

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: BH SECURITY, LLC 401(K) SAVINGS PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 07/29/2005
2a Plan sponsor's name (employer, if for a single-employer plan): BH SECURITY, LLC
2b Employer Identification Number (EIN): 74-2719343
2c Plan Sponsor's telephone number: 972-243-7443
2d Business code (see instructions): 512100

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	1670
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)	1301
	6a(2)	1273
	6b	0
	6c	448
	6d	1721
	6e	5
	6f	1726
	6g(1)	954
6g(2)	932	
6h	0	
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 2T 3D 3H

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 type="checkbox"/> Insurance	(1) <input 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 type="checkbox"/> A (Insurance Information) – Number Attached _____
(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 checked="" 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 _____

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 BH SECURITY, LLC 401(K) SAVINGS PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BH SECURITY, LLC	D Employer Identification Number (EIN) 74-2719343	

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

CHARLES SCHWAB & CO. INC. AND AFFIL

94-1737782

(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)

SCHWAB RETIREMENT PLAN SERVICES INC

34-1479833

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 26 50 64	NONE	103321	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)

CHARLES SCHWAB & CO., INC.

94-1737782

(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?
33 50 59 62 71	NONE	7	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" 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
CHARLES SCHWAB & CO. INC. AND AFFIL	59	0
(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.	
SEE ATTACHMENT 75-2401150	SEE ATTACHMENT	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<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 <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan <u>BH SECURITY, LLC 401(K) SAVINGS PLAN</u>	B Three-digit plan number (PN) <u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BH SECURITY, LLC</u>	D Employer Identification Number (EIN) <u>74-2719343</u>

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SCHWAB INST LRG CAP VAL TR FUND</u>		
b Name of sponsor of entity listed in (a): <u>CHARLES SCHWAB TRUST BANK</u>		
c EIN-PN <u>81-0625170-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4176039</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SCHWAB MANAGED RET TRUST FUND 2010</u>		
b Name of sponsor of entity listed in (a): <u>CHARLES SCHWAB TRUST BANK</u>		
c EIN-PN <u>81-0625169-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>224096</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SCHWAB MANAGED RET TRUST FUND 2015</u>		
b Name of sponsor of entity listed in (a): <u>CHARLES SCHWAB TRUST BANK</u>		
c EIN-PN <u>81-0625169-006</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>44262</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SCHWAB MANAGED RET TRUST FUND 2020</u>		
b Name of sponsor of entity listed in (a): <u>CHARLES SCHWAB TRUST BANK</u>		
c EIN-PN <u>81-0625169-002</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>678656</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SCHWAB MANAGED RET TRUST FUND 2025</u>		
b Name of sponsor of entity listed in (a): <u>CHARLES SCHWAB TRUST BANK</u>		
c EIN-PN <u>81-0625169-007</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>850655</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SCHWAB MANAGED RET TRUST FUND 2030</u>		
b Name of sponsor of entity listed in (a): <u>CHARLES SCHWAB TRUST BANK</u>		
c EIN-PN <u>81-0625169-003</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2588747</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SCHWAB MANAGED RET TRUST FUND 2035</u>		
b Name of sponsor of entity listed in (a): <u>CHARLES SCHWAB TRUST BANK</u>		
c EIN-PN <u>81-0625169-008</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>787335</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB MANAGED RET TRUST FUND 2040

b Name of sponsor of entity listed in (a): CHARLES SCHWAB TRUST BANK

c EIN-PN 81-0625169-004	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1889807
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a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB MANAGED RET TRUST FUND 2045

b Name of sponsor of entity listed in (a): CHARLES SCHWAB TRUST BANK

c EIN-PN 81-0625169-009	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1450538
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a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB MANAGED RET TRUST FUND 2050

b Name of sponsor of entity listed in (a): CHARLES SCHWAB TRUST BANK

c EIN-PN 81-0625169-010	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1067442
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a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB MANAGED RET TRUST FD-INCOME

b Name of sponsor of entity listed in (a): CHARLES SCHWAB TRUST BANK

c EIN-PN 81-0625169-005	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 74356
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a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB MANAGED RET TR FUND 2060

b Name of sponsor of entity listed in (a): CHARLES SCHWAB TRUST BANK

c EIN-PN 81-0625169-022	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 204335
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a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB MANAGED RET TRUST FUND 2055

b Name of sponsor of entity listed in (a): CHARLES SCHWAB TRUST BANK

c EIN-PN 81-0625169-020	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 266097
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a Name of MTIA, CCT, PSA, or 103-12 IE: SCHWAB MANAGED RET TR FUND 2065

b Name of sponsor of entity listed in (a): CHARLES SCHWAB TRUST BANK

c EIN-PN 81-0625169-024	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 82769
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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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 BH SECURITY, LLC 401(K) SAVINGS PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 BH SECURITY, LLC	D Employer Identification Number (EIN) 74-2719343

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.

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3155116
(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)	687416
(9) Value of interest in common/collective trusts	1c(9)	14385134
(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)	38913615
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	
(15) Other.....	1c(15)	406696

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(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	49131964	57547977
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	49131964	57547977

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)	1722091	
(B) Participants.....	2a(1)(B)	3458148	
(C) Others (including rollovers).....	2a(1)(C)	695649	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		5875888
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	165788	
(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)	51493	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		217281
(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)	915628	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		915628
(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)		1641130
(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)		5552751
c Other income	2c		50908
d Total income. Add all income amounts in column (b) and enter total.....	2d		14253586

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	5733609	
(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)		5733609
f Corrective distributions (see instructions)	2f		643
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)	87080	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	16241	
(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)		103321
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		5837573

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		8416013
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: **DANCE, BIGELOW, & CO., PC**

(2) EIN: **46-1645526**

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 BH SECURITY, LLC 401(K) SAVINGS PLAN	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 BH SECURITY, LLC	D Employer Identification Number (EIN) 74-2719343	

Part I	Distributions
---------------	----------------------

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

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

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 82-3967259

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 09 / 21 / 2020 (MM/DD/YYYY) and the Opinion Letter serial number Q704158A.

BH SECURITY, LLC. 401(k) SAVINGS PLAN

Financial Statements

December 31, 2024 and 2023

BH SECURITY, LLC. 401(k) SAVINGS PLAN

Financial Statements

December 31, 2024 and 2023

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DANCE, BIGELOW & CO, PC

CERTIFIED PUBLIC ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator and Administrative Committee of
the BH Security, LLC. 401(k) Savings Plan

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

We have performed audits of the accompanying financial statements of BH Security, LLC. 401(k) Savings 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 statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of BH Security, LLC. 401(k) Savings 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 year ended December 31, 2024, 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 Auditor's Responsibilities for the Audit of the Financial Statements section—

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with 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 Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of BH

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Flower Mound, TX 75022
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Security, LLC. 401(k) Savings 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.

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 BH Security, LLC. 401(k) Savings Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of BH Security, LLC. 401(k) Savings Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about BH Security, LLC. 401(k) Savings 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.

Other Matter—Supplemental Schedules Required by ERISA

The supplemental schedules of assets (held at end of year) as of December 31, 2024 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, 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 schedules 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 schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion—

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are 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 schedules 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).

Dance, Bigelow + Co., P.C.

Flower Mound, TX
September 26, 2025

BH SECURITY, LLC. 401(k) SAVINGS PLAN

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

	<u>2024</u>	<u>2023</u>
ASSETS		
Investments at fair value:		
Interest-bearing cash	\$ 3,155,116	\$ 3,451,062
Interest in common/collective trusts	14,385,134	12,928,584
Interest in registered investment companies	38,913,615	32,220,956
Self-directed brokerage accounts	<u>406,696</u>	<u>20,000</u>
Total investments at fair value	56,860,561	48,620,602
Receivables:		
Notes receivable from participants	<u>687,416</u>	<u>511,362</u>
Total receivables	<u>687,416</u>	<u>511,362</u>
Total assets	<u>57,547,977</u>	<u>49,131,964</u>
Net assets available for benefits	<u>\$ 57,547,977</u>	<u>\$ 49,131,964</u>

The accompanying notes are an integral part of these financial statements.

BH SECURITY, LLC. 401(k) SAVINGS PLAN
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2024

	<u>2024</u>
Additions to net assets attributed to:	
Investment income (depreciation):	
Net investment income in common collective trusts	\$ 1,641,130
Net investment income in registered investment companies	5,552,751
Interest	165,788
Dividends	915,628
Other income	<u>50,908</u>
Net investment income in fair value in registered investment companies	<u>8,326,205</u>
Interest on notes receivable from participants	51,493
Contributions:	
Participant, net of corrective distributions	3,458,148
Sponsor	1,722,091
Rollovers	<u>695,649</u>
Total contributions	<u>5,875,888</u>
Total additions	<u>14,253,586</u>
Deductions from net assets attributed to:	
Benefits paid to participants	5,733,609
Corrective distributions	643
Administrative expenses	<u>103,321</u>
Total deductions	<u>5,837,573</u>
Net increase	8,416,013
Net assets available for benefits at beginning of year	<u>49,131,964</u>
Net assets available for benefits at end of year	<u>\$ 57,547,977</u>

The accompanying notes are an integral part of these financial statements.

BH SECURITY, LLC. 401(k) SAVINGS PLAN
Notes to Financial Statements

1 - Description of Plan

The following description of the BH Security, LLC. 401(k) Savings Plan (the “Plan”) (formerly Monitronics International, Inc. 401(k) Savings Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

A. General - The Plan, established on July 29, 2005, is a defined contribution 401 (k) plan covering all eligible employees of BH Security, LLC. (the “Sponsor”). Participation begins on the date on which the participant meets the eligibility requirements. On July 29, 2005, certain assets were transferred from the Liberty Media 401(k) Savings Plan to the Plan as the result of the spin-off of Discovery Holding Company (DHC) from Liberty Media Corporation. Those participant accounts were 100% vested when transferred to the Plan. Effective July 7, 2011, Ascent Capital Group, Inc., was merged with and into Ascent Media Corp. As a result of the merger, the name of the Plan’s sponsor was changed to Ascent Capital Group, Inc. On January 23, 2012, the Board of Directors of Ascent Capital Group, Inc. (formerly Ascent Media Corporation, Inc., a controlling party of Monitronics International, Inc.), approved the merger of the Monitronics International, Inc. 401(k) Plan with and into the Plan, effective January 31, 2012. In 2019, Ascent Capital Group, Inc. was merged into Monitronics International, Inc. Effective July 1, 2023, the Plan was amended to update the name to BH Security, LLC. Before this conversion, the Plan was named Monitronics International, Inc. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”) and is intended to be a qualified retirement plan under the Internal Revenue Code.

On December 20, 2019, Congress passed the Setting Every Community Up for Retirement Enhancement Act (the “SECURE Act”). The SECURE Act expands retirement access to both employers and employees by changing the rules with respect to required minimum distributions among others. The required provisions of the SECURE Act that were effective immediately or beginning no later than January 1, 2020 were operationalized accordingly. On March 27, 2020, the Coronavirus Aid, Relief, and Economic Security (“CARES”) Act was signed into law. The CARES Act contains several provisions that temporarily impact 401(k) plans, including the waiver of required minimum distributions, a new hardship withdrawal option, increased loan limits, and a pause option for loan payments. The provisions of the CARES act may be effective and operationalized immediately, prior to amending the plan document. The Sponsor has adopted the relief provisions included in the CARES Act. Written amendments to the Plan document to reflect the operational changes from the CARES and SECURE Acts will be adopted at a later date in accordance with applicable law and guidance.

On December 29, 2022, Congress passed the Setting Every Community Up for Retirement Enhancement 2.0 Act (the “SECURE 2.0 Act of 2022”). The SECURE 2.0 Act expands retirement access to both employers and employees by changing the rules with respect to required minimum distributions among others. The required provisions of the SECURE 2.0 Act that were effective immediately or beginning no later than January 1, 2023 were operationalized accordingly. Written amendments to the Plan document to reflect the operational changes from the SECURE 2.0 Acts will be adopted at a later date in accordance with applicable law and guidance.

B. Plan Amendments - Effective June 1, 2008, the Plan was amended to cover all employees of the Company of age 18 or older with 30 days of service. As described in Note 1(A), the Plan was amended to reduce employer matching contributions. Effective February 1, 2012, the Plan was amended to cover all employees of the Company with 90 days of service. Effective January 1, 2016, a restated plan was adopted and to be eligible, an employee must be credited with at least 60 days of service. Effective January 1, 2017, an additional employer, LiveWatch Security, LLC, adopted the plan. The employees of LiveWatch Security, LLC, received employer matching contributions equal to 100% of the participant’s 401(k) contributions that do not exceed 3% of eligible compensation and vest after 2 years of vesting service. Effective January 1, 2019, the Plan was amended to remove the additional non-safe harbor matching contribution and to preserve the prior vesting schedule for the non-safe harbor matching contribution accounts for LiveWatch Security, LLC employees who were hired and became participants on or before December 31, 2018. Additionally, the

BH SECURITY, LLC. 401(k) SAVINGS PLAN
Notes to Financial Statements

1 - Description of Plan (continued)

Plan was amended to change the vesting schedules for the non-safe harbor matching contributions and the non-safe harbor non-elective contributions, and to preserve the prior vesting schedules for the non-safe harbor matching contribution accounts and the non-safe harbor non-elective contribution accounts for employees who were hired and became participants on or before December 31, 2018. Additionally, the Plan was amended to exclude taxable fringe benefits from eligible compensation. Effective September 1, 2019, the Plan was amended to change the Plan name from Ascent Capital Group 401(k) Savings Plan to Monitronics International, Inc. 401(k) Savings Plan. Additionally, the Sponsoring Employer and Plan Administrator was changed from Ascent Capital Group, Inc. to Monitronics International, Inc. Effective January 1, 2021, the Plan was amended to update the vesting schedules for the non-safe harbor matching contributions and the non-safe harbor, non-elective contributions, and to preserve the prior vesting schedules for the non-safe harbor matching contribution accounts and the non-safe harbor non-elective contribution accounts for employees who were hired and became participants on or after January 1, 2019. Effective July 1, 2023, the Plan was amended to change the Plan name from Monitronics International, Inc 401(k) Savings Plan to BH Security, LLC. 401(k) Savings Plan.

C. Contributions - Participants may voluntarily contribute to the Plan up to an annual maximum of 100% of eligible compensation, as defined by the Plan. Total participant contributions in any calendar year are restricted to the applicable limit under Internal Revenue Code Section 402(g). The applicable limit for the plan year ended December 31, 2024 is \$23,000 with an additional \$7,500 catch-up provision for participants age fifty or older. Participants may also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans. The Sponsor's matching contribution is a discretionary match based on a percentage of employee pretax salary and Roth 401(k) deferrals subject to a maximum of 100% of each dollar contributed up to 3% of participants compensation, and 50% of each dollar contributed by the participant from 3% up to 5% of participants' eligible compensation. The participants direct the investment of the employee pretax salary deferrals, Roth 401(k) deferrals, and the Sponsor matching contributions to the various investment options offered by the Plan.

Effective April 10, 2009, the Plan was amended to reduce employer matching contributions to 50% of a participant's contribution up to 4% of the participant's compensation. For the year ended December 31, 2008 and through April 9, 2009, the Company's matching contributions were 50% of a participant's contribution up to 8% of their eligible compensation. Effective January 1, 2012, the Plan was amended to reduce employer matching contributions to 25% of a participant's contribution up to 4% of their eligible compensation. Effective January 1, 2017, an additional employer, LiveWatch Security, LLC, adopted the plan. The employees of LiveWatch Security, LLC, received employer matching contributions equal to 100% of the participant's 401(k) contributions not exceeding 3% of eligible compensation. Effective January 1, 2019, the employer may match 50% of each dollar contributed by the participant up to 5% of the participant's compensation. Effective January 1, 2021, the employer may match 100% of each dollar contributed up to 3% of participants compensation, and 50% of each dollar contributed by the participant from 3% up to 5% of the participant's compensation.

The matching Company contribution is invested in a portfolio of investments as directed by the participant. Contributions are subject to certain limitations.

D. Expenses of Administering the Plan - Administrative expenses recorded in the financial statements represent expenses that were absorbed by participants related to the administration of the Plan.

E. Participants' Accounts - Each participant's account is credited with the participant's contributions, the Sponsor's matching contributions 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 transactions, as defined within the plan agreement. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account balance.

BH SECURITY, LLC. 401(k) SAVINGS PLAN
Notes to Financial Statements

1 - Description of Plan (continued)

F. Eligibility and Vesting - Employees of the Sponsor become eligible to participate in the Plan once they have completed 60 days of service with the Sponsor.

Participants' contributions plus actual earnings thereon are 100% vested at all times. Effective January 1, 2019 for employees who became participants on and after January 1, 2019, vesting of Sponsor matching contributions plus earnings thereon is based on years of continuous service in accordance with the following schedule:

<u>Year(s) of Service</u>	<u>Vested Percentage</u>
1	0%
2	50%
3	100%

For employees that were participants prior to January 1, 2019 and were still employed with the Employer on January 1, 2019 (except for employees of LiveWatch Security, LLC), Non-Safe Harbor Matching Contribution accounts shall be vested based on the following vesting schedule:

<u>Year(s) of Service</u>	<u>Vested Percentage</u>
1	20%
2	50%
3	100%

For Plan participants on or before December 31, 2018, employed by LiveWatch Security, LLC, they shall vest based on the following vesting schedule:

<u>Year(s) of Service</u>	<u>Vested Percentage</u>
1	50%
2	100%

For Plan participants that terminated employment on or before December 31, 2018, Non-Safe Harbor Matching Contribution accounts shall be vested based on the following vesting schedule:

<u>Year(s) of Service</u>	<u>Vested Percentage</u>
1	20%
2	40%
3	60%
4	80%
5	100%

For Ascent Capital Group 401(k) Savings Plan employees that were participants prior to February 1, 2012, they shall vest based on the following vesting schedule:

<u>Year(s) of Service</u>	<u>Vested Percentage</u>
1	33%
2	67%
3	100%

A participant is 100% vested upon termination by reason of retirement, death, or disability. Upon termination, any amount in which the participant is not vested shall be forfeited.

BH SECURITY, LLC. 401(k) SAVINGS PLAN
Notes to Financial Statements

1 - Description of Plan (continued)

G. Notes Receivable from Participants - Participants may borrow from their accounts a minimum of \$1,000, and up to a maximum of the lesser of 50% of their vested account balance or \$50,000. The loans bear interest at variable rates and are secured by the balances in the participants' accounts. Principal and interest are paid ratably through payroll deductions, and loan terms are generally for a period not exceeding five years. Participants may have no more than one loan outstanding at one time.

Pursuant to the CARES Act, loan limits were temporarily increased. Between March 27, 2020 and September 22, 2020, participants meeting certain eligibility criteria were able to borrow from their account balance up to the lesser of 100% of the vested balance or \$100,000. Any loan payments due between March 27, 2020 and December 31, 2020 for eligible participants could be suspended with the unpaid interest being re-amortized across the remainder of the loan and payment re-commencing in January 2021.

H. Excess Contributions Payable - Amounts payable to participants totaling \$-0- and \$-0- for contributions in excess of amounts allowed by the IRS are recorded as a liability for the years ending December 31, 2024 and 2023, respectively. If applicable, the refund of excess is included in corrective distributions paid to participants for the year ending December 31, 2023. If applicable, the Plan distributed the 2023 excess contributions to the applicable participants prior to March 31, 2024.

I. Payment of Benefits - Upon termination of service or retirement, participants entitled to payment under the Plan will have the option of receiving a lump sum distribution equal to their vested account balance or rolling their distribution over to an IRA or another qualified retirement plan.

Participants may make withdrawals from their individual accounts upon termination, death, disability, financial hardship (as defined by the Internal Revenue Service Safe Harbor Distribution Rules), or attainment of the normal plan retirement age of 65, or on or after age 59.5, while still employed. Distribution of funds shall occur once a valuation of the participant's account is received after separation from employment or request for withdrawal.

The Sponsor has adopted the SECURE Act provision raising the required age from 70½ to 72 for participants that had not attained age 70½ before January 1, 2020. The Sponsor has adopted the SECURE 2.0 Act provision raising the required age from 72 to 73 for participants that had not attained age 72 before January 1, 2023.

J. Forfeited Accounts - Forfeitures may be used to pay administrative expenses, or to reduce future Sponsor matching contributions. As of December 31, 2024 and 2023, forfeited non-vested accounts totaled \$14,918 and \$13,655. During the year ended December 31, 2024 and 2023, there were \$14,918 and \$5 of forfeitures used to pay administrative expenses or to fund Sponsor matching contributions.

2 - Summary of Significant Accounting Policies

A. Basis of Presentation - The accompanying financial statements were prepared on the accrual basis of accounting. Therefore, revenues are recognized when earned, and expenses are recorded when the obligation is incurred.

B. Valuation of Investments - The Plan's investments are reported at their fair value at the measurement date. Interests in registered investment companies are stated at fair value as determined and certified by Charles Schwab Trust Bank or Charles Schwab Bank (the "Trustee"). Interests in common collective trust funds are valued at net asset value (NAV) of units held. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liability. See Note 7 for information on fair value measurements.

BH SECURITY, LLC. 401(k) SAVINGS PLAN
Notes to Financial Statements

2 - Summary of Significant Accounting Policies (continued)

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on an accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) in the fair value of investments includes realized and unrealized gains and losses on investments bought and sold as well as held during the year.

C. Notes Receivable from Participants - Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document. During the year ended December 31, 2024, there were \$9,970 of deemed distributions of notes receivable from participants.

D. Payment of Benefits - Benefits are recorded when paid. Corrective distributions generally represent the distribution of certain assets to employees in order for the Plan to comply with ERISA nondiscrimination rules. There were \$634 of corrective distributions for the year ended December 31, 2024, and are presented net within participant contributions.

E. Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

F. Expenses - Certain expenses of maintaining the Plan are paid by the Plan Sponsor and are therefore excluded from these financial statements. Investment-related expenses are included in net appreciation in fair value of investments. Fees for the administration of notes receivable from participants are included in administrative expenses and charged directly to the participant's account.

G. Subsequent Events - In preparing the accompanying financial statements, the Plan evaluated events occurring from December 31, 2024 through the date the financial statements were issued.

3 - Information Certified by the Trustee

The Sponsor elected the method of annual reporting compliance 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. Accordingly, the Trustee of the Plan has certified that all of the following data included in the accompanying financial statements and supplemental schedule is complete and accurate by Charles Schwab Trust Bank:

Investments and notes receivable from participants, as shown in the statements of net assets available for benefits as of December 31, 2024 and 2023;

Investment activity, as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2024.

The Plan's independent accountants did not perform auditing procedures with respect to this information except for comparing such information to the related information included in the financial statements and supplemental schedule.

BH SECURITY, LLC. 401(k) SAVINGS PLAN
Notes to Financial Statements

4 - Plan Termination

Although it has not expressed any intent to do so, the Sponsor 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 the Plan's termination, participants will become fully vested in their accounts.

5 - Income Tax Status

The Plan has adopted a basic prototype defined contribution plan that obtained its latest determination letter on September 21, 2020, in which the Internal Revenue Service stated that the Plan and related trust, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The plan administrator timely adopted the prototype Plan document. Although the Plan has been amended since receiving the opinion 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 and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

6 - 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 held by the Plan, it is at least reasonably possible that changes in fair value may occur and that such changes could materially affect the participants' account balances and the amounts reported in the Statement of Net Assets Available for Benefits.

Elevated inflation and monetary policy coupled with debt load, fiscal policy pressures, and global political and geopolitical volatility have caused interest rates to sharply rise and have led to extreme volatility in financial markets and has affected, and may continue to affect, the fair value of the Plan assets. As the effects of inflation, and increased interest rates, continue to have an impact on global economic activity, the extent and duration of the impacts are difficult to assess and cannot be predicted.

7 - Fair Value Measurements

As required by the Fair Value Measurements topic of the Financial Accounting Standards Board *Accounting Standards Codification* ("FASB ASC"), all financial assets and liabilities are measured at fair value on a recurring basis. The topic establishes a framework for measuring fair value and enhances disclosure requirements for fair value measurements. The topic defines fair value as 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 topic establishes market or observable inputs as the preferred sources of values, followed by assumptions based on hypothetical transactions in the absence of market inputs. The topic establishes a hierarchy for grouping these assets and liabilities, based on the significance level of the following inputs:

Level I - Quoted prices in active markets for identical assets or liabilities.

Level II - Quoted prices in active markets for similar assets and liabilities, quoted prices for identical or similar instruments in markets that are not active and model-derived valuations whose inputs are observable or whose significant drivers are observable.

Level III - Significant inputs to the valuation model are unobservable

BH SECURITY, LLC. 401(k) SAVINGS PLAN
Notes to Financial Statements

7 - Fair Value Measurements (continued)

The following is a listing of assets and liabilities required to be measured at fair value on a recurring basis and where they are classified within the hierarchy as of December 31, 2024 and 2023:

	Assets at Fair Value as of December 31, 2024			
	Level I	Level II	Level III	Total
Money market equivalent	\$ 3,155,116	\$ -	\$ -	\$ 3,155,116
Interest in registered investment companies	38,913,615	-	-	38,913,615
Self-directed brokerage account:				
Interst bearing cash	18,717	-	-	18,717
Common stock	126,017	-	-	126,017
Unit investment trusts	259,129	-	-	259,129
Transfer to/from PCRA in process	2,832	-	-	2,832
Total self-directed brokerage account:	406,696	-	-	406,696
Total assets in the fair value hierarchy	42,475,427	-	-	42,475,427
Investments measured at NAV (a)	-	-	-	14,385,134
Total assets at fair value	<u>\$ 42,475,427</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 56,860,561</u>

	Assets at Fair Value as of December 31, 2023			
	Level I	Level II	Level III	Total
Money market equivalent	\$ 3,471,062	\$ -	\$ -	\$ 3,471,062
Interest in registered investment companies	32,220,956	-	-	32,220,956
Total assets in the fair value hierarchy	35,692,018	-	-	35,692,018
Investments measured at NAV (a)	-	-	-	12,928,584
Total assets at fair value	<u>\$ 35,692,018</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 48,620,602</u>

(a) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statement of net assets available for benefits.

BH SECURITY, LLC. 401(k) SAVINGS PLAN
Notes to Financial Statements

7 - Fair Value Measurements (continued)

The following table summarizes investments for which fair value is measured using the net asset value per share practical expedient as of December 31, 2024 and 2023, respectively. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

<u>December 31, 2024</u>	<u>Fair Value</u>	<u>Redemption Frequency</u>	<u>Redemption Notice Period</u>
Target Date: Managed Retirement Trust Fund (a)	\$ 74,356	Daily	30 business days
Target Date: Managed Retirement Trust Fund (b)	10,134,740	Daily	30 business days
Equity: Institutional Large Cap Value Trust Fund (c)	<u>4,176,038</u>	Daily	30 business days
Total	<u>\$ 14,385,134</u>		
 <u>December 31, 2023</u>			
Target Date: Managed Retirement Trust Fund (a)	\$ 85,831	Daily	30 business days
Target Date: Managed Retirement Trust Fund (b)	9,178,938	Daily	30 business days
Equity: Institutional Large Cap Value Trust Fund (c)	<u>3,663,815</u>	Daily	30 business days
Total	<u>\$ 12,928,584</u>		

(a) The objective of this investment is to provide total return for investors near or in retirement.

(b) The objective of these investments are to provide a total return for investors retiring approximately at or near the target date in the respective fund name.

(c) The objective of this investment is long-term capital appreciation.

Interest in registered investment companies include mutual funds that are valued using quoted prices on nationally recognized securities exchanges. The mutual funds held by the Plan are deemed to be actively traded.

Interest in common collective trusts are valued at net asset value (NAV) of units held. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liability. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

Self-Directed Brokerage Account - Interest in personal choice retirement accounts vary for valuation methods, sources, and pricing frequency which may be level 1, 2, or 3 investments depending on assets held.

The preceding methods described may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation method is 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.

BH SECURITY, LLC. 401(k) SAVINGS PLAN
Notes to Financial Statements

8 - Concentrations

Funds deposited in the Plan's bank savings deposit account are eligible for FDIC insurance up to \$250,000 per Plan participant when aggregated with all other deposits held by that Plan participant in the same capacity at Schwab Bank.

9 - Exempt Party-In-Interest Transactions

The trustee is a subsidiary of The Charles Schwab Corporation. The Charles Schwab Corporation provides services to retirement and other benefit plans and participants through its separate but affiliated companies and subsidiaries, Charles Schwab & Co., Inc. (CS & Co.); Charles Schwab Bank; Charles Schwab Trust Bank; Schwab Retirement Plan Services, Inc.; and Schwab Retirement Plan Services Company (together, SRPS).

Charles Schwab Investment Management, Inc. (CSIM), an investment adviser registered with the Securities and Exchange Commission (SEC) under the Investment Advisers Act of 1940 and CS & Co., a registered broker/dealer, both wholly owned subsidiaries of the Charles Schwab Corporation, provides various investment management, administrative, transfer agent and distribution services. The Schwab Bank Collective Trust Funds select investments based on advice received from or products offered by industry-recognized investment management firms (sub-advisors) including CSIM. Charles Schwab Trust Bank is the trustee as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions.

The Plan pays fees for various administrative and custodial services provided during the year. Fees paid using Plan assets during the year ended December 31, 2024 for these services totaled \$103,321. These fees were based on customary and reasonable rates for such services.

The Sponsor provides certain accounting, administrative, and investment management services to the Plan for which no fees are charged. The Plan's independent auditor and most investment consulting fees are paid by the Sponsor for the Plan. The Plan Sponsor, employer, investment consultants and independent Plan auditor transactions qualify as party-in-interest transactions.

All of these party-in-interest transactions are exempt from the prohibited transaction rules of ERISA.

10 - Fidelity Bond

The Sponsor believes the Plan has complied with the fidelity bonding requirements of ERISA through coverage provided in the Sponsor's crime insurance policy.

BH SECURITY, LLC. 401(k) SAVINGS PLAN

E.I. #74-2719343

Plan Number 001

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

December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral Par or Maturity Value	(d) Cost	(e) Current Value
	Gabelli US treasury	Money Market / Cash Equivalent		\$ 3,155,116
*	Schwab Institutional LGCAP TR FD Sel	Common Collective Trust Fund		4,176,038
*	Schwab Managed 2060 Income CI IV	Common Collective Trust Fund		204,335
*	Schwab Managed 2065 Income CI IV	Common Collective Trust Fund		82,769
*	Schwab Managed Retirement 2010 CI IV	Common Collective Trust Fund		224,096
*	Schwab Managed Retirement 2015 CI IV	Common Collective Trust Fund		44,262
*	Schwab Managed Retirement 2020 CI IV	Common Collective Trust Fund		678,656
*	Schwab Managed Retirement 2025 CI IV	Common Collective Trust Fund		850,655
*	Schwab Managed Retirement 2030 CI IV	Common Collective Trust Fund		2,588,747
*	Schwab Managed Retirement 2035 CI IV	Common Collective Trust Fund		787,335
*	Schwab Managed Retirement 2040 CI IV	Common Collective Trust Fund		1,889,807
*	Schwab Managed Retirement 2045 CI IV	Common Collective Trust Fund		1,450,538
*	Schwab Managed Retirement 2050 CI IV	Common Collective Trust Fund		1,067,442
*	Schwab Managed Retirement 2055 CI IV	Common Collective Trust Fund		266,097
*	Schwab Managed Retirement Inc CI IV	Common Collective Trust Fund		74,356
*	Charles Schwab PCRA	Self-Directed Brokerage Account		406,696
	American Beacon Scap Val R5	Registered Investment Company		1,562,805
	Artisan International Fund	Registered Investment Company		1,912,188
	DFA Global Real Estate Sec	Registered Investment Company		505,636
	Dodge & Cox Income X	Registered Investment Company		950,555
	Fidelity 500 Index	Registered Investment Company		16,094,099
	Fidelity Extended Market Index	Registered Investment Company		940,207
	Fidelity Short Term BD Index	Registered Investment Company		320,892
	Fidelity Total Intern Index	Registered Investment Company		2,843,651
	Fidelity US Bond Index	Registered Investment Company		294,931
	JP Morgan Large Cap Growth R6	Registered Investment Company		9,413,007
	Metropolitan West Total Return Bond I	Registered Investment Company		2,008
	PIMCO High Yield Fund	Registered Investment Company		763,387
	Vanguard Explorer Admiral Shrs	Registered Investment Company		2,623,804
	Vanguard Inflation Protect Adm	Registered Investment Company		606,215
	Vanguard Total Intl BD IDX ADM	Registered Investment Company		80,229
				<u>\$ 56,860,561</u>
		Interest rates from 4.25% to 9.5% with notes maturing through December 12, 2029		
*	Participant Loans			\$ 687,416

* Represents a party in interest as defined by ERISA.

See accompanying independent auditors' report.

BH Security, LLC 401(k) Savings Plan
Schedule C, Part I, Line 3 - Service Provider Indirect Compensation Information
December 31, 2024

EIN: 74-2719343

Plan Number: 001

Received By Charles Schwab & Co., Inc. (EIN: 94-1737782)

Fund Family/Provider	EIN	Formula
Allianz Global Investors	Not Available	Rate of 0.02% of average daily balance of asset(s)
American Beacon	75-2401150	Rate of 0.05% of average daily balance of asset(s)
Artisan Partners Funds	Not Available	Rate of 0.40% of average daily balance of asset(s)
TCW	95-2749628	Rate of 0.10% of average daily balance of asset(s)

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

NAME OF PLAN SPONSOR:	BH Security, LLC
NAME OF PLAN:	BH Security, LLC 401(k) Savings Plan
EIN:	74-2719343
PLAN NUMBER:	001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	PARTICIPANT LOANS	Loans (4.25% - 9.50%)		687,416
	GABELLI US TREASURY	Money Market / Cash Equivalent		3,155,116
*	SCHWAB INSTL LGCAP TR FD SEL	Common Collective Trust Fund		4,176,039
*	SCHWAB MANAGED 2060 INC CL IV	Common Collective Trust Fund		204,335
*	SCHWAB MANAGED 2065 INC CL IV	Common Collective Trust Fund		82,769
*	SCHWAB MANAGED RET 2010 CL IV	Common Collective Trust Fund		224,096
*	SCHWAB MANAGED RET 2015 CL IV	Common Collective Trust Fund		44,262
*	SCHWAB MANAGED RET 2020 CL IV	Common Collective Trust Fund		678,656
*	SCHWAB MANAGED RET 2025 CL IV	Common Collective Trust Fund		850,655
*	SCHWAB MANAGED RET 2030 CL IV	Common Collective Trust Fund		2,588,747
*	SCHWAB MANAGED RET 2035 CL IV	Common Collective Trust Fund		787,335
*	SCHWAB MANAGED RET 2040 CL IV	Common Collective Trust Fund		1,889,807
*	SCHWAB MANAGED RET 2045 CL IV	Common Collective Trust Fund		1,450,538
*	SCHWAB MANAGED RET 2050 CL IV	Common Collective Trust Fund		1,067,442
*	SCHWAB MANAGED RET 2055 CL IV	Common Collective Trust Fund		266,097
*	SCHWAB MANAGED RET INC CL IV	Common Collective Trust Fund		74,356
	PCRA	Self-Directed Brokerage Account		406,696
	AMERICAN BEACON SCAP VALUE R5	Registered Investment Company		1,562,805
	ARTISAN INTERNATIONAL FUND	Registered Investment Company		1,912,188
	DFA GLOBAL REAL ESTATE SEC	Registered Investment Company		505,636
	DODGE & COX INCOME X	Registered Investment Company		950,555
	FIDELITY 500 INDEX	Registered Investment Company		16,094,100
	FIDELITY EXTENDED MARKET INDEX	Registered Investment Company		940,207
	FIDELITY SHORT TERM BD INDEX	Registered Investment Company		320,892
	FIDELITY TOTAL INTERN INDEX	Registered Investment Company		2,843,651
	FIDELITY US BOND INDEX	Registered Investment Company		294,931
	JPMORGAN LARGE CAP GROWTH R6	Registered Investment Company		9,413,007
	METROPOLITAN WEST TTL RTN BD I	Registered Investment Company		2,008
	PIMCO HIGH YIELD FUND	Registered Investment Company		763,387
	VANGUARD EXPLORER ADMIRAL SHRS	Registered Investment Company		2,623,804
	VANGUARD INFLATION PROTECT ADM	Registered Investment Company		606,215
	VANGUARD TOTAL INTL BD IDX ADM	Registered Investment Company		80,229

* Party-in-interest