

<p><b>Form 5500</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan  a DFE (specify) \_\_\_\_\_

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

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

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

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

special extension (enter description)

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

**Part II Basic Plan Information—enter all requested information**

<p><b>1a</b> Name of plan <u>INTER-CON SECURITY SYSTEMS, INC. WELFARE BENEFIT PLAN</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>501</u></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>INTER-CON SECURITY SYSTEMS, INC.</u></p> <p><u>210 S. DE LACEY AVENUE</u> <u>PASADENA, CA 91105</u></p>	<p><b>1c</b> Effective date of plan <u>02/18/2008</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>26-6265063</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>626-535-2200</u></p> <p><b>2d</b> Business code (see instructions) <u>561600</u></p>

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

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/15/2025	CATHY OKUNI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<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>	246
<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>	246
	<b>6a(2)</b>	317
	<b>6b</b>	0
	<b>6c</b>	0
	<b>6d</b>	317
	<b>6e</b>	
	<b>6f</b>	
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		
<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:

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

<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 checked="" type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input checked="" type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

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

<b>a Pension Schedules</b>	<b>b General Schedules</b>
(1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)
(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)
(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>1</u>
(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)
(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> <b>G</b> (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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**SCHEDULE A  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Insurance Information**

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

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

**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**

<b>A</b> Name of plan <b>INTER-CON SECURITY SYSTEMS, INC. WELFARE BENEFIT PLAN</b>		<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>INTER-CON SECURITY SYSTEMS, INC.</b>		<b>D</b> Employer Identification Number (EIN) <b>26-6265063</b>

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

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**AETNA LIFE INSURANCE COMPANY**

<b>(b)</b> EIN	<b>(c)</b> NAIC code	<b>(d)</b> Contract or identification number	<b>(e)</b> Approximate number of persons covered at end of policy or contract year	<b>Policy or contract year</b>	
				<b>(f)</b> From	<b>(g)</b> To
<b>06-6033492</b>	<b>6054</b>	<b>176774</b>	<b>463</b>	<b>01/01/2024</b>	<b>12/31/2024</b>

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

<b>(a)</b> Total amount of commissions paid <b>101756</b>	<b>(b)</b> Total amount of fees paid <b>0</b>
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**SULLIVAN CURTIS MONROE INS. SVCS.** **1920 MAIN STREET, SUITE 600**  
**IRVINE, CA 92614-7226**

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	
<b>50878</b>			<b>3</b>

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid  
**FRINGE INS BENEFITS INC.** **11910 ANDERSON MILL ROAD**  
**AUSTIN, TX 78726**

<b>(b)</b> Amount of sales and base commissions paid	<b>Fees and other commissions paid</b>		<b>(e)</b> Organization code
	<b>(c)</b> Amount	<b>(d)</b> Purpose	
<b>50878</b>			<b>3</b>

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

**Part II Investment and Annuity Contract Information**  
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

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

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

**b** Premiums paid to carrier ..... **6b**

**c** Premiums due but unpaid at the end of the year ..... **6c**

**d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... **6d**  
 Specify nature of costs ▶

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

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

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

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

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

**Part III Welfare Benefit Contract Information**  
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a**  Health (other than dental or vision)
- b**  Dental
- c**  Vision
- d**  Life insurance
- e**  Temporary disability (accident and sickness)
- f**  Long-term disability
- g**  Supplemental unemployment
- h**  Prescription drug
- i**  Stop loss (large deductible)
- j**  HMO contract
- k**  PPO contract
- l**  Indemnity contract
- m**  Other (specify) ▶

**9** Experience-rated contracts:

<b>a</b>	Premiums: (1) Amount received .....	<b>9a(1)</b>		
	(2) Increase (decrease) in amount due but unpaid .....	<b>9a(2)</b>		
	(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>		
	(4) Earned ((1) + (2) - (3)) .....		<b>9a(4)</b>	0
<b>b</b>	Benefit charges (1) Claims paid .....	<b>9b(1)</b>		
	(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>		
	(3) Incurred claims (add (1) and (2)) .....		<b>9b(3)</b>	0
	(4) Claims charged .....		<b>9b(4)</b>	
<b>c</b>	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions .....	<b>9c(1)(A)</b>		
	(B) Administrative service or other fees .....	<b>9c(1)(B)</b>		
	(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>		
	(D) Other expenses .....	<b>9c(1)(D)</b>		
	(E) Taxes .....	<b>9c(1)(E)</b>		
	(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>		
	(G) Other retention charges .....	<b>9c(1)(G)</b>		
	(H) Total retention .....		<b>9c(1)(H)</b>	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....		<b>9c(2)</b>	
<b>d</b>	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>	
	(2) Claim reserves .....		<b>9d(2)</b>	
	(3) Other reserves .....		<b>9d(3)</b>	
<b>e</b>	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....		<b>9e</b>	

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>		2038615
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....	<b>10b</b>		

Specify nature of costs.

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? .....  Yes  No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

<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>INTER-CON SECURITY SYSTEMS, INC. WELFARE BENEFIT PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>INTER-CON SECURITY SYSTEMS, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>26-6265063</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)

FRINGE BENEFIT GROUP

74-2124394

(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?
13	CONTRACT ADMINISTRATOR	27768	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
<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

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

<b>a</b> Name: <a href="#">MARCUM LLP</a>	<b>b</b> EIN: <a href="#">11-1986323</a>
<b>c</b> Position: <a href="#">AUDITOR</a>	
<b>d</b> Address: <a href="#">600N ANTON BOULEVARD SUITE 1600 COSTA MESA, CA 92626</a>	<b>e</b> Telephone: <a href="#">949-236-5600</a>

Explanation: [CBIZ CPAS P.C. ACQUIRED THE ATTEST PRACTICE O MARCUM LLP](#)

<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>INTER-CON SECURITY SYSTEMS, INC. WELFARE BENEFIT PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>501</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>INTER-CON SECURITY SYSTEMS, INC.</b>	<b>D</b> Employer Identification Number (EIN) <b>26-6265063</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
---------------	--------------------------------------

**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>Assets</b>		
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	4184 2651
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	927734 622318
<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>	
<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>	
<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>	
<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>	931918	624969
<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>	931918	624969

**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>	1712764	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(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>		1712764
<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>	46669	
<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>		46669
<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>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		0
(3) 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>		1759433

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>		
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>	2035055	
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		2035055
<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>	27827	
(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>	3500	
(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>		31327
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		2066382

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		-306949
<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: CBIZ CPAS P.C.

(2) EIN: 43-1947695

**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 \_\_\_\_\_.

**Inter-Con Security Systems, Inc. Employee Benefit Trust  
(CHP VEBA Trust)**

**Financial Statements and Supplemental Schedules  
Including Independent Auditors' Report**

**As of December 31, 2024 and 2023  
and for the Year Ended December 31, 2024**

**Inter-Con Security Systems, Inc. Employee Benefit Trust  
(CHP VEBA Trust)**

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## **Independent Auditors' Report**

To the Plan Administrator of  
**Inter-Con Security Systems, Inc. Employee Benefit Trust (CHP VEBA Trust)**

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

We have performed an audit of the financial statements of Inter-Con Security Systems, Inc. Employee Benefit Trust (CHP VEBA Trust) (the 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 statement of net assets available for benefits as of December 31, 2024, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of Inter-Con Security Systems, Inc. Employee Benefit Trust (CHP VEBA Trust)'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 (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained a certification from a qualified institution as of December 31, 2024, and for the year then ended, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

## ***Opinion***

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

## ***Basis for Opinion***

We conducted our audit 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 Inter-Con Security Systems, Inc. Employee Benefit Trust (CHP VEBA Trust) and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. 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 Inter-Con Security Systems, Inc. Employee Benefit Trust (CHP VEBA Trust)'s ability to continue as a going concern for at least one year following 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 of the Financial Statements 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.

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 Inter-Con Security Systems, Inc. Employee Benefit Trust (CHP VEBA Trust)'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 Inter-Con Security Systems, Inc. Employee Benefit Trust (CHP VEBA Trust)'s ability to continue as a going concern for a reasonable period of time.

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

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

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

### ***Other Matter - Supplemental Schedules Required by ERISA***

The supplemental schedules of Schedule H, line 4i – Schedule of Assets (Held at End of Year) and Schedule H, Line 4j - Schedule of Reportable Transactions as of or 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the 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 agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL'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).

***Other Matter - 2023 Financial Statements***

The 2023 financial statements of the Plan were audited by Marcum LLP. In accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the DOL Rules and Regulations for Reporting and Disclosure under ERISA, the prior year audit did not extend to any statements or information related to assets held for investment of the plan that were certified by a qualified institution. Their report dated October 15, 2024 indicated that (a) the amounts and disclosures in the 2023 financial statements, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America, and (b) the information in the 2023 financial statements 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). Their report also indicated that the form and content of the 2023 supplemental schedules, other than the information in the 2023 supplemental schedules that agreed to or is derived from the certified investment information, were presented, in all material respects, in conformity with the DOL Rules and Regulations for Reporting and Disclosure under ERISA; and the information in the 2023 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 determines meets the requirements of ERISA Section 103(a)(3)(C).

*CBIZ CPAs P.C.*

Costa Mesa, CA

October 15, 2025

**Inter-Con Security Systems, Inc. Employee Benefit Trust  
(CHP VEBA Trust)**

**Statements of Net Assets Available for Benefits**

**December 31, 2024 and 2023**

	2024	2023
<b>Assets</b>		
<b>Investments</b>		
Investments at fair value	\$ 622,318	\$ 927,734
<b>Receivables</b>		
Interest and dividend income	2,651	4,184
<b>Total Assets</b>	624,969	931,918
<b>Net Assets Available for Benefits</b>	\$ 624,969	\$ 931,918

*The accompanying notes are an integral part to the financial statements.*

**Inter-Con Security Systems, Inc. Employee Benefit Trust  
(CHP VEBA Trust)**

**Statement of Changes in Net Assets Available for Benefits**

**For the Year Ended December 31, 2024**

	<b>2024</b>
<b>Additions</b>	
<b>Investment income</b>	
Interest and dividends	\$ 46,669
<b>Contributions</b>	
Employer contributions	1,712,764
<b>Total Additions</b>	<b>1,759,433</b>
<b>Deductions</b>	
Administrative expenses	31,327
Payments of premiums to insurance entities	2,035,055
<b>Total Deductions</b>	<b>2,066,382</b>
<b>Net Decrease</b>	<b>(306,949)</b>
Net assets available for benefits	
Beginning of year	931,918
<b>End of Year</b>	<b>\$ 624,969</b>

*The accompanying notes are an integral part to the financial statements.*

# **Inter-Con Security Systems, Inc. Employee Benefit Trust (CHP VEBA Trust)**

## **Notes to Financial Statements**

**As of December 31, 2024 and 2023 and  
for the Year Ended December 31, 2024**

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### **1. Description of Plan**

The following description of the Inter-Con Security Systems, Inc. Employee Benefit Trust (CHP VEBA Trust) (the Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

#### ***General***

The Plan was adopted effective February 12, 2008 as a defined contribution health and welfare benefit plan covering certain employees of Inter-Con Security Systems, Inc. (the “Company”) covered by a collective bargaining agreement between the Company and the International Union, Security, Police and Fire Professionals of America (“SPFPA”) and its Local 247 (collectively, the “Union”). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

For the benefit of eligible employees, the Company established a voluntary employees’ beneficiary association (“VEBA”) trust with Bank of America, N.A., the Plan’s Trustee, for the purposes of funding plan benefits and paying plan expenses.

#### ***Eligibility***

Covered employees became eligible to participate in the Plan if scheduled to work at least 30 hours per week, with an entry date as of the first day of the month following 30 day or 60 days of employment, depending on the employment contract, Coverage under the Plan generally extends to the employee’s legal spouse, their domestic partner, children until age 26, and physically or mentally disabled children not capable of self-support.

Qualified terminated employees may continue health benefits as mandated under the Consolidated Omnibus Budget Reconciliation Act (“COBRA”).

#### ***Contributions***

The Company makes contributions to the Plan to fund the benefits and administrative expenses of the Plan. Qualified participants electing COBRA coverage make contributions to the Plan on a monthly basis.

# **Inter-Con Security Systems, Inc. Employee Benefit Trust (CHP VEBA Trust)**

## **Notes to Financial Statements**

**As of December 31, 2024 and 2023 and  
for the Year Ended December 31, 2024**

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### **1. Description of Plan (Continued)**

#### ***Benefits***

The Plan provides health benefits (medical & dental) for covered employees of the Company and their dependents (if elected). Benefits are provided through insurance premiums which are funded by Company contributions.

#### ***Medical Reimbursement Accounts***

Prior to July 1, 2017, the Plan was funded with amounts in excess of an individual participant's monthly insurance premium payment. The funding was allocated to a Medical Bank Account ("MBA") on a participant by participant basis. The funding of the MBA was based on a formula defined in the collective bargaining agreement between the Company and the Union. Upon termination of employment, any unutilized funds allocated to a participant's MBA were distributed to the participant in the form of a lump-sum benefit payment. Effective July 1, 2017, the MBA is funded and accounted for in a separate qualified plan maintained by the Company. Certain terminated participants with allocated amounts in their MBA's prior to July 1, 2017, have not received their lump-sum distributions. As of December 31, 2024 and 2023, the MBA benefit payments due to terminated participants totaled approximately \$283,500 for each year end.

The Plan does not accrue non-distributed benefits related to participants who have withdrawn from the Plan, but recognizes such benefits as a deduction from net assets in the year in which such benefits are paid.

#### ***Funding Policy***

The Company makes monthly contributions to provide sufficient funds for the payment of the insurance premiums and administrative expenses.

**Inter-Con Security Systems, Inc. Employee Benefit Trust  
(CHP VEBA Trust)**

**Notes to Financial Statements**

**As of December 31, 2024 and 2023 and  
for the Year Ended December 31, 2024**

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**2. Summary of Accounting Policies**

***Basis of Accounting***

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

***Use of Estimates***

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, benefit obligations and changes therein, and disclosure of contingent assets and liabilities. 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. See Note 3 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded as earned on the accrual basis.

***Administrative Expenses***

The Company provides or pays for certain accounting, legal, administrative and management services without charge to the Plan. Expenses that are paid by the Company are excluded from these financial statements. Certain administrative expenses, including third-party administrator fees and trustee fees, are paid by the Plan. The Company, at its discretion, may decide to pay for certain of these administrative expenses on behalf of the Plan.

# Inter-Con Security Systems, Inc. Employee Benefit Trust (CHP VEBA Trust)

## Notes to Financial Statements

As of December 31, 2024 and 2023 and  
for the Year Ended December 31, 2024

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## 2. Summary of Accounting Policies (Continued)

### *Subsequent Events*

Subsequent events were evaluated through October 15, 2025, the date the financial statements were available to be issued.

## 3. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under FASB ASC 820, *Fair Value Measurement*, are described as follows:

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

**Level 2** – Inputs to the valuation technique include:

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

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

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

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

**Inter-Con Security Systems, Inc. Employee Benefit Trust  
(CHP VEBA Trust)**

**Notes to Financial Statements**

**As of December 31, 2024 and 2023 and  
for the Year Ended December 31, 2024**

**3. Fair Value Measurements (Continued)**

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

*Money market funds:* Valued at the quoted net asset value (NAV) of shares held by the Plan at year end.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

<b>Assets at Fair Value as of December 31, 2024</b>	<b>Level 1</b>		<b>Level 2</b>		<b>Level 3</b>		<b>Total</b>
Money market funds	\$	622,318	\$	-	\$	-	\$ 622,318
<b>Total Investments at Fair Value</b>	<b>\$</b>	<b>622,318</b>	<b>\$</b>	<b>-</b>	<b>\$</b>	<b>-</b>	<b>\$ 622,318</b>

<b>Assets at Fair Value as of December 31, 2023</b>	<b>Level 1</b>		<b>Level 2</b>		<b>Level 3</b>		<b>Total</b>
Money market funds	\$	927,734	\$	-	\$	-	\$ 927,734
<b>Total Investments at Fair Value</b>	<b>\$</b>	<b>927,734</b>	<b>\$</b>	<b>-</b>	<b>\$</b>	<b>-</b>	<b>\$ 927,734</b>

**4. Concentrations**

Investments Concentrations

The Plan's investments are 100% invested in a single money market mutual fund.

# **Inter-Con Security Systems, Inc. Employee Benefit Trust (CHP VEBA Trust)**

## **Notes to Financial Statements**

**As of December 31, 2024 and 2023 and  
for the Year Ended December 31, 2024**

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### **5. Information Certified by Trustee**

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for 2024 and 2023. Accordingly, Bank of America, N. A., the Trustee of the Plan, has certified to the completeness and accuracy of all investments reported in the accompanying Statements of Net Assets Available for Benefits as of December 31, 2024 and 2023, and the supplemental Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2024, and the related investment activity reported in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2024 and the information reported in the supplemental Schedule H, Line 4(j) - Schedule of Reportable Transactions for the year ended December 31, 2024.

### **6. Related-Party and Party In Interest Transactions**

Certain Plan investments are managed by the Trustee, and therefore, these transactions qualify as party in interest transactions.

Certain administrative functions of the Plan are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan.

Certain administrative fees are paid to the Trustee and a third-party administrator. These transactions qualify as party in interest transactions.

### **7. Plan Termination**

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan subject to the provisions of ERISA.

# **Inter-Con Security Systems, Inc. Employee Benefit Trust (CHP VEBA Trust)**

## **Notes to Financial Statements**

**As of December 31, 2024 and 2023 and  
for the Year Ended December 31, 2024**

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### **8. Tax Status**

The VEBA trust which is the entity which receives funding and facilitates the payment of benefits of the Plan, received a tax exemption letter from the IRS dated February 5, 2008, stating that the trust is tax-exempt under the provisions of Section 501(c)(9) of the Internal Revenue Code (“IRC”). However, as a result of the Plan’s funding policy, from time to time the trust may be subject to income taxes. The trust may also be subject to certain unrelated business income tax for income received from non-tax-exempt related sources. No federal or state income taxes have been recorded in 2023 for unrelated business taxable income.

The plan administrator and plan sponsor believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan’s financial statements.

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 is more likely than not unsustainable upon examination by the Internal Revenue Service. The plan administrator has analyzed the positions taken by the Plan, and has concluded that as of December 31, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan has recognized no interest or penalties related to uncertain tax positions.

The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan’s tax returns generally remain open for Federal tax audits for three years from the filing date.

### **9. Risks and Uncertainties**

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

**Inter-Con Security Systems, Inc. Employee Benefit Trust  
(CHP VEBA Trust)**

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
EIN: 26-6265063 Plan Number: 501

As of 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
Money Market Mutual Fund	Fidelity Investments	Government Portfolio	\$ 622,318 \$ 622,318

*See Independent auditors' report.*

**Inter-Con Security Systems, Inc. Employee Benefit Trust  
(CHP VEBA Trust)**

**Schedule H, Line 4j – Schedule of Reportable Transactions  
EIN: 26-6265063 Plan Number: 501**

**For the Year Ended December 31, 2024**

(a)	(b) Description of the asset	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense	(g) Cost	(h) Current value	(i) Net gain/(loss)
Single Transactions in Excess of 5% of Plan Assets								
	Fidelity Investments	\$ 195,693	\$ -	\$ -	\$ -	\$ 195,693	\$ 195,693	\$ -
	Fidelity Investments	-	174,448	-	-	174,448	174,448	-
	Fidelity Investments	190,961	-	-	-	190,961	190,961	-
	Fidelity Investments	-	171,129	-	-	171,129	171,129	-
	Fidelity Investments	194,342	-	-	-	194,342	194,342	-
	Fidelity Investments	-	174,773	-	-	174,773	174,773	-
	Fidelity Investments	191,271	-	-	-	191,271	191,271	-
	Fidelity Investments	-	170,698	-	-	170,698	170,698	-
	Fidelity Investments	195,592	-	-	-	195,592	195,592	-
	Fidelity Investments	-	175,888	-	-	175,888	175,888	-
	Fidelity Investments	188,520	-	-	-	188,520	188,520	-
	Fidelity Investments	-	168,388	-	-	168,338	168,338	-
	Fidelity Investments	191,443	-	-	-	191,443	191,443	-
	Fidelity Investments	-	449,976	-	-	449,976	449,976	-
	Fidelity Investments	-	187,543	-	-	187,543	187,543	-
	Fidelity Investments	193,123	-	-	-	193,123	193,123	-
	Fidelity Investments	-	193,656	-	-	193,656	193,656	-
	Fidelity Investments	195,530	-	-	-	195,530	195,530	-
	Fidelity Investments	-	192,041	-	-	192,041	192,041	-
	Fidelity Investments	191,277	-	-	-	191,277	191,277	-
	Fidelity Investments	-	190,722	-	-	190,722	190,722	-
	Fidelity Investments	191,799	-	-	-	191,799	191,799	-
	Fidelity Investments	-	187,144	-	-	187,144	187,144	-
*	Bank of America, N.A.	195,693	-	-	-	195,693	195,693	-
*	Bank of America, N.A.	-	195,693	-	-	195,693	195,693	-
*	Bank of America, N.A.	156,489	-	-	-	156,489	156,489	-
*	Bank of America, N.A.	-	156,489	-	-	156,489	156,489	-
*	Bank of America, N.A.	190,961	-	-	-	190,961	190,961	-
*	Bank of America, N.A.	-	190,961	-	-	190,961	190,961	-
*	Bank of America, N.A.	194,342	-	-	-	194,342	194,342	-
*	Bank of America, N.A.	-	194,342	-	-	194,342	194,342	-
*	Bank of America, N.A.	191,271	-	-	-	191,271	191,271	-
*	Bank of America, N.A.	-	191,271	-	-	191,271	191,271	-
*	Bank of America, N.A.	195,592	-	-	-	195,592	195,592	-
*	Bank of America, N.A.	-	195,592	-	-	195,592	195,592	-
*	Bank of America, N.A.	188,520	-	-	-	188,520	188,520	-
*	Bank of America, N.A.	-	188,520	-	-	188,520	188,520	-
*	Bank of America, N.A.	191,443	-	-	-	191,443	191,443	-
*	Bank of America, N.A.	-	191,443	-	-	191,443	191,443	-

*See Independent auditors' report.*

**Inter-Con Security Systems, Inc. Employee Benefit Trust  
(CHP VEBA Trust)**

**Schedule H, Line 4j – Schedule of Reportable Transactions**

**EIN: 26-6265063 Plan Number: 501**

**For the Year Ended December 31, 2024**

(a)	(b) Description of the asset	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense	(g) Cost	(h) Current value	(i) Net gain/(loss)
Single Transactions in Excess of 5% of Plan Assets (Continued)								
*	Bank of America, N.A.	193,123	-	-	-	193,123	193,123	-
*	Bank of America, N.A.	-	193,123	-	-	193,123	193,123	-
*	Bank of America, N.A.	195,530	-	-	-	195,530	195,530	-
*	Bank of America, N.A.	-	195,530	-	-	195,530	195,530	-
*	Bank of America, N.A.	191,277	-	-	-	191,277	191,277	-
*	Bank of America, N.A.	-	191,277	-	-	191,277	191,277	-
*	Bank of America, N.A.	191,799	-	-	-	191,799	191,799	-
*	Bank of America, N.A.	-	191,799	-	-	191,799	191,799	-
Aggregate Transactions in Excess of 5% of Plan Assets								
	Fidelity Investments	4,182	-	-	-	4,182	4,182	-
	Fidelity Investments	-	292	-	-	292	292	-
	Fidelity Investments	195,693	-	-	-	195,693	195,693	-
	Fidelity Investments	-	174,448	-	-	174,488	174,488	-
	Fidelity Investments	4,508	-	-	-	4,508	4,508	-
	Fidelity Investments	-	292	-	-	292	292	-
	Fidelity Investments	-	14,742	-	-	14,742	14,742	-
	Fidelity Investments	4,004	-	-	-	4,004	4,004	-
	Fidelity Investments	190,961	-	-	-	190,961	190,961	-
	Fidelity Investments	-	292	-	-	292	292	-
	Fidelity Investments	-	171,129	-	-	171,129	171,129	-
	Fidelity Investments	4,283	-	-	-	4,283	4,283	-
	Fidelity Investments	194,342	-	-	-	194,342	194,432	-
	Fidelity Investments	-	292	-	-	292	292	-
	Fidelity Investments	-	174,773	-	-	174,773	174,773	-
	Fidelity Investments	4,479	-	-	-	4,479	4,479	-
	Fidelity Investments	191,271	-	-	-	191,271	191,271	-
	Fidelity Investments	-	292	-	-	292	292	-
	Fidelity Investments	4,635	-	-	-	4,635	4,635	-
	Fidelity Investments	-	170,698	-	-	170,698	170,698	-
	Fidelity Investments	195,592	-	-	-	195,592	195,592	-
	Fidelity Investments	-	292	-	-	292	292	-
	Fidelity Investments	-	175,888	-	-	175,888	175,888	-
	Fidelity Investments	4,552	-	-	-	4,552	4,552	-
	Fidelity Investments	188,520	-	-	-	188,520	188,520	-
	Fidelity Investments	-	292	-	-	292	292	-
	Fidelity Investments	-	168,338	-	-	168,338	168,338	-

*See Independent auditors' report.*

**Inter-Con Security Systems, Inc. Employee Benefit Trust  
(CHP VEBA Trust)**

**Schedule H, Line 4j – Schedule of Reportable Transactions  
EIN: 26-6265063 Plan Number: 501**

**For the Year Ended December 31, 2024**

(a)	(b) Description of the asset	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense	(g) Cost	(h) Current value	(i) Net gain/(loss)
Aggregate Transactions in Excess of 5% of Plan Assets (Continued)								
	Fidelity Investments	4,788	-	-	-	4,788	4,788	-
	Fidelity Investments	191,443	-	-	-	191,443	191,443	-
	Fidelity Investments	-	292	-	-	292	292	-
	Fidelity Investments	-	449,976	-	-	449,976	449,976	-
	Fidelity Investments	4,743	-	-	-	4,743	4,743	-
	Fidelity Investments	-	13,233	-	-	13,233	13,233	-
	Fidelity Investments	-	5,277	-	-	5,277	5,277	-
	Fidelity Investments	-	187,543	-	-	187,543	187,543	-
	Fidelity Investments	-	302	-	-	302	302	-
	Fidelity Investments	193,123	-	-	-	193,123	193,123	-
	Fidelity Investments	-	193,656	-	-	193,656	193,656	-
	Fidelity Investments	-	321	-	-	321	321	-
	Fidelity Investments	195,530	-	-	-	195,530	195,530	-
	Fidelity Investments	-	192,042	-	-	192,042	192,042	-
	Fidelity Investments	2,710	-	-	-	2,710	2,710	-
	Fidelity Investments	-	302	-	-	302	302	-
	Fidelity Investments	191,277	-	-	-	191,277	191,277	-
	Fidelity Investments	-	190,722	-	-	190,722	190,722	-
	Fidelity Investments	191,799	-	-	-	191,799	191,799	-
	Fidelity Investments	-	187,144	-	-	187,144	187,144	-
	Fidelity Investments	2,446	-	-	-	2,446	2,446	-
	Fidelity Investments	-	302	-	-	302	302	-
*	Bank of America, N.A.	195,693	-	-	-	195,693	195,693	-
*	Bank of America, N.A.	-	195,693	-	-	195,693	195,693	-
*	Bank of America, N.A.	156,489	-	-	-	156,489	156,489	-
*	Bank of America, N.A.	-	156,489	-	-	156,489	156,489	-
*	Bank of America, N.A.	190,961	-	-	-	190,961	190,961	-
*	Bank of America, N.A.	-	190,961	-	-	190,961	190,961	-
*	Bank of America, N.A.	194,342	-	-	-	194,342	194,342	-
*	Bank of America, N.A.	-	194,342	-	-	194,342	194,342	-
*	Bank of America, N.A.	191,271	-	-	-	191,271	191,271	-
*	Bank of America, N.A.	-	191,271	-	-	191,271	191,271	-
*	Bank of America, N.A.	195,592	-	-	-	195,592	195,592	-
*	Bank of America, N.A.	-	195,592	-	-	195,592	195,592	-
*	Bank of America, N.A.	188,520	-	-	-	188,520	188,520	-
*	Bank of America, N.A.	-	188,520	-	-	188,520	188,520	-
*	Bank of America, N.A.	191,443	-	-	-	191,443	191,443	-
*	Bank of America, N.A.	-	191,443	-	-	191,443	191,443	-

*See Independent auditors' report.*

**Inter-Con Security Systems, Inc. Employee Benefit Trust  
(CHP VEBA Trust)**

**Schedule H, Line 4j – Schedule of Reportable Transactions**

**EIN: 26-6265063 Plan Number: 501**

**For the Year Ended December 31, 2024**

(a)	(b) Description of the asset	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense	(g) Cost	(h) Current value	(i) Net gain/(loss)
Aggregate Transactions in Excess of 5% of Plan Assets (Continued)								
*	Bank of America, N.A.	193,123	-	-	-	193,123	193,123	-
*	Bank of America, N.A.	-	193,123	-	-	193,123	193,123	-
*	Bank of America, N.A.	195,530	-	-	-	195,530	195,530	-
*	Bank of America, N.A.	-	195,530	-	-	195,530	195,530	-
*	Bank of America, N.A.	191,277	-	-	-	191,277	191,277	-
*	Bank of America, N.A.	-	191,277	-	-	191,277	191,277	-
*	Bank of America, N.A.	191,799	-	-	-	191,799	191,799	-
*	Bank of America, N.A.	-	191,799	-	-	191,799	191,799	-

\*Denotes a party-in-interest.

*See Independent auditors' report.*

**Inter-Con Security Systems, Inc. Employee Benefit Trust  
(CHP VEBA Trust)**

**Schedule H, Line 4j – Schedule of Reportable Transactions  
EIN: 26-6265063 Plan Number: 501**

**For the Year Ended December 31, 2024**

(a)	(b) Description of the asset	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense	(g) Cost	(h) Current value	(i) Net gain/(loss)
Single Transactions in Excess of 5% of Plan Assets								
	Fidelity Investments	\$ 195,693	\$ -	\$ -	\$ -	\$ 195,693	\$ 195,693	\$ -
	Fidelity Investments	-	174,448	-	-	174,448	174,448	-
	Fidelity Investments	190,961	-	-	-	190,961	190,961	-
	Fidelity Investments	-	171,129	-	-	171,129	171,129	-
	Fidelity Investments	194,342	-	-	-	194,342	194,342	-
	Fidelity Investments	-	174,773	-	-	174,773	174,773	-
	Fidelity Investments	191,271	-	-	-	191,271	191,271	-
	Fidelity Investments	-	170,698	-	-	170,698	170,698	-
	Fidelity Investments	195,592	-	-	-	195,592	195,592	-
	Fidelity Investments	-	175,888	-	-	175,888	175,888	-
	Fidelity Investments	188,520	-	-	-	188,520	188,520	-
	Fidelity Investments	-	168,388	-	-	168,338	168,338	-
	Fidelity Investments	191,443	-	-	-	191,443	191,443	-
	Fidelity Investments	-	449,976	-	-	449,976	449,976	-
	Fidelity Investments	-	187,543	-	-	187,543	187,543	-
	Fidelity Investments	193,123	-	-	-	193,123	193,123	-
	Fidelity Investments	-	193,656	-	-	193,656	193,656	-
	Fidelity Investments	195,530	-	-	-	195,530	195,530	-
	Fidelity Investments	-	192,041	-	-	192,041	192,041	-
	Fidelity Investments	191,277	-	-	-	191,277	191,277	-
	Fidelity Investments	-	190,722	-	-	190,722	190,722	-
	Fidelity Investments	191,799	-	-	-	191,799	191,799	-
	Fidelity Investments	-	187,144	-	-	187,144	187,144	-
*	Bank of America, N.A.	195,693	-	-	-	195,693	195,693	-
*	Bank of America, N.A.	-	195,693	-	-	195,693	195,693	-
*	Bank of America, N.A.	156,489	-	-	-	156,489	156,489	-
*	Bank of America, N.A.	-	156,489	-	-	156,489	156,489	-
*	Bank of America, N.A.	190,961	-	-	-	190,961	190,961	-
*	Bank of America, N.A.	-	190,961	-	-	190,961	190,961	-
*	Bank of America, N.A.	194,342	-	-	-	194,342	194,342	-
*	Bank of America, N.A.	-	194,342	-	-	194,342	194,342	-

*See Independent auditors' report.*

**Inter-Con Security Systems, Inc. Employee Benefit Trust  
(CHP VEBA Trust)**

**Schedule H, Line 4j – Schedule of Reportable Transactions  
EIN: 26-6265063 Plan Number: 501**

**For the Year Ended December 31, 2024**

(a)	(b) Description of the asset	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense	(g) Cost	(h) Current value	(i) Net gain/(loss)
Single Transactions in Excess of 5% of Plan Assets (Continued)								
*	Bank of America, N.A.	191,271	-	-	-	191,271	191,271	-
*	Bank of America, N.A.	-	191,271	-	-	191,271	191,271	-
*	Bank of America, N.A.	195,592	-	-	-	195,592	195,592	-
*	Bank of America, N.A.	-	195,592	-	-	195,592	195,592	-
*	Bank of America, N.A.	188,520	-	-	-	188,520	188,520	-
*	Bank of America, N.A.	-	188,520	-	-	188,520	188,520	-
*	Bank of America, N.A.	191,443	-	-	-	191,443	191,443	-
*	Bank of America, N.A.	-	191,443	-	-	191,443	191,443	-
*	Bank of America, N.A.	193,123	-	-	-	193,123	193,123	-
*	Bank of America, N.A.	-	193,123	-	-	193,123	193,123	-
*	Bank of America, N.A.	195,530	-	-	-	195,530	195,530	-
*	Bank of America, N.A.	-	195,530	-	-	195,530	195,530	-
*	Bank of America, N.A.	191,277	-	-	-	191,277	191,277	-
*	Bank of America, N.A.	-	191,277	-	-	191,277	191,277	-
*	Bank of America, N.A.	191,799	-	-	-	191,799	191,799	-
*	Bank of America, N.A.	-	191,799	-	-	191,799	191,799	-
Aggregate Transactions in Excess of 5% of Plan Assets								
	Fidelity Investments	4,182	-	-	-	4,182	4,182	-
	Fidelity Investments	-	292	-	-	292	292	-
	Fidelity Investments	195,693	-	-	-	195,693	195,693	-
	Fidelity Investments	-	174,448	-	-	174,488	174,488	-

*See Independent auditors' report.*

**Inter-Con Security Systems, Inc. Employee Benefit Trust  
(CHP VEBA Trust)**

**Schedule H, Line 4j – Schedule of Reportable Transactions  
EIN: 26-6265063 Plan Number: 501**

**For the Year Ended December 31, 2024**

(a)	(b) Description of the asset	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense	(g) Cost	(h) Current value	(i) Net gain/(loss)
Aggregate Transactions in Excess of 5% of Plan Assets (Continued)								
	Fidelity Investments	4,508	-	-	-	4,508	4,508	-
	Fidelity Investments	-	292	-	-	292	292	-
	Fidelity Investments	-	14,742	-	-	14,742	14,742	-
	Fidelity Investments	4,004	-	-	-	4,004	4,004	-
	Fidelity Investments	190,961	-	-	-	190,961	190,961	-
	Fidelity Investments	-	292	-	-	292	292	-
	Fidelity Investments	-	171,129	-	-	171,129	171,129	-
	Fidelity Investments	4,283	-	-	-	4,283	4,283	-
	Fidelity Investments	194,342	-	-	-	194,342	194,432	-
	Fidelity Investments	-	292	-	-	292	292	-
	Fidelity Investments	-	174,773	-	-	174,773	174,773	-
	Fidelity Investments	4,479	-	-	-	4,479	4,479	-
	Fidelity Investments	191,271	-	-	-	191,271	191,271	-
	Fidelity Investments	-	292	-	-	292	292	-
	Fidelity Investments	4,635	-	-	-	4,635	4,635	-
	Fidelity Investments	-	170,698	-	-	170,698	170,698	-
	Fidelity Investments	195,592	-	-	-	195,592	195,592	-
	Fidelity Investments	-	292	-	-	292	292	-
	Fidelity Investments	-	175,888	-	-	175,888	175,888	-
	Fidelity Investments	4,552	-	-	-	4,552	4,552	-
	Fidelity Investments	188,520	-	-	-	188,520	188,520	-
	Fidelity Investments	-	292	-	-	292	292	-
	Fidelity Investments	-	168,338	-	-	168,338	168,338	-
	Fidelity Investments	4,788	-	-	-	4,788	4,788	-
	Fidelity Investments	191,443	-	-	-	191,443	191,443	-
	Fidelity Investments	-	292	-	-	292	292	-
	Fidelity Investments	-	449,976	-	-	449,976	449,976	-
	Fidelity Investments	4,743	-	-	-	4,743	4,743	-
	Fidelity Investments	-	13,233	-	-	13,233	13,233	-
	Fidelity Investments	-	5,277	-	-	5,277	5,277	-
	Fidelity Investments	-	187,543	-	-	187,543	187,543	-
	Fidelity Investments	-	302	-	-	302	302	-
	Fidelity Investments	193,123	-	-	-	193,123	193,123	-
	Fidelity Investments	-	193,656	-	-	193,656	193,656	-
	Fidelity Investments	-	321	-	-	321	321	-
	Fidelity Investments	195,530	-	-	-	195,530	195,530	-
	Fidelity Investments	-	192,042	-	-	192,042	192,042	-

*See Independent auditors' report.*

**Inter-Con Security Systems, Inc. Employee Benefit Trust  
(CHP VEBA Trust)**

**Schedule H, Line 4j – Schedule of Reportable Transactions  
EIN: 26-6265063 Plan Number: 501**

**For the Year Ended December 31, 2024**

(a)	(b) Description of the asset	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense	(g) Cost	(h) Current value	(i) Net gain/(loss)
Aggregate Transactions in Excess of 5% of Plan Assets (Continued)								
	Fidelity Investments	2,710	-	-	-	2,710	2,710	-
	Fidelity Investments	-	302	-	-	302	302	-
	Fidelity Investments	191,277	-	-	-	191,277	191,277	-
	Fidelity Investments	-	190,722	-	-	190,722	190,722	-
	Fidelity Investments	191,799	-	-	-	191,799	191,799	-
	Fidelity Investments	-	187,144	-	-	187,144	187,144	-
	Fidelity Investments	2,446	-	-	-	2,446	2,446	-
	Fidelity Investments	-	302	-	-	302	302	-
*	Bank of America, N.A.	195,693	-	-	-	195,693	195,693	-
*	Bank of America, N.A.	-	195,693	-	-	195,693	195,693	-
*	Bank of America, N.A.	156,489	-	-	-	156,489	156,489	-
*	Bank of America, N.A.	-	156,489	-	-	156,489	156,489	-
*	Bank of America, N.A.	190,961	-	-	-	190,961	190,961	-
*	Bank of America, N.A.	-	190,961	-	-	190,961	190,961	-
*	Bank of America, N.A.	194,342	-	-	-	194,342	194,342	-
*	Bank of America, N.A.	-	194,342	-	-	194,342	194,342	-
*	Bank of America, N.A.	191,271	-	-	-	191,271	191,271	-
*	Bank of America, N.A.	-	191,271	-	-	191,271	191,271	-
*	Bank of America, N.A.	195,592	-	-	-	195,592	195,592	-
*	Bank of America, N.A.	-	195,592	-	-	195,592	195,592	-
*	Bank of America, N.A.	188,520	-	-	-	188,520	188,520	-
*	Bank of America, N.A.	-	188,520	-	-	188,520	188,520	-
*	Bank of America, N.A.	191,443	-	-	-	191,443	191,443	-
*	Bank of America, N.A.	-	191,443	-	-	191,443	191,443	-

*See Independent auditors' report.*

**Inter-Con Security Systems, Inc. Employee Benefit Trust  
(CHP VEBA Trust)**

**Schedule H, Line 4j – Schedule of Reportable Transactions**

**EIN: 26-6265063 Plan Number: 501**

**For the Year Ended December 31, 2024**

(a)	(b) Description of the asset	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense	(g) Cost	(h) Current value	(i) Net gain/(loss)
Aggregate Transactions in Excess of 5% of Plan Assets (Continued)								
*	Bank of America, N.A.	193,123	-	-	-	193,123	193,123	-
*	Bank of America, N.A.	-	193,123	-	-	193,123	193,123	-
*	Bank of America, N.A.	195,530	-	-	-	195,530	195,530	-
*	Bank of America, N.A.	-	195,530	-	-	195,530	195,530	-
*	Bank of America, N.A.	191,277	-	-	-	191,277	191,277	-
*	Bank of America, N.A.	-	191,277	-	-	191,277	191,277	-
*	Bank of America, N.A.	191,799	-	-	-	191,799	191,799	-
*	Bank of America, N.A.	-	191,799	-	-	191,799	191,799	-

\*Denotes a party-in-interest.

*See Independent auditors' report.*

**Inter-Con Security Systems, Inc. Employee Benefit Trust  
(CHP VEBA Trust)**

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)  
EIN: 26-6265063 Plan Number: 501

As of 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
Money Market Mutual Fund	Fidelity Investments	Government Portfolio	\$ 622,318	\$ 622,318

\*Denotes a party-in-interest.

*See Independent auditors' report.*