

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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).

2024

Department of Labor Employee Benefits Security Administration

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

Pension Benefit Guaranty Corporation

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... [X] a single-employer plan [ ] a DFE... B This return/report is: [ ] the first return/report [ ] the final return/report... C If the plan is a collectively-bargained plan, check here... D Check box if filing under: [X] Form 5558 [ ] automatic extension... 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: ALL WAYS SAFE, LLC CASH BALANCE PENSION PLAN
1b Three-digit plan number (PN): 002
1c Effective date of plan: 01/01/2019
2a Plan sponsor's name (employer, if for a single-employer plan): ALL WAYS SAFE, LLC
2b Employer Identification Number (EIN): 82-3204897
2c Plan Sponsor's telephone number: 412-301-2300
2d Business code (see instructions): 488490

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.

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	158
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	150
	<b>6a(2)</b>	121
	<b>6b</b>	0
	<b>6c</b>	10
	<b>6d</b>	131
	<b>6e</b>	0
	<b>6f</b>	131
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		60
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
1A 1C 3D

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> 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**

- (1)  **R** (Retirement Plan Information)
- (2)  **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)  **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4)  **DCG** (Individual Plan Information) – Number Attached \_\_\_\_\_
- (5)  **MEP** (Multiple-Employer Retirement Plan Information)

**b General Schedules**

- (1)  **H** (Financial Information)
- (2)  **I** (Financial Information – Small Plan)
- (3)  **A** (Insurance Information) – Number Attached 0
- (4)  **C** (Service Provider Information)
- (5)  **D** (DFE/Participating Plan Information)
- (6)  **G** (Financial Transaction Schedules)

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

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**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.

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**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 \_\_\_\_\_

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<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **Round off amounts to nearest dollar.**  
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan <u>ALL WAYS SAFE, LLC CASH BALANCE PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>002</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>ALL WAYS SAFE, LLC</u>	<b>D</b> Employer Identification Number (EIN) <u>82-3204897</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b> Enter the valuation date:	Month <u>01</u>	Day <u>01</u>	Year <u>2024</u>	
<b>2</b> Assets:				
<b>a</b> Market value .....	<b>2a</b>	<u>2069130</u>		
<b>b</b> Actuarial value .....	<b>2b</b>	<u>2069130</u>		
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target	
<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>0</u>	<u>0</u>	<u>0</u>	
<b>b</b> For terminated vested participants .....	<u>8</u>	<u>24844</u>	<u>24844</u>	
<b>c</b> For active participants .....	<u>150</u>	<u>1924971</u>	<u>2005802</u>	
<b>d</b> Total .....	<u>158</u>	<u>1949815</u>	<u>2030646</u>	
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>				
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>			
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>			
<b>5</b> Effective interest rate .....	<b>5</b>	<u>4.75 %</u>		
<b>6</b> Target normal cost				
<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>617333</u>		
<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>13340</u>		
<b>c</b> Target normal cost .....	<b>6c</b>	<u>630673</u>		

**Statement by Enrolled Actuary**  
 To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

<b>SIGN HERE</b>  Signature of actuary  <u>JONATHAN T. MURELLO</u> Type or print name of actuary  <u>DUNBAR, BENDER &amp; ZAPF, INC.</u> Firm name  <u>400 HOLIDAY DRIVE</u> <u>SUITE 102</u> <u>PITTSBURGH, PA 15220</u>  Address of the firm	<u>10/03/2025</u> Date  <u>23-08178</u> Most recent enrollment number  <u>412-263-0102</u> Telephone number (including area code)
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<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	0
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	0
<b>10</b>	Interest on line 9 using prior year's actual return of <u>10.48</u> % .....	0	0
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
<b>a</b>	Present value of excess contributions (line 38a from prior year) .....		163
<b>b(1)</b>	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.19</u> % .....		8
<b>b(2)</b>	Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
<b>c</b>	Total available at beginning of current plan year to add to prefunding balance .....		171
<b>d</b>	Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	0

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	101.89 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	101.89 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	97.51 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>		<b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b>					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
09/11/2025	666163	0					
			<b>Totals ▶</b>	<b>18(b)</b>	666163	<b>18(c)</b>	0

<b>19</b>	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
<b>a</b>	Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b> 0
<b>b</b>	Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b> 0
<b>c</b>	Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b> 592733
<b>20</b>	Quarterly contributions and liquidity shortfalls:	
<b>a</b>	Did the plan have a "funding shortfall" for the prior year? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>b</b>	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>c</b>	If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
		(4) 4th

<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>				
<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code) .....				<b>21b</b> 4
<b>22</b> Weighted average retirement age .....				<b>22</b> 62
<b>23</b> Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined	<input type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

<b>Part VI Miscellaneous Items</b>				
<b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
<b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<b>26</b> Demographic and benefit information				
<b>a</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. .... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
<b>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....				<b>27</b>

<b>Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>				
<b>28</b> Unpaid minimum required contributions for all prior years .....				<b>28</b> 0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....				<b>29</b> 0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....				<b>30</b> 0

<b>Part VIII Minimum Required Contribution For Current Year</b>				
<b>31</b> Target normal cost and excess assets (see instructions):				
<b>a</b> Target normal cost (line 6c) .....				<b>31a</b> 630673
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....				<b>31b</b> 38484
<b>32</b> Amortization installments:		Outstanding Balance		Installment
<b>a</b> Net shortfall amortization installment .....		0	0	
<b>b</b> Waiver amortization installment .....		0	0	
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....				<b>33</b>
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				<b>34</b> 592189
		Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....		0	0	0
<b>36</b> Additional cash requirement (line 34 minus line 35) .....				<b>36</b> 592189
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....				<b>37</b> 592733
<b>38</b> Present value of excess contributions for current year (see instructions)				
<b>a</b> Total (excess, if any, of line 37 over line 36)				<b>38a</b> 544
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....				<b>38b</b> 0
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....				<b>39</b> 0
<b>40</b> Unpaid minimum required contributions for all years .....				<b>40</b> 0

<b>Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>				
<b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021				

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>ALL WAYS SAFE, LLC CASH BALANCE PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>ALL WAYS SAFE, LLC</b>	<b>D</b> Employer Identification Number (EIN) <b>82-3204897</b>	

**Part I Service Provider Information (see instructions)**

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

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

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

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

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

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**(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)

GROVE POINT ADVISORS, LLC

1910 COCHRAN ROAD  
SUITE 520  
PITTSBURGH, PA 15220

85-3242918

(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?
27	INVESTMENT ADVISOR	7660	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

**Part I Service Provider Information (continued)**

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

<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
<b>(a)</b> Enter service provider name as it appears on line 2	<b>(b)</b> Service Codes (see instructions)	<b>(c)</b> Enter amount of indirect compensation
<b>(d)</b> Enter name and EIN (address) of source of indirect compensation	<b>(e)</b> 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.

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

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

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

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<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> 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)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>ALL WAYS SAFE, LLC CASH BALANCE PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) <b>▶</b> <b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>ALL WAYS SAFE, LLC</b>	<b>D</b> Employer Identification Number (EIN) <b>82-3204897</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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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
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	17720	33887
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	636147	666163
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>		
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	0	1052599
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	710773	1135103
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	726610	0
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	2091250	2887752
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	0	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	2091250	2887752

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	666163	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	0	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>	0	
(2) Noncash contributions.....	<b>2a(2)</b>	0	
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		666163
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		0
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	154696	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		154696
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		820859

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>	4225	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		4225
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>	20132	
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses.....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		20132
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		24357

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		796502
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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: CLIFTON LARSON ALLEN LLP

(2) EIN: 41-0746749

**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
<b>a</b> 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>b</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	
<b>c</b> 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	
<b>d</b> 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	
<b>e</b> Was this plan covered by a fidelity bond?	X		500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> 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	
<b>h</b> 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	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> 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	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> 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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 562734.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>ALL WAYS SAFE, LLC CASH BALANCE PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>ALL WAYS SAFE, LLC</b>	<b>D</b> Employer Identification Number (EIN) <b>82-3204897</b>	

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

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

**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): \_\_\_\_\_

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

<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	<b>3</b>	<b>2</b>
--	----------	----------

<b>Part II</b>	<b>Funding Information</b> (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.)
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**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.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>c</b> 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).....	<b>6c</b>	

**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

<b>Part III</b>	<b>Amendments</b>
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**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

<b>Part IV</b>	<b>ESOPs</b> (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:

<b>a</b> 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).....	<b>14a</b>	
<b>b</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).....	<b>14b</b>	
<b>c</b> 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).....	<b>14c</b>	

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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.....	<b>16b</b>	

**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 12 / 05 / 2023 (MM/DD/YYYY) and the Opinion Letter serial number Q705505A.

**ALL WAYS SAFE, LLC CASH BALANCE PENSION PLAN**

**FINANCIAL STATEMENTS AND  
ERISA-REQUIRED SUPPLEMENTAL SCHEDULES**

**YEARS ENDED DECEMBER 31, 2024 AND 2023**



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**ALL WAYS SAFE, LLC CASH BALANCE PENSION PLAN  
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## INDEPENDENT AUDITORS' REPORT

Plan Administrator  
All Ways Safe, LLC Cash Balance Pension Plan  
McDonald, Pennsylvania

### Report on the Audit of the Financial Statements

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

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

Management, having determined it is permissible in the circumstances, has elected to have the audits of All Ways Safe, LLC Cash Balance Pension 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 institutions).

Management has obtained a certification from qualified institutions as of and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

#### ***Opinion***

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

- the amounts and disclosures in the financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

***Basis for Opinion on the Financial Statements***

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of All Ways Safe, LLC Cash Balance Pension 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 All Ways Safe, LLC Cash Balance Pension Plan's ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

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

***Auditors' Responsibilities for the Audit of the Financial Statements***

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

Plan Administrator  
All Ways Safe, LLC Cash Balance Pension Plan

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of All Ways Safe, LLC Cash Balance Pension 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 All Ways Safe, LLC Cash Balance Pension 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 Matters – Supplemental Schedules Required by ERISA***

The supplemental schedule of assets (held at end of year) and schedule of reportable transactions as of and for the year ended 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 Disclosures 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 audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agree 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 its 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, is presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental 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).

*CliftonLarsonAllen LLP*

**CliftonLarsonAllen LLP**

Pittsburgh, Pennsylvania  
October 14, 2025

**ALL WAYS SAFE, LLC CASH BALANCE PENSION PLAN  
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
DECEMBER 31, 2024 AND 2023**

	2024	2023
<b>ASSETS</b>		
<b>CASH</b>	\$ 33,887	\$ 17,720
<b>INVESTMENTS (at Fair Value)</b>		
Corporate Obligations	1,052,599	726,610
Common Stocks	1,135,103	710,773
Total Investments	2,187,702	1,437,383
<b>EMPLOYER CONTRIBUTION RECEIVABLE</b>	666,163	636,147
Total Assets	2,887,752	2,091,250
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>	\$ 2,887,752	\$ 2,091,250

See accompanying Notes to Financial Statements.

**ALL WAYS SAFE, LLC CASH BALANCE PENSION PLAN  
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
YEARS ENDED DECEMBER 31, 2024 AND 2023**

	2024	2023
<b>ADDITIONS:</b>		
<b>INVESTMENT INCOME</b>		
Net Appreciation in Fair Value of Investments	\$ 103,985	\$ 76,889
Interest and Dividends	50,711	37,123
Total Investment Income	154,696	114,012
<b>EMPLOYER CONTRIBUTIONS</b>	666,163	636,147
Total Additions	820,859	750,159
<b>DEDUCTIONS:</b>		
<b>BENEFITS PAID TO PARTICIPANTS</b>	4,225	13,483
<b>ADMINISTRATIVE EXPENSES</b>	20,132	13,340
Total Deductions	24,357	26,823
<b>NET INCREASE</b>	796,502	723,336
<b>NET ASSETS AVAILABLE FOR BENEFITS:</b>		
Beginning of Year	2,091,250	1,367,914
End of Year	\$ 2,887,752	\$ 2,091,250

See accompanying Notes to Financial Statements.

**ALL WAYS SAFE, LLC CASH BALANCE PENSION PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2024 AND 2023**

**NOTE 1 DESCRIPTION OF THE PLAN**

The following description of All Ways Safe, LLC Cash Balance Pension Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

**General**

The Plan is a noncontributory defined benefit cash balance pension plan established by All Ways Safe, LLC (the Company). The Plan was amended and restated throughout the years to comply with tax legislation and most recently amended effective July 23, 2024.

The Plan is administered by the Company's Benefits Committee (Committee), which is a committee of the Board of Directors of the Company. The Committee has overall responsibility for the operation and administration of the Plan. The Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance, and reports to the Plan's Board of Trustees. The Plan administrator is responsible for the oversight of the Plan, determines the appropriateness of the Plan's investment offerings, and monitors investment performance.

The Plan covers substantially all employees of the Company who have completed 60 consecutive days of service and attained the age of 18. Employees may enter the Plan on the first day of the month after meeting the eligibility requirements. Effective July 23, 2024, the plan was amended to change the service eligibility requirement to one year of service (defined as 1,000 hours), and change the plan entry date to the next January 1 or July 1 after eligibility criteria are met. The Plan excludes leased employees, employees covered by a collective bargaining agreement, unless the collective bargaining agreement specifically allows for participation and William J. Ciaffoni, Sr. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

**Pension Benefits**

Under the cash balance formula, an account balance is the sum of the Initial Account Balance, if any, compensation credits, and investment credits as of date of Account Balance and a participant's accrued benefit is equal to a single life annuity which is the actuarial equivalent of the projected value of such participant's hypothetical account. A Hypothetical Account is the accumulated value of the participants' hypothetical allocations and interest credit. For each year that a participant completes a year of service, a hypothetical allocation is made to their hypothetical account. The annual hypothetical allocation is a percent of compensation or specific amount based on the participant group to which the participant is assigned under the Plan document. For each plan year until the Plan year before payment of the participant's benefit commences, an interest credit of 5% is credited to the participant's account.

Participants whose vested present value of accrued benefits does not exceed \$5,000 must receive a lump sum payment. Participants whose vested present value of accrued benefits exceeds \$5,000 may elect their accrued vested benefits in the form of a lump sum payment, single life annuity, or a qualified joint and survivor annuity. Under the terms of the Plan, a qualified joint and survivor annuity is a joint and 50%, 75%, or 100% survivor annuity.

**ALL WAYS SAFE, LLC CASH BALANCE PENSION PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2024 AND 2023**

**NOTE 1 DESCRIPTION OF THE PLAN (CONTINUED)**

**Pension Benefits (Continued)**

Participants become fully vested in the Plan upon attaining normal retirement age, death, total disability, or upon the completion of three years of vesting service. Normal retirement age is defined as age 62 or the age of the participant on their fifth anniversary of joining the Plan, if later.

**Death and Disability Benefits**

If an active employee dies, a death benefit equal to the value of the employee's accumulated pension benefits is paid to the employee's beneficiary. Active employees who become totally and permanently disabled receive annual disability benefits that are equal to the normal retirement benefits they have accumulated as of the time they become disabled.

**Funding Policy**

The Plan's funding policy is for the Company to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. During 2024 and 2023, the Company made contributions of \$666,163 and \$636,147, respectively. The Company's contributions for 2024 and 2023 exceeded the minimum funding requirements of ERISA.

Although it has not expressed an intention to do so, the Company has the right under the plan to discontinue its contributions at any time and to terminate the plan subject to provisions set forth in ERISA.

**NOTE 2 SIGNIFICANT ACCOUNTING POLICIES**

**Basis of Accounting**

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

**Use of 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 the reported amounts of assets and liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

**Investment Valuation and Income Recognition**

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan administrator determines the Plan's valuation policies utilizing information provided by the investment advisers and custodian. See Note 5 for discussion of fair value measurements.

**ALL WAYS SAFE, LLC CASH BALANCE PENSION PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023**

**NOTE 2 SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)**

**Investment Valuation and Income Recognition (Continued)**

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

**Payment of Benefits**

Benefits are recorded when paid.

**Administrative Expenses**

The Plan's expenses are paid either by the Plan or the Company as provided by the Plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation of fair value of investments presented in the accompanying statement of changes in net assets available for benefits.

**Subsequent Events**

The Plan has evaluated subsequent events through October 14, 2025, the date the financial statements were available to be issued.

**NOTE 3 ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS**

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to:

- a) retired or terminated employees or their beneficiaries,
- b) beneficiaries of employees who have died, and
- c) present employees or their beneficiaries.

Benefits under the Plan are accumulated based on hypothetical allocations to the employees' hypothetical accounts and the employees' accrued interest credit (5%) for each year of service. The accumulated plan benefits for active employees will equal the accumulated balance in their hypothetical account. The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits based on the participants' hypothetical accounts.

**ALL WAYS SAFE, LLC CASH BALANCE PENSION PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023**

**NOTE 3 ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)**

The significant actuarial assumptions used in the valuation as of December 31, 2023, were:

- a) Interest Crediting Rate: 5.00%
- b) Mortality Basis: IRS 430(h)(3)(a) (projected RP-2014)
- c) Retirement Age Assumptions (Normal retirement age of attained age if greater)
- d) Vesting requirements: 100% after 3 years of credited service

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The computation of the actuarial present value of accumulated plan benefits was made as of January 1, 2024. Had the valuation been performed as of December 31, 2023, there would be no material differences.

The following is a summary of actuarial present value of accumulated plan benefits as of December 31:

	2023
Actuarial Present Value of Accumulated Plan Benefits:	
Vested Benefits:	
Participants Currently Receiving Payments	\$ -
Other Participants	1,791,264
Total Vested Benefits	1,791,264
Nonvested Benefits	316,754
Total Actuarial Present Value of Accumulated Plan Benefits	\$ 2,108,018

The changes in the actuarial present value of accumulated Plan benefits are summarized as follows for the year ended December 31:

	2023
Actuarial Present Value of Accumulated Plan Benefits - Beginning of Year	\$ 1,388,725
Increase (Decrease) During the Year Attributable to:	
Benefits Accumulated	464,370
Plan Amendments	224,400
Actuarial (Gain)/Loss	(25,093)
Benefits Paid	(13,483)
Decrease in Discount Period	69,099
Actuarial Present Value of Accumulated Plan Benefits - End of Year	\$ 2,108,018

**ALL WAYS SAFE, LLC CASH BALANCE PENSION PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2024 AND 2023**

**NOTE 4 CERTIFICATION OF INVESTMENT INFORMATION**

AssetMark Trust Company, the qualified institution of the Plan, has supplied the Plan administrator with a certification as to the completeness and accuracy of all investment information reflected on the accompanying statements of net assets available for benefits as of December 31, 2024 and 2023, the statements of changes in net assets available for benefits for the years then ended, and the supplemental schedule of assets (held at end of year) as of December 31, 2024.

**NOTE 5 FAIR VALUE OF INVESTMENTS**

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

*Level 1* – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

*Level 2* – Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

*Level 3* – Inputs to the valuation methodology are unobservable and significant to the fair market value measurement.

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the valuation methodologies used at December 31, 2024 and 2023, except for the investments previously presented, recorded, and disclosed as mutual funds at fair value in the prior period which were revised to common stock at fair value to reflect the type of investments these actually are. There was no difference in fair value in making the adjustments to the financial statements.

**ALL WAYS SAFE, LLC CASH BALANCE PENSION PLAN  
NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2024 AND 2023**

**NOTE 5 FAIR VALUE OF INVESTMENTS (CONTINUED)**

*Corporate Obligations:* Valued using a market-based model in which valuation consideration is given to yield or price of comparable securities, coupon rate, maturity, credit quality and dealer provided prices.

*Common Stock:* Valued at the daily closing price reported on the active market on which the individual securities are traded.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31:

	2024			
	Level 1	Level 2	Level 3	Total
Corporate Obligations	\$ -	\$ 1,052,599	\$ -	\$ 1,052,599
Common Stocks	1,135,103	-	-	1,135,103
Total Investments in the Fair Value Hierarchy	\$ 1,135,103	\$ 1,052,599	\$ -	\$ 2,187,702
	2023			
	Level 1	Level 2	Level 3	Total
Corporate Obligations	\$ -	\$ 726,610	\$ -	\$ 726,610
Common Stocks	710,773	-	-	710,773
Total Investments in the Fair Value Hierarchy	\$ 710,773	\$ 726,610	\$ -	\$ 1,437,383

**NOTE 6 PLAN TERMINATION**

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. Annuity benefits former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding plan termination.
2. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. governmental agency) up to the applicable limitations.
3. All other vested benefits (that is, vested benefits not insured by the PBGC).
4. All nonvested benefits.

**ALL WAYS SAFE, LLC CASH BALANCE PENSION PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2024 AND 2023**

**NOTE 6 PLAN TERMINATION (CONTINUED)**

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan Sponsor and the level of benefits guaranteed by the PBGC.

**NOTE 7 PLAN TAX STATUS**

The Internal Revenue Service (IRS) has determined and informed the Company that the Plan and related trust are designed in accordance with the applicable requirements of the Internal Revenue Code (IRC). The Plan has been amended since receiving the opinion letter. However, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, they believe that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**NOTE 8 RISKS AND UNCERTAINTIES**

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

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

**ALL WAYS SAFE, LLC CASH BALANCE PENSION PLAN**  
**NOTES TO FINANCIAL STATEMENTS**  
**DECEMBER 31, 2024 AND 2023**

**NOTE 9 PARTY-IN-INTEREST TRANSACTIONS**

The plan investments are managed by AssetMark Trust Company. AssetMark Trust Company is the custodian as defined by the Plan and, therefore, the investment transactions qualify as party-in-interest transactions. As described in Note 2, the Plan paid certain expenses related to Plan operations and investment activity to various service providers. These transactions qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules of ERISA.

**ALL WAYS SAFE, LLC CASH BALANCE PENSION PLAN**  
**E.I.N. 82-3204987 PLAN NO. 002**  
**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
<b>Fixed Income Securities - Account 13739954</b>				
	Aercap Ireland Cap Unsecd Sr Note 3.300% Due 01/30/32	Fixed Income Securities	11,869.48	12,175.17
	Allstate Corp Sr Note CPN 5.250% Due 03/30/33	Fixed Income Securities	11,039.93	10,941.05
	Amgen Inc Unsecd St Note CPN 5.250% Due 03/02/33	Fixed Income Securities	10,135.40	9,870.53
	Amgen Inc Unsecd St Note CPN 4.200% Due 03/01/33	Fixed Income Securities	4,659.75	4,608.62
	Aon Corp Gtd Sr Note CPN 2.800% Due 05/15/30	Fixed Income Securities	12,318.46	12,489.41
	Arcelormittal Unsecd Note CPN 6.550% Due 11/29/27	Fixed Income Securities	11,418.77	11,433.67
	Bank America Corp Sr Note FXD/VAR CPN 3.366% Due 01/23/26	Fixed Income Securities	10,577.27	10,990.95
	Bank America Corp Medium Term Sr Note Ser N FXD/VAR CPN 2.592% Due 04/29/31	Fixed Income Securities	10,434.06	11,429.52
	Bank America Corp Sr Note FXD/VAR CPN 1.734% Due 07/22/27	Fixed Income Securities	14,193.76	15,264.08
	Bank America Corp Sr Note FXD/VAR CPN 3.419% Due 12/20/28	Fixed Income Securities	13,095.18	13,419.84
	Blackrock TCP Cap Corp Unsecd Note CP 2.850% Due 02/09/26	Fixed Income Securities	6,137.22	5,830.10
	Boston PPTYS LP Sr Note CPN 3.650% Due 02/01/26	Fixed Income Securities	18,716.71	18,711.44
	BP Cap MKTS Amer Inc GTD Note CPN 4.234% Due 11/06/28	Fixed Income Securities	4,895.80	4,899.93
	BP Cap MKTS Amer Inc GTD Note CPN 5.227% Due 11/17/34	Fixed Income Securities	15,214.65	14,764.99
	Broadcom Corp Cayman Fin LTD Sr Note CPN 3.875% Due 01/15/27	Fixed Income Securities	14,001.00	14,758.44
	Bunge LTD Fin Corp Sr Note CPN 3.250% Due 08/15/26	Fixed Income Securities	4,200.96	3,895.78
	Campbell Soup Co Unsecd Note CPN 5.200% Due 03/21/29	Fixed Income Securities	10,071.40	10,075.09
	Carrier GBLB Corp Note CPN 2.700% Due 02/15/31	Fixed Income Securities	4,944.42	5,213.14
	Celanese US HLDGS LLC Sr Note CPN 6.050% Due 04/24/25	Fixed Income Securities	4,935.10	5,005.16
	Centene Corp De Sr Note CPN 3.375% Due 02/15/30	Fixed Income Securities	19,094.04	18,690.00
	Charles Schwab Corp New Sr Note CPN 5.853% Due 05/19/34	Fixed Income Securities	13,238.94	13,334.37
	Cheniere Energy Inc Sr SECD Note CPN 4.625% Due 10/15/28	Fixed Income Securities	18,499.61	18,598.18
	Citigroup Inc Sr Note FXD/VAR CPN 3.785% Due 03/17/33	Fixed Income Securities	11,756.94	11,681.98
	Citizens Final Grp Inc Sr Note CPN 5.841% Due 01/23/30	Fixed Income Securities	18,672.12	18,267.26
	CNO FINL GRP Inc Sr Note CPN 5.250% Due 05/30/25	Fixed Income Securities	4,420.60	4,000.06
	Coca Cola Unsecd Note CPN 1.650% Due 06/01/30	Fixed Income Securities	11,810.96	11,962.07
	Comcast Corp New Sr Note CPN 1.950% Due 01/15/31	Fixed Income Securities	22,648.34	21,723.05
	CVS Caremark Corp Sr Unsecd Note CPN 6.250% Due 06/01/27	Fixed Income Securities	5,431.70	5,121.10
	Discovery Comms LLC SR Note CPN 3.950% Due 06/15/25	Fixed Income Securities	14,276.40	14,931.37
	Encana Corp Note CPN 6.500% Due 08/15/34	Fixed Income Securities	18,570.46	17,569.17
	Eversource Energy Sr Note Ser CPN 3.375% Due 03/01/32	Fixed Income Securities	19,215.00	18,358.03
	FEDL Home Loan Mtg Corp Pool #SD8276 CPN 5.00% Due 12/01/52	Fixed Income Securities	7,664.86	7,570.32
	FEDL Natl MTG Assn Pool CPN 5.500% Due 08/01/53	Fixed Income Securities	10,660.90	10,796.98
	Fiserv Inc Sr Note CPN 5.450% Due 03/02/28	Fixed Income Securities	6,989.71	7,110.38
	Florida PWR & Light Co 1st Mtg Bond CPN 4.800% Due 05/15/33	Fixed Income Securities	12,500.67	12,612.18
	Ford MTR Credit Co LLC Sr Note CPN 5.113% Due 05/03/29	Fixed Income Securities	15,651.68	15,572.83
	Ford MTR Credit Co LLC Sr Note CPN 7.122% Due 11/07/33	Fixed Income Securities	18,074.06	17,746.74
	Genl Motors Finl Co Inc Sr Note CPN 3.100% Due 01/12/32	Fixed Income Securities	8,928.37	9,449.07
	Genuine Parts Co Sr Note CPN 4.950% Due 08/15/29	Fixed Income Securities	19,384.75	18,830.15
	Goldman Sachs Group Inc Note FXD/Var CPN 2.615% Due 04/22/32	Fixed Income Securities	12,469.76	13,623.31
	Goodyear Tire & Rubber Co Sr Note DTD 05/18/20 FC 11/30/20 CALL 05/31/24 @100.00	Fixed Income Securities	5,175.00	5,025.00
	HCA Inc Sr Note CPN 5.375% Due 09/01/26	Fixed Income Securities	14,632.95	15,001.24
	HCA Inc Sr Note CPN 5.875% Due 02/15/26	Fixed Income Securities	17,178.67	17,091.44
	Jabil Inc Sr Note CPN 3.000% Due 01/15/31	Fixed Income Securities	18,913.23	18,501.54
	JP Morgan Chase & Co Sr Note FXD/VAR CPN 5.012% Due 01/23/30	Fixed Income Securities	15,947.04	15,925.98
	JP Morgan Chase & Co Unsecd Note FXD/VAR CPN 3.960% Due 01/29/27	Fixed Income Securities	8,671.68	8,917.79
	L3Harris Techs Inc Sr Note CPN 4.400% Due 06/15/28	Fixed Income Securities	8,797.59	8,833.66
	Lear Corp Sr Note CPN 3.500% Due 05/30/30	Fixed Income Securities	5,554.74	5,474.06
	Lennar Corp Note CPN 5.000% Due 06/15/27	Fixed Income Securities	15,266.70	14,983.71
	Lennar Corp Note CPN 4.750% Due 11/29/27	Fixed Income Securities	16,262.08	15,900.28
	Manufacturers & Traders TR Co Unsecd Bank Note CPN 5.400% Due 11/21/25	Fixed Income Securities	10,912.11	11,047.23
	Meta Platforms Sr Note CPN 4.750% Due 08/15/34	Fixed Income Securities	22,295.24	21,411.03
	Metlife Inc Sr Note FC 12/15/24	Fixed Income Securities	13,060.71	12,954.44
	MGIC Invt Corp Unsecd Sr Note Due 10/04/24	Fixed Income Securities	24,987.50	24,398.47
	Molson Coors Brewing Co Sr Note CPN 3.000% Due 07/15/26	Fixed Income Securities	4,783.15	4,874.13
	Morgan Stanley Sr Note FXD/Var CPN 2.188% Due 04/28/26	Fixed Income Securities	7,715.52	7,929.80
	Morgan Stanley Sr Note FXD/Var CPN 2.699% Due 01/22/31	Fixed Income Securities	19,280.52	18,667.76
	Mosaic Co Sr Note CPN 4.050% Due 11/15/27	Fixed Income Securities	8,561.07	8,804.16
	Netflix Inc Sr Note CPN 4.875% Due 04/15/28	Fixed Income Securities	18,473.04	17,965.08
	Norfolk Sthn Corp Sr Note CPN 5.550% Due 03/15/34	Fixed Income Securities	13,408.59	13,241.46
	NRG Energy Inc Sr Note CPN 5.750% Due 01/15/28	Fixed Income Securities	4,315.00	3,975.00
	O Rielly Auto Inc New Sr Note CPN 4.700 Due 06/15/32	Fixed Income Securities	12,210.38	12,560.26
	Pacific Gas & Elec Co 1ST MTG Bond CPN 3.450% Due 07/01/25	Fixed Income Securities	10,499.17	10,906.32
	Pioneer Nat RES Co Sr Note CPN 2.150% Due 01/15/31	Fixed Income Securities	12,685.92	13,588.28
	Realty Income Corp Note CPN 4.900% Due 07/15/33	Fixed Income Securities	12,494.56	12,612.17

Republic Svcs Inc Note CPN 3.375% Due 11/15/27	Fixed Income Securities	9,592.50	9,666.02
Sanatander Hldgs USA Inc Sr Note CPN 5.353% Due 09/06/30	Fixed Income Securities	19,084.17	18,776.29
Southwestern Energy Co Sr Note CPN 3.300% Due 07/01/30	Fixed Income Securities	22,683.75	22,501.82
Sprint Cap Corp CPN 6.875% Due 11/15/28	Fixed Income Securities	17,176.00	17,000.00
State Str Corp Sr Note FXD/Var CPN 5.684% Due 11/21/29	Fixed Income Securities	11,997.96	12,275.56
Stryker Corp Unsecd Note CPN 3.650% Due 03/07/28	Fixed Income Securities	12,390.82	12,539.25
T-Mobile USA Inc Sr Secd Note CPN 2.050% Due 02/15/28	Fixed Income Securities	15,236.76	15,585.41
T-Mobile USA Inc Sr Secd Note CPN 3.875% Due 04/15/30	Fixed Income Securities	5,757.78	5,649.23
Tapestry Inc Sr Note CPN 3.050% Due 03/15/32	Fixed Income Securities	13,835.84	13,603.00
Targa Res Prtnrs LP Fin Sr Note Due 10/18/24	Fixed Income Securities	19,262.58	19,127.20
Teva Pharm Fin Netherlands Sr Note CPN 4.750% Due 05/09/27	Fixed Income Securities	13,772.50	13,667.50
Toronto Dominion Bank Unsecd Sr Medium Term Bk Note CPN 5.156% Due 01/10/28	Fixed Income Securities	8,000.00	8,039.77
UDR Inc Unsecd Medium Term Note Due 10/18/24	Fixed Income Securities	18,871.80	18,280.10
United Techs Corp Unsecd Note CPN 4.125% Due 11/16/28	Fixed Income Securities	14,669.60	14,614.21
Wells Fargo & Co Medium Term Sr Note FXD/Var CPN 3.584% Due 05/22/28	Fixed Income Securities	14,562.75	14,468.62
Wells Fargo & Co Medium Term Sr Note FXD/Var CPN 4.897% Due 07/25/33	Fixed Income Securities	14,554.05	14,492.53
Zoetis Inc Sr Note CPN 3.900% Due 08/20/28	Fixed Income Securities	18,883.53	18,393.31

**Total Fixed Income** 1,055,233.74 1,052,595.62

Cash and Cash Alerternative Cash 6,094.70

**Equity - Account 40074011**

Aflac	Equities	19,311.11	24,101.52
Alphabet Inc	Equities	13,358.02	14,197.50
American Express	Equities	18,258.72	28,195.05
Apple Inc	Equities	12,792.04	16,778.14
Arthur J Gallagher & Company	Equities	10,720.62	11,921.70
Assurant Inc	Equities	17,316.83	19,403.02
AT&T Inc	Equities	10,676.59	13,935.24
Automatic Data Processing	Equities	10,533.76	12,001.93
Bank of America Corp	Equities	20,280.45	24,524.10
Blackrock Inc	Equities	15,273.74	20,502.20
Bristol Myers Squibb Co	Equities	13,485.42	14,705.60
Broadcom Inc	Equities	8,088.64	17,388.00
BXP Inc	Equities	14,999.47	13,682.24
Chevron Corp	Equities	15,927.82	14,194.32
Chubb Ltd	Equities	15,178.56	18,235.80
Cintas Corp	Equities	9,191.93	10,596.60
Cisco Systems Inc	Equities	13,370.89	14,859.20
Coca Cola Company	Equities	14,915.98	14,506.58
Comcast Corp CL A	Equities	10,219.48	9,382.50
CSX Corp	Equities	16,089.93	15,618.68
Danaher Corp	Equities	15,330.00	14,691.20
Dicks Sporting Goods Inc	Equities	10,575.26	10,984.32
Duke Energy Corp	Equities	12,862.28	13,036.54
Element Solutions	Equities	15,219.76	17,012.67
Eli Lilly & Co	Equities	10,174.20	12,352.00
Exxon Mobil Corp	Equities	30,108.44	28,828.76
Federal Realty Investment Tr	Equities	18,960.04	19,591.25
Fifth Third Bancorp	Equities	21,659.17	24,480.12
Fortive Corp	Equities	19,252.42	19,575.00
GE Aerospace	Equities	14,846.90	17,012.58
General Dynamics Corp	Equities	12,174.95	12,120.54
General Motors Corp	Equities	9,417.05	12,145.56
Goldman Sachs Group Inc	Equities	18,635.77	26,913.14
Johnson & Johnson	Equities	18,625.15	16,631.30
JPMorgan Chase & Co	Equities	23,034.44	34,997.66
Linde PLC New	Equities	14,457.87	15,072.12
McDonalds Corp	Equities	12,655.82	13,045.05
McKesson Corp	Equities	14,299.90	17,667.21
Merck & Company Inc	Equities	12,320.74	10,345.92
Meta Platforms Inc Cl A	Equities	12,014.59	14,052.24
Microsoft Corp	Equities	13,274.43	17,281.50
Morgan Stanley	Equities	10,841.19	14,834.96
Netapp Inc	Equities	18,212.11	16,715.52
Nextera Energy Inc	Equities	24,988.40	23,227.56
Nvent Electric PLC Voting	Equities	18,907.94	22,833.60
Nvidia Corp	Equities	9,157.84	13,160.42
Omnicon Group Inc	Equities	11,424.77	10,927.08
Parker Hanifin Corp	Equities	17,082.22	26,713.26
Pentair PLC	Equities	15,992.96	22,543.36
Philip Morris Intl Inc	Equities	12,967.79	14,803.05
Procter & Gamble Co	Equities	18,914.01	20,118.00
Prologis Inc	Equities	24,809.28	21,351.40
Pultegroup Inc	Equities	17,120.51	22,760.10
S&P Global Inc	Equities	12,990.54	15,936.96

Southern Company	Equities	21,314.47	23,296.56
Stryker Corp	Equities	15,825.51	19,442.70
Texas Instruments	Equities	10,517.87	10,500.56
United Health Group	Equities	23,194.13	21,751.98
Verizon Communications Inc	Equities	9,548.56	10,317.42
Visa Inc	Equities	12,717.78	16,750.12
Walmart Inc	Equities	14,350.06	20,961.20
Walt Disney Co	Equities	10,926.43	13,027.95
Waste Management Inc Del	Equities	13,101.05	13,519.93
Wells Fargo & Co	Equities	17,513.62	25,778.08
Williams Cos Inc Del	Equities	14,307.95	17,264.28
	<b><u>Total Equities</u></b>	986,616.17	1,135,102.65
Cash and Cash Alternative	Cash		27,795.68
	<b><u>Total</u></b>		<b><u>2,221,588.65</u></b>

**ALL WAYS SAFE, LLC CASH BALANCE PENSION PLAN  
E.I.N. 82-3204987 PLAN NO. 002  
SCHEDULE H, LINE 4j—SCHEDULE OF REPORTABLE TRANSACTIONS  
YEAR ENDED DECEMBER 31, 2024**

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Assets	Purchase Price	Selling Price	Leased Rental	Expense Incurred With Transaction	Cost	Current Value	Net Gain (Loss)
<b><u>Category (i) - Single Transaction in Excess of 5% of Plan Assets</u></b>								
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b><u>Category (ii) - A Series of Transaction Other Than Securities Transactions in Excess of 5% of the Fair Value of Plan Assets</u></b>								
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b><u>Category (iii) - A Series of Security Transactions of the Same Issue Aggregating in Excess of 5% of the Fair Value of Plan Assets</u></b>								
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
<b><u>Category (iv) - Transactions in Securities with a Person if any Single Transaction was in Excess of 5% of the Fair Value of Plan Assets</u></b>								
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

*There were no category (i), (ii), (iii) or (iv) reportable transactions for the year ended December 31, 2024.*



CLA (CliftonLarsonAllen LLP) is a network member of CLA Global. See [CLAGlobal.com/disclaimer](http://CLAGlobal.com/disclaimer). Investment advisory services are offered through CliftonLarsonAllen Wealth Advisors, LLC, an SEC-registered investment advisor.

Plan Name: All Ways Safe, LLC Cash Balance Pension Plan

Sponsor EIN: 82-3204897

Plan Number: 002

Plan Year: 01/01/2024 - 12/31/2024

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### Schedule SB, line 26a - Schedule of Active Participant Data

Attained Age	Years of Credited Service									
	Under 1 No.	1 to 4 No.	5 to 9 No.	10 to 14 No.	15 to 19 No.	20 to 24 No.	25 to 29 No.	30 to 34 No.	35 to 39 No.	40 & up No.
Under 25	6	10								
25 to 29	8	10								
30 to 34	7	18								
35 to 39	5	15	2							
40 to 44	1	12	4							
45 to 49	3	12								
50 to 54	4	10								
55 to 59		8	2							
60 to 64	1	1	2							
65 to 69		1	1							
70 & up		4	1							

Plan Name: All Ways Safe, LLC Cash Balance Pension Plan

Sponsor EIN: 82-3204897

Plan Number: 002

Plan Year: 01/01/2024 - 12/31/2024

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## Schedule SB, Part V - Schedule of Actuarial Assumptions and Methods

### Minimum Required Contribution (IRC 430)

Cost Method	IRC 430 Mandated (ARPA Shortfall = Yes)
Segment Rate Lookback Months	4
Asset Valuation Method	Fair market value
Expense Load	\$13,340

	<u>Pre-Retirement</u>	<u>Post Retirement</u>
Interest Rates		
Segment 1	4.75%	4.75%
Segment 2	4.87%	4.87%
Segment 3	5.59%	5.59%
Mortality	None	IRC 430(h)(3)(a) (projected RP-2014) Separate male/female
Future Interest Crediting Rate	5.00%	
Salary Scale		
Male	0.00%	
Female	0.00%	
Probability of Lump Sum	100.00%	
Turnover	None	

**SCHEDULE SB  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan  
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

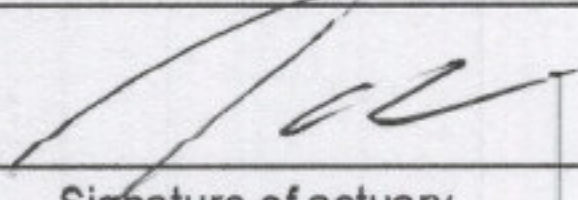
<b>A</b> Name of plan All Ways Safe, LLC Cash Balance Pension Plan	<b>B</b> Three-digit plan number (PN) ▶	002
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF All Ways Safe, LLC	<b>D</b> Employer Identification Number (EIN) 82-3204897	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>			
<b>2</b> Assets:			
<b>a</b> Market value .....	<b>2a</b> 2,069,130		
<b>b</b> Actuarial value .....	<b>2b</b> 2,069,130		
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment.....	0	0	0
<b>b</b> For terminated vested participants .....	8	24,844	24,844
<b>c</b> For active participants.....	150	1,924,971	2,005,802
<b>d</b> Total.....	158	1,949,815	2,030,646
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>			
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>		
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>		
<b>5</b> Effective interest rate .....	<b>5</b> 4.75%		
<b>6</b> Target normal cost			
<b>a</b> Present value of current plan year accruals .....	<b>6a</b> 617,333		
<b>b</b> Expected plan-related expenses .....	<b>6b</b> 13,340		
<b>c</b> Target normal cost .....	<b>6c</b> 630,673		

**Statement by Enrolled Actuary**

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

<b>SIGN HERE</b>	 Signature of actuary	<u>10/3/2025</u> Date
	Jonathan T. Murello Type or print name of actuary	2308178 Most recent enrollment number
	Dunbar, Bender & Zapf, Inc. Firm name	412-263-0102 Telephone number (including area code)
	400 Holiday Drive Suite 102 Pittsburgh PA 15220 Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions



**Part V Assumptions Used to Determine Funding Target and Target Normal Cost**

<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code).....				<b>21b</b> 4
<b>22</b> Weighted average retirement age .....				<b>22</b> 62
<b>23</b> Mortality table(s) (see instructions)	<input checked="" type="checkbox"/> Prescribed - combined	<input type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

**Part VI Miscellaneous Items**

<b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>26</b> Demographic and benefit information		
<b>a</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
<b>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
<b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	<b>27</b>	

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

<b>28</b> Unpaid minimum required contributions for all prior years .....	<b>28</b>	0
<b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	<b>29</b>	0
<b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....	<b>30</b>	0

**Part VIII Minimum Required Contribution For Current Year**

<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6c).....	<b>31a</b>	630,673	
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	38,484	
<b>32</b> Amortization installments:	Outstanding Balance	Installment	
<b>a</b> Net shortfall amortization installment .....	0	0	
<b>b</b> Waiver amortization installment .....	0	0	
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....	<b>33</b>		
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	<b>34</b>	592,189	
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....	0	0	0
<b>36</b> Additional cash requirement (line 34 minus line 35).....	<b>36</b>	592,189	
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	<b>37</b>	592,733	
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	544	
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>	0	
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....	<b>39</b>	0	
<b>40</b> Unpaid minimum required contributions for all years .....	<b>40</b>	0	

**Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)**

<b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021
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Plan Name: All Ways Safe, LLC Cash Balance Pension Plan

Sponsor EIN: 82-3204897

Plan Number: 002

Plan Year: 01/01/2024 - 12/31/2024

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### Schedule SB, line 19 - Discounted Employer Contributions

Date	Deposit Amount	IRC 430 Year	Effective Rate	Quarterly Penalty Rate	Effective Interest	Late Quarterly Penalty Interest	Applied to IRC 430 Minimum
09/11/2025	\$666,163	2024	4.75%	9.75%	(50,339)	(23,091)	\$592,733
Totals	\$666,163						\$592,733

Plan Name: All Ways Safe, LLC Cash Balance Pension Plan

Sponsor EIN: 82-3204897

Plan Number: 002

Plan Year: 01/01/2024 - 12/31/2024

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## Schedule SB, line 22 - Description of Weighted Average Retirement Age

The age reported is the weighted average of the Normal Retirement Ages for all active employees as of the valuation date, rounded to the nearest whole age. The weighting is based on the total IRC 430 funding liability for the employee compared to the total liability for all active employees. For an active late retiree, the assumed retirement age may be later than the Plan's Normal Retirement Age. Each participant's rate of retirement is assumed to be 100% at his or her assumed retirement age.

<u>Age</u>	<u>Retirement Probability</u>	<u>Weight</u>
62	100%	93.29
63	100%	2.09
64	100%	0.42
65	100%	0.84
66	100%	0.00
67	100%	0.84
68	100%	0.00
69	100%	0.00
70	100%	0.00
71	100%	0.00
72	100%	0.00
73	100%	0.42
74	100%	0.00
75	100%	0.84
76	100%	0.42
77	100%	0.00
78	100%	0.42
79	100%	0.00
80	100%	0.42

Weighted Retirement Age is 62.45.

Plan Name: All Ways Safe, LLC Cash Balance Pension Plan

Sponsor EIN: 82-3204897

Plan Number: 002

Plan Year: 01/01/2024 - 12/31/2024

### Schedule SB, Part V - Summary of Plan Provisions

Effective Date 01/01/2019

Plan Year End 12/31

Eligible Employees All employees (excluding CBA (union employees), leased employees, and William Ciaffoni Sr.)

Eligibility Requirements

Minimum Age 18

Minimum Service 2 months; Effective 7/23/2024 – 1 year

Entry Dates First day of the calendar month (coincident with or next following Effective 7/23/2024 – First day of the first month and first day of the seventh month of the Plan Year (coincident with or next following)

Benefit Formula Cash balance

Participant	Principal Credit
Jennie Ciaffoni	100.00% of Compensation
James Ciaffoni	34.00% of Compensation
William Ciaffoni, Jr.	34.00% of Compensation
All Other Participants	2.50% of Compensation

Interest Credit Rate (current year) 5.00%

Normal Retirement

Age 62

Service 5 Years of Eligibility Service

Date First day of calendar month coincident or next following NRA

Early Retirement N/A

Normal Benefit Form Single life annuity

Actuarial Equivalence

Interest Rates Pre-Retirement 5.00%

Post Retirement

5.50%

Mortality None

2024 Applicable (IRC 417(e)(3))

All Ways Safe, LLC 401(k) Plan  
**Schedule H, Line 4i - Schedule of Assets (Held at End of Year)**  
Employer Identification Number 82-3204897  
Plan Number 002  
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
<b>Fixed Income Securities - Account 13739954</b>				
	Aercap Ireland Cap Unsecd Sr Note 3.300% Due 01/30/32	Fixed Income Securities	11,869.48	12,175.17
	Allstate Corp Sr Note CPN 5.2500% Due 03/30/33	Fixed Income Securities	11,039.93	10,941.05
	Amgen Inc Unsecd St Note CPN 5.2500% Due 03/02/33	Fixed Income Securities	10,135.40	9,870.53
	Amgen Inc Unsecd St Note CPN 4.2000% Due 03/01/33	Fixed Income Securities	4,659.75	4,608.62
	Aon Corp Gtd Sr Note CPN 2.800% Due 05/15/30	Fixed Income Securities	12,318.46	12,489.41
	Arcelormittal Unsecd Note CPN 6.5500% Due 11/29/27	Fixed Income Securities	11,418.77	11,433.67
	Bank America Corp Sr Note FXD/VAR CPN 3.366% Due 01/23/26	Fixed Income Securities	10,577.27	10,990.95
	Bank America Corp Medium Term Sr Note Ser N FXD/VAR CPN 2.592% Due 04/29/31	Fixed Income Securities	10,434.06	11,429.52
	Bank America Corp Sr Note FXD/VAR CPN 1.734% Due 07/22/27	Fixed Income Securities	14,193.76	15,264.08
	Bank America Corp Sr Note FXD/VAR CPN 3.419% Due 12/20/28	Fixed Income Securities	13,095.18	13,419.84
	Blackrock TCP Cap Corp Unsecd Note CP 2.8500% Due 02/09/26	Fixed Income Securities	6,137.22	5,830.10
	Boston PPTY LP Sr Note CPN 3.6500% Due 02/01/26	Fixed Income Securities	18,716.71	18,711.44
	BP Cap MKTS Amer Inc GTD Note CPN 4.2344% Due 11/06/28	Fixed Income Securities	4,895.80	4,899.93
	BP Cap MKTS Amer Inc GTD Note CPN 5.2277% Due 11/17/34	Fixed Income Securities	15,214.65	14,764.99
	Broadcom Corp Cayman Fin LTD Sr Note CPN 3.875% Due 01/15/27	Fixed Income Securities	14,001.00	14,758.44
	Bunge LTD Fin Corp Sr Note CPN 3.2500% Due 08/15/26	Fixed Income Securities	4,200.96	3,895.78
	Campbell Soup Co Unsecd Note CPN 5.2000% Due 03/21/29	Fixed Income Securities	10,071.40	10,075.09
	Carrier GBL Corp Note CPN 2.7000% Due 02/15/31	Fixed Income Securities	4,944.42	5,213.14
	Celanese US HLDGS LLC Sr Note CPN 6.0500% Due 04/24/25	Fixed Income Securities	4,935.10	5,005.16
	Centene Corp De Sr Note CPN 3.375% Due 02/15/30	Fixed Income Securities	19,094.04	18,690.00
	Charles Schwab Corp New Sr Note CPN 5.853% Due 05/19/34	Fixed Income Securities	13,238.94	13,334.37
	Cheniere Energy Inc Sr SECD Note CPN 4.625% Due 10/15/28	Fixed Income Securities	18,499.61	18,598.18
	Citigroup Inc Sr Note FXD/VAR CPN 3.785% Due 03/17/33	Fixed Income Securities	11,756.94	11,681.98
	Citizens Final Grp Inc Sr Note CPN 5.841% Due 01/23/30	Fixed Income Securities	18,672.12	18,267.26
	CNO FINL GRP Inc Sr Note CPN 5.2500% Due 05/30/25	Fixed Income Securities	4,420.60	4,000.06
	Coca Cola Unsecd Note CPN 1.6500% Due 06/01/30	Fixed Income Securities	11,810.96	11,962.07
	Comcast Corp New Sr Note CPN 1.9500% Due 01/15/31	Fixed Income Securities	22,648.34	21,723.05
	CVS Caremark Corp Sr Unsecd Note CPN 6.2500% Due 06/01/27	Fixed Income Securities	5,431.70	5,121.10
	Discovery Comms LLC SR Note CPN 3.9500% Due 06/15/25	Fixed Income Securities	14,276.40	14,931.37
	Encana Corp Note CPN 6.5000% Due 08/15/34	Fixed Income Securities	18,570.46	17,569.17
	Eversource Energy Sr Note Ser CPN 3.375% Due 03/01/32	Fixed Income Securities	19,215.00	18,358.03
	FEDL Home Loan Mtg Corp Pool #SD8276 CPN 5.00% Due 12/01/52	Fixed Income Securities	7,664.86	7,570.32
	FEDL Natl MTG Assn Pool CPN 5.5000% Due 08/01/53	Fixed Income Securities	10,660.90	10,796.98
	Fiserv Inc Sr Note CPN 5.4500% Due 03/02/28	Fixed Income Securities	6,989.71	7,110.38
	Florida PWR & Light Co 1st Mtg Bond CPN 4.8000% Due 05/15/33	Fixed Income Securities	12,500.67	12,612.18
	Ford MTR Credit Co LLC Sr Note CPN 5.113% Due 05/03/29	Fixed Income Securities	15,651.68	15,572.83
	Ford MTR Credit Co LLC Sr Note CPN 7.122% Due 11/07/33	Fixed Income Securities	18,074.06	17,746.74
	Genl Motors Finl Co Inc Sr Note CPN 3.1000% Due 01/12/32	Fixed Income Securities	8,928.37	9,449.07
	Genuine Parts Co Sr Note CPN 4.9500% Due 08/15/29	Fixed Income Securities	19,384.75	18,830.15
	Goldman Sachs Group Inc Note FXD/Var CPN 2.615% Due 04/22/32	Fixed Income Securities	12,469.76	13,623.31
	Goodyear Tire & Rubber Co Sr Note DTD 05/18/20 FC 11/30/20 CALL 05/31/24 @100.00	Fixed Income Securities	5,175.00	5,025.00
	HCA Inc Sr Note CPN 5.375% Due 09/01/26	Fixed Income Securities	14,632.95	15,001.24
	HCA Inc Sr Note CPN 5.875% Due 02/15/26	Fixed Income Securities	17,178.67	17,091.44
	Jabil Inc Sr Note CPN 3.0000% Due 01/15/31	Fixed Income Securities	18,913.23	18,501.54
	JP Morgan Chase & Co Sr Note FXD/VAR CPN 5.012% Due 01/23/30	Fixed Income Securities	15,947.04	15,925.98
	JP Morgan Chase & Co Unsecd Note FXD/VAR CPN 3.9600% Due 01/29/27	Fixed Income Securities	8,671.68	8,917.79
	L3Harris Techs Inc Sr Note CPN 4.4000% Due 06/15/28	Fixed Income Securities	8,797.59	8,833.66
	Lear Corp Sr Note CPN 3.5000% Due 05/30/30	Fixed Income Securities	5,554.74	5,474.06
	Lennar Corp Note CPN 5.0000% Due 06/15/27	Fixed Income Securities	15,266.70	14,983.71
	Lennar Corp Note CPN 4.7500% Due 11/29/27	Fixed Income Securities	16,262.08	15,900.28
	Manufacturers & Traders TR Co Unsecd Bank Note CPN 5.4000% Due 11/21/25	Fixed Income Securities	10,912.11	11,047.23
	Meta Platforms Sr Note CPN 4.7500% Due 08/15/34	Fixed Income Securities	22,295.24	21,411.03
	Metlife Inc Sr Note FC 12/15/24	Fixed Income Securities	13,060.71	12,954.44
	MGIC Invt Corp Unsecd Sr Note Due 10/04/24	Fixed Income Securities	24,987.50	24,398.47
	Molson Coors Brewing Co Sr Note CPN 3.0000% Due 07/15/26	Fixed Income Securities	4,783.15	4,874.13
	Morgan Stanley Sr Note FXD/Var CPN 2.188% Due 04/28/26	Fixed Income Securities	7,715.52	7,929.80
	Morgan Stanley Sr Note FXD/Var CPN 2.699% Due 01/22/31	Fixed Income Securities	19,280.52	18,667.76
	Mosaic Co Sr Note CPN 4.0500% Due 11/15/27	Fixed Income Securities	8,561.07	8,804.16
	Netflix Inc Sr Note CPN 4.875% Due 04/15/28	Fixed Income Securities	18,473.04	17,965.08
	Norfolk Sthn Corp Sr Note CPN 5.5500% Due 03/15/34	Fixed Income Securities	13,408.59	13,241.46
	NRG Energy Inc Sr Note CPN 5.7500% Due 01/15/28	Fixed Income Securities	4,315.00	3,975.00
	O Rielly Auto Inc New Sr Note CPN 4.700 Due 06/15/32	Fixed Income Securities	12,210.38	12,560.26
	Pacific Gas & Elec Co 1ST MTG Bond CPN 3.4500% Due 07/01/25	Fixed Income Securities	10,499.17	10,906.32
	Pioneer Nat RES Co Sr Note CPN 2.1500% Due 01/15/31	Fixed Income Securities	12,685.92	13,588.28
	Realty Income Corp Note CPN 4.9000% Due 07/15/33	Fixed Income Securities	12,494.56	12,612.17

Republic Svcs Inc Note CPN 3.375% Due 11/15/27	Fixed Income Securities	9,592.50	9,666.02
Sanatander Hldgs USA Inc Sr Note CPN 5.353% Due 09/06/30	Fixed Income Securities	19,084.17	18,776.29
Southwestern Energy Co Sr Note CPN 3.300% Due 07/01/30	Fixed Income Securities	22,683.75	22,501.82
Sprint Cap Corp CPN 6.875% Due 11/15/28	Fixed Income Securities	17,176.00	17,000.00
State Str Corp Sr Note FXD/Var CPN 5.684% Due 11/21/29	Fixed Income Securities	11,997.96	12,275.56
Stryker Corp Unsecd Note CPN 3.650% Due 03/07/28	Fixed Income Securities	12,390.82	12,539.25
T-Mobile USA Inc Sr Secd Note CPN 2.050% Due 02/15/28	Fixed Income Securities	15,236.76	15,585.41
T-Mobile USA Inc Sr Secd Note CPN 3.875% Due 04/15/30	Fixed Income Securities	5,757.78	5,649.23
Tapestry Inc Sr Note CPN 3.050% Due 03/15/32	Fixed Income Securities	13,835.84	13,603.00
Targa Res Prtnrs LP Fin Sr Note Due 10/18/24	Fixed Income Securities	19,262.58	19,127.20
Teva Pharm Fin Netherlands Sr Note CPN 4.750% Due 05/09/27	Fixed Income Securities	13,772.50	13,667.50
Toronto Dominion Bank Unsecd Sr Medium Term Bk Note CPN 5.156% Due 01/10/28	Fixed Income Securities	8,000.00	8,039.77
UDR Inc Unsecd Medium Term Note Due 10/18/24	Fixed Income Securities	18,871.80	18,280.10
United Techs Corp Unsecd Note CPN 4.125% Due 11/16/28	Fixed Income Securities	14,669.60	14,614.21
Wells Fargo & Co Medium Term Sr Note FXD/Var CPN 3.584% Due 05/22/28	Fixed Income Securities	14,562.75	14,468.62
Wells Fargo & Co Medium Term Sr Note FXD/Var CPN 4.897% Due 07/25/33	Fixed Income Securities	14,554.05	14,492.53
Zoetis Inc Sr Note CPN 3.900% Due 08/20/28	Fixed Income Securities	18,883.53	18,393.31

**Total Fixed Income** 1,055,233.74 1,052,595.62

Cash and Cash Alerternative Cash 6,094.70

**Equity - Account 40074011**

Aflac	Equities	19,311.11	24,101.52
Alphabet Inc	Equities	13,358.02	14,197.50
American Express	Equities	18,258.72	28,195.05
Apple Inc	Equities	12,792.04	16,778.14
Arthur J Gallagher & Company	Equities	10,720.62	11,921.70
Assurant Inc	Equities	17,316.83	19,403.02
AT&T Inc	Equities	10,676.59	13,935.24
Automatic Data Processing	Equities	10,533.76	12,001.93
Bank of America Corp	Equities	20,280.45	24,524.10
Blackrock Inc	Equities	15,273.74	20,502.20
Bristol Myers Squibb Co	Equities	13,485.42	14,705.60
Broadcom Inc	Equities	8,088.64	17,388.00
BXP Inc	Equities	14,999.47	13,682.24
Chevron Corp	Equities	15,927.82	14,194.32
Chubb Ltd	Equities	15,178.56	18,235.80
Cintas Corp	Equities	9,191.93	10,596.60
Cisco Systems Inc	Equities	13,370.89	14,859.20
Coca Cola Company	Equities	14,915.98	14,506.58
Comcast Corp CL A	Equities	10,219.48	9,382.50
CSX Corp	Equities	16,089.93	15,618.68
Danaher Corp	Equities	15,330.00	14,691.20
Dicks Sporting Goods Inc	Equities	10,575.26	10,984.32
Duke Energy Corp	Equities	12,862.28	13,036.54
Element Solutions	Equities	15,219.76	17,012.67
Eli Lilly & Co	Equities	10,174.20	12,352.00
Exxon Mobil Corp	Equities	30,108.44	28,828.76
Federal Realty Investment Tr	Equities	18,960.04	19,591.25
Fifth Third Bancorp	Equities	21,659.17	24,480.12
Fortive Corp	Equities	19,252.42	19,575.00
GE Aerospace	Equities	14,846.90	17,012.58
General Dynamics Corp	Equities	12,174.95	12,120.54
General Motors Corp	Equities	9,417.05	12,145.56
Goldman Sachs Group Inc	Equities	18,635.77	26,913.14
Johnson & Johnson	Equities	18,625.15	16,631.30
JPMorgan Chase & Co	Equities	23,034.44	34,997.66
Linde PLC New	Equities	14,457.87	15,072.12
McDonalds Corp	Equities	12,655.82	13,045.05
McKesson Corp	Equities	14,299.90	17,667.21
Merck & Company Inc	Equities	12,320.74	10,345.92
Meta Platforms Inc Cl A	Equities	12,014.59	14,052.24
Microsoft Corp	Equities	13,274.43	17,281.50
Morgan Stanley	Equities	10,841.19	14,834.96
Netapp Inc	Equities	18,212.11	16,715.52
Nextera Energy Inc	Equities	24,988.40	23,227.56
Nvent Electric PLC Voting	Equities	18,907.94	22,833.60
Nvidia Corp	Equities	9,157.84	13,160.42
Omnicon Group Inc	Equities	11,424.77	10,927.08
Parker Hanifin Corp	Equities	17,082.22	26,713.26
Pentair PLC	Equities	15,992.96	22,543.36
Philip Morris Intl Inc	Equities	12,967.79	14,803.05
Procter & Gamble Co	Equities	18,914.01	20,118.00
Prologis Inc	Equities	24,809.28	21,351.40
Pultegroup Inc	Equities	17,120.51	22,760.10
S&P Global Inc	Equities	12,990.54	15,936.96

Southern Company	Equities	21,314.47	23,296.56
Stryker Corp	Equities	15,825.51	19,442.70
Texas Instruments	Equities	10,517.87	10,500.56
United Health Group	Equities	23,194.13	21,751.98
Verizon Communications Inc	Equities	9,548.56	10,317.42
Visa Inc	Equities	12,717.78	16,750.12
Walmart Inc	Equities	14,350.06	20,961.20
Walt Disney Co	Equities	10,926.43	13,027.95
Waste Management Inc Del	Equities	13,101.05	13,519.93
Wells Fargo & Co	Equities	17,513.62	25,778.08
Williams Cos Inc Del	Equities	14,307.95	17,264.28
	<b><u>Total Equities</u></b>	986,616.17	1,135,102.65
Cash and Cash Alternative	Cash		27,795.68
	<b><u>Total</u></b>		<b><u>2,221,588.65</u></b>

Plan Name: All Ways Safe, LLC Cash Balance Pension Plan

Sponsor EIN: 82-3204897

Plan Number: 002

Plan Year: 01/01/2024 - 12/31/2024

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## **Schedule SB, line 24 – Change in Actuarial Assumptions**

### **Non-Prescribed Assumption Changes**

The assumed retirement dates for Jennie Ciaffoni, Orlando Ciaffoni, and Karen Gilmore were updated to 1/1/2025 in order to better reflect the anticipated experience of the plan.