allspring Growth Fund	Registered Investment Company	N/A	11,635
	Allspring Precious Metals Fund	Registered Investment Company	N/A	12,734
	Allspring Utility and Telecommunications Fund	Registered Investment Company	N/A	2,127
	American Century Inflation Adjusted Bond R5	Registered Investment Company	N/A	549
	American Funds Euro Pacific Growth R6	Registered Investment Company	N/A	3,199
	American Funds Growth Fund of America R6	Registered Investment Company	N/A	1,955
	American Funds Inflation Linked Bond R6	Registered Investment Company	N/A	58,514
	American Funds Investment Company of America R6	Registered Investment Company	N/A	4,726
	American Funds New Economy R6	Registered Investment Company	N/A	1,717
	American Funds New Prospect R6	Registered Investment Company	N/A	2,111
	American Funds New World R6	Registered Investment Company	N/A	47,055
	American Funds Small Cap World R6	Registered Investment Company	N/A	1,681
	Artisan International Value	Registered Investment Company	N/A	48,977
	Avantis Emerging Markets Equity Fund - Inst Class	Registered Investment Company	N/A	39,089
	Avantis US Large Cap Value	Registered Investment Company	N/A	44,800
	Avantis US Small Cap Value	Registered Investment Company	N/A	13,297
	Baird Corporate Plus Bond	Registered Investment Company	N/A	130,696
	Baron Fifth Avenue Growth	Registered Investment Company	N/A	7,377
	Baron Growth Fund Institutional	Registered Investment Company	N/A	1,919
	Baron Partners Fund	Registered Investment Company	N/A	28,379
	Blackrock High Yield Bond Port K	Registered Investment Company	N/A	23,124
	Blackrock Health Science Opportunities Portfolio Investor A	Registered Investment Company	N/A	4,829
	Blackrock Is Rslsmmdcapindx K	Registered Investment Company	N/A	5,257
	Blackrock Strategic Income Opportunity I	Registered Investment Company	N/A	57,722
	Blackrock Title Rtn K	Registered Investment Company	N/A	8,231
	Cariln Eagle Small Cap Growth R6	Registered Investment Company	N/A	7,421
	Calvert Equity I	Registered Investment Company	N/A	1,732
	Cohenstrs Real Estate	Registered Investment Company	N/A	33,495
	Columbia Convertible Securities	Registered Investment Company	N/A	20,356
	Columbia Dividend Income	Registered Investment Company	N/A	9,806
	Columbia Global Technology Fund - Institutional Class	Registered Investment Company	N/A	4,652

KEY FAMILY 401(K) PLAN

Employer Identification Number 35-1450364

Plan Number 002

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

December 31, 2024

Column A	Column B	Column C	Column D	Column E
	Identity of issuer, borrower of similar entity	Description of Investment	Cost	Current Value
	DFA Emerging Market Core Equity	Registered Investment Company	N/A	387
	DFA US Large Cap Gr	Registered Investment Company	N/A	7,715
	DWS RREEF Real Estate Securities Fund Institutional	Registered Investment Company	N/A	2,266
	Davis Financial Y Fund	Registered Investment Company	N/A	1,433
	Davis Opportunity	Registered Investment Company	N/A	5,838
	DFA Comdty Strat Inst	Registered Investment Company	N/A	2,333
	Diamon Hill Mid Cap	Registered Investment Company	N/A	24,423
	DFA Intl Lgcap Gr	Registered Investment Company	N/A	321,201
	Dodgecox International Stock	Registered Investment Company	N/A	50,898
	Eaton Vance Government Opportunities A	Registered Investment Company	N/A	3,020
	Federated Hermes Hildbd	Registered Investment Company	N/A	24,146
	Federated Hermes MDT Small Cap Growth Fund Institutional	Registered Investment Company	N/A	1,248
	Federated Hermes Strategic Value Dividend Fund Institutional	Registered Investment Company	N/A	32,278
	Fidelity 500 Index	Registered Investment Company	N/A	835,534
	Fidelity Emerging Market Index	Registered Investment Company	N/A	37,536
	Fidelity Environment And Alternative Energy Fund	Registered Investment Company	N/A	2,203
	Fidelity Free Index 2010	Registered Investment Company	N/A	14,499
	Fidelity Free Index 2015	Registered Investment Company	N/A	2,275,532
	Fidelity Free Index 2020	Registered Investment Company	N/A	572,351
	Fidelity Free Index 2025	Registered Investment Company	N/A	2,655,243
	Fidelity Free Index 2030	Registered Investment Company	N/A	2,579,698
	Fidelity Free Index 2035	Registered Investment Company	N/A	1,277,023
	Fidelity Free Index 2040	Registered Investment Company	N/A	1,022,655
	Fidelity Free Index 2045	Registered Investment Company	N/A	961,316
	Fidelity Free Index 2050	Registered Investment Company	N/A	414,409
	Fidelity Free Index 2055	Registered Investment Company	N/A	332,843
	Fidelity Free Index 2060	Registered Investment Company	N/A	167,970
	Fidelity Free Index 2065	Registered Investment Company	N/A	8,581
	Fidelity Free Idex Inst Prime	Registered Investment Company	N/A	13,762
	Fidelity Inflation Protected Bond	Registered Investment Company	N/A	2,089
	Fidelity International Index	Registered Investment Company	N/A	77,779
	Fidelity Large Cap Growth Index	Registered Investment Company	N/A	47,474
	Fidelity Large Cap Value Index	Registered Investment Company	N/A	340,285
	Fidelity Mid Cap Index	Registered Investment Company	N/A	50,873
	Fidelity Multi Asset Index	Registered Investment Company	N/A	19,142
	Fidelity Select Technology Portfolio	Registered Investment Company	N/A	4,592
	Fidelity Real Estate Index	Registered Investment Company	N/A	3,459
	Fidelity Small Cap Index	Registered Investment Company	N/A	110,235
	Fidelity Total Market Index	Registered Investment Company	N/A	80,101
	Fidadv Enrgy I +	Registered Investment Company	N/A	3,163

KEY FAMILY 401(K) PLAN

Employer Identification Number 35-1450364

Plan Number 002

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

December 31, 2024

Column A	Column B	Column C	Column D	Column E
	Identity of issuer, borrower of similar entity	Description of Investment	Cost	Current Value
	Fidadv Free Inc A	Registered Investment Company	N/A	22
	Fidelity US Bond Index	Registered Investment Company	N/A	33,789
	Fidelity Advisor Growth Opportunities Fund Class A	Registered Investment Company	N/A	13,338
	Goldman Sachs High Quality Floating Rate Fund	Registered Investment Company	N/A	1,558
	Goldman Sachs Gggptnrintloppr RG	Registered Investment Company	N/A	49,764
	Goldman Sachs Short Duration Government Institutional	Registered Investment Company	N/A	2,168
	Goldman Sachs US Mortgages Institution	Registered Investment Company	N/A	1,732
	Harbor Capital Appreciation Institutional	Registered Investment Company	N/A	118,168
	Invesco American Franchise Y	Registered Investment Company	N/A	2,058
	Invesco Opportunity Gold & Special Minerals Fund Y	Registered Investment Company	N/A	3,394
	Invesco Health Care Y	Registered Investment Company	N/A	17,866
	JPMorgan Equity Income A	Registered Investment Company	N/A	40,027
	JPMorgan Large Cap Growth A	Registered Investment Company	N/A	42,873
	JPMorgan Mid Cap Growth A	Registered Investment Company	N/A	2,099
	JPMorgan SMID Cap Equity A	Registered Investment Company	N/A	3,718
	Legal & General Commo. Strategy Fund - Inst Shares	Registered Investment Company	N/A	20,867
	Janus Henderson Global Life Sciences I	Registered Investment Company	N/A	11,130
	Janus Henderson Global Technology and Innovation N	Registered Investment Company	N/A	9,142
	Legg Mason BW Global Opportunity Bond A	Registered Investment Company	N/A	1,735
	Legg Mason ColorBridge Midcap Core	Registered Investment Company	N/A	7,224
	Legg Mason Western Assets Core Bond I	Registered Investment Company	N/A	31,790
	Loomis Sayles Bond Admin	Registered Investment Company	N/A	13,839
	Lord Abbett Floating Rate	Registered Investment Company	N/A	31,174
	Lord Abbett International Opportunity A	Registered Investment Company	N/A	7,695
	Macquarie Climate Solutions Fund - CI R6 +	Registered Investment Company	N/A	883
	Macquarie Emerging Markets Equity - Inst +	Registered Investment Company	N/A	1,250
	MFS Midcap Growth	Registered Investment Company	N/A	24,754
	Morgan Stanley Insight I	Registered Investment Company	N/A	8,974
	Morgan Stanley Inception I	Registered Investment Company	N/A	3,315
	Morgan Stanley Growth I	Registered Investment Company	N/A	2,818
*	Nationwide Bond Index Institutional	Registered Investment Company	N/A	7,147
*	Nationwide Geneva Small Cap Growth	Registered Investment Company	N/A	86,062
*	Nationwide International Small Cap Rg	Registered Investment Company	N/A	14,776
*	Nationwide Loomis All Cap Growth R6	Registered Investment Company	N/A	46,239
*	Nationwide S&P 500 Index Institutional	Registered Investment Company	N/A	62,412
	Nuveen Large Cap Growth Index Fund - Class R6 +	Registered Investment Company	N/A	60,686
	Nuveen Global Infr R6	Registered Investment Company	N/A	6,505
	Oakmark International Fund Investor	Registered Investment Company	N/A	9,533
	PGIM Jennison Natural Resources	Registered Investment Company	N/A	312
	PGIM Short-term Corporate Bond	Registered Investment Company	N/A	3,847

KEY FAMILY 401(K) PLAN

Employer Identification Number 35-1450364

Plan Number 002

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

December 31, 2024

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	PGIM Total Return Bond R6	Registered Investment Company	N/A	33,274
	PIMCO Income Institutional	Registered Investment Company	N/A	57,322
	PIMCO International Bdustrhdginst	Registered Investment Company	N/A	68,398
	PIMCO Real Return	Registered Investment Company	N/A	18,628
	PIMCO Short-term Institutional	Registered Investment Company	N/A	2,913
	PIMCO Stock Plus International Hedge	Registered Investment Company	N/A	8,722
	PIMCO Total Return Institutional	Registered Investment Company	N/A	3,938
	PIMCO Commodity	Registered Investment Company	N/A	232
	Principal Global Real Estate R6	Registered Investment Company	N/A	22,475
	Principal MidCap R6	Registered Investment Company	N/A	442,812
	Putnam Growth Opportunity Y	Registered Investment Company	N/A	804,602
	State Street Balanced Index Fund - Class K	Registered Investment Company	N/A	1,163,784
	TCW Total Return Bond	Registered Investment Company	N/A	1,521
	T Rowe Price Dividend Growth	Registered Investment Company	N/A	54,119
	T Rowe Price Health Sciences Fund	Registered Investment Company	N/A	21,734
	T Rowe Price Science Tach	Registered Investment Company	N/A	4,737
	T Rowe Price Small Cap Value	Registered Investment Company	N/A	1,099
	Vanguard 500 Index Fund	Registered Investment Company	N/A	18,125
	Vanguard Emerging Market Stock Index Admiral	Registered Investment Company	N/A	27,577
	Vanguard Explore Admiral	Registered Investment Company	N/A	13,463
	Vanguard Extended Market Index Admiral	Registered Investment Company	N/A	3,522
	Vanguard Grand Admiral	Registered Investment Company	N/A	17,004
	Vanguard Inflation Protected Sec Admiral	Registered Investment Company	N/A	39,517
	Vanguard Midcap Index Fund	Registered Investment Company	N/A	12,976
	Vanguard Real Estate Index Admiral	Registered Investment Company	N/A	6,266
	Vanguard Total Bond Market Index Admiral	Registered Investment Company	N/A	12,925
	Vanguard Total International Bond Index Admiral	Registered Investment Company	N/A	44,684
	Vanguard Total International Stock Index Admiral	Registered Investment Company	N/A	57,808
	Vanguard Stock Market Index Fund	Registered Investment Company	N/A	6,362
	Van Eck Global Research	Registered Investment Company	N/A	714
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KEY FAMILY 401(K) PLAN

Employer Identification Number 35-1450364

Plan Number 002

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

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*	Nationwide Fixed Select Contract	Investment Contract	N/A	1,336,634
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