

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

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, a single-employer plan, a DFE, etc.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, etc.
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, etc.
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: STANLEY STREET TREATMENT AND RESOURCES, INC. 403(B) PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 07/01/2005
2a Plan sponsor's name, mailing address, city or town, state or province, country, and ZIP or foreign postal code.
2b Employer Identification Number (EIN): 04-2604426
2c Plan Sponsor's telephone number: 508-324-7768
2d Business code (see instructions): 237310

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

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

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

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:		4b EIN 04-2604426	
a Sponsor's name STANLEY STREET TREATMENT AND RESOURCES, INC.		4d PN 001	
c Plan Name 403(B) THRIFT PLAN OF STANLEY STREET TREATMENT AND RESOURCES, INC.			
5 Total number of participants at the beginning of the plan year	5	505	
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1), 6a(2), 6b, 6c, and 6d).			
a(1) Total number of active participants at the beginning of the plan year	6a(1)	421	
a(2) Total number of active participants at the end of the plan year	6a(2)	394	
b Retired or separated participants receiving benefits	6b	3	
c Other retired or separated participants entitled to future benefits	6c	112	
d Subtotal. Add lines 6a(2), 6b, and 6c.	6d	509	
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	0	
f Total. Add lines 6d and 6e.	6f	509	
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	299	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	353	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	6h	0	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7		

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

**SCHEDULE 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**

A Name of plan STANLEY STREET TREATMENT AND RESOURCES, INC. 403(B) PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 STANLEY STREET TREATMENT AND RESOURCES, INC.		D Employer Identification Number (EIN) 04-2604426

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

MUTUAL OF AMERICA

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-1614399	88668	056657	353	01/01/2024	12/31/2024

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

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

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

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

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

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

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

(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.

4 Current value of plan's interest under this contract in the general account at year end	4	0
5 Current value of plan's interest under this contract in separate accounts at year end.....	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) 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 Balance at the end of the previous year **7b** 1555103

c Additions: (1) Contributions deposited during the year	7c(1)	10572	
(2) Dividends and credits.....	7c(2)	0	
(3) Interest credited during the year.....	7c(3)	14099	
(4) Transferred from separate account	7c(4)	0	
(5) Other (specify below)..... ▶ *	7c(5)	0	

(6) Total additions **7c(6)** 24671

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 1579774

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	21421	
(2) Administration charge made by carrier.....	7e(2)	113	
(3) Transferred to separate account	7e(3)	150107	
(4) Other (specify below)..... ▶ *TRANSFER OF FUNDS TO QUALIFIED INSTITUTIONS.	7e(4)	1408133	

(5) Total deductions **7e(5)** 1579774

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 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:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs.

Part IV Provision of Information

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

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

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

A Name of plan STANLEY STREET TREATMENT AND RESOURCES, INC. 403(B) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 STANLEY STREET TREATMENT AND RESOURCES, INC.	D Employer Identification Number (EIN) 04-2604426	

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

VOYA RETIREMENT INSURANCE & ANNUITY

71-0294708

(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)

VOYA RETIREMENT INSURANCE & ANNUITY

71-0294708

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26	SERVICE PROVIDER	27249	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)

GRIMES & COMPANY

04-6906504

(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?
99	SERVICE PROVIDER	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	17285	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan STANLEY STREET TREATMENT AND RESOURCES, INC. 403(B) PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 STANLEY STREET TREATMENT AND RESOURCES, INC.	D Employer Identification Number (EIN) 04-2604426

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	79024
(2) Participant contributions	1b(2)	0
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	0
(9) Value of interest in common/collective trusts	1c(9)	119076
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	8506161
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	9578678
(15) Other	1c(15)	0

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	10140288	9697754
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	10140288	9697754

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	79024	
(B) Participants.....	2a(1)(B)	779202	
(C) Others (including rollovers).....	2a(1)(C)	125735	
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		983961
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)	3768	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3768
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	376800	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		376800
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		995845
c Other income	2c		9166
d Total income. Add all income amounts in column (b) and enter total	2d		2369540

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2778458	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		2778458
f Corrective distributions (see instructions)	2f		5781
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	26599	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	1236	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		27835
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2812074

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-442534
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **AAFCPAS, INC**

(2) EIN: **04-2571780**

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	X		
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	X		

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
--	---	---

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

A Name of plan <u>STANLEY STREET TREATMENT AND RESOURCES, INC. 403(B) PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>STANLEY STREET TREATMENT AND RESOURCES, INC.</u>	D Employer Identification Number (EIN) <u>04-2604426</u>	

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

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

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

1	
----------	--

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): 71-0294708

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

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

3	
----------	--

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

22 If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 03 / 31 / 2017 (MM/DD/YYYY) and the Opinion Letter serial number J500551A.



**STANLEY STREET TREATMENT AND RESOURCES, INC. 403(B) PLAN
(FORMERLY, 403(B) THRIFT PLAN OF STANLEY STREET TREATMENT AND
RESOURCES, INC.)**

**FINANCIAL STATEMENTS
AS OF DECEMBER 31, 2024 AND 2023 AND
FOR THE YEAR ENDED DECEMBER 31, 2024**

**STANLEY STREET TREATMENT AND RESOURCES, INC. 403(B) PLAN
(FORMERLY, 403(B) THRIFT PLAN OF STANLEY STREET TREATMENT AND RESOURCES, INC.)**

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December 31, 2024 and 2023

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Independent Auditor's Report

To the Plan Administrator of
Stanley Street Treatment and Resources, Inc. 403(b) Plan (formerly,
403(b) Thrift Plan of Stanley Street Treatment and Resources, Inc.):

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

We were engaged to perform audits of the financial statements of Stanley Street Treatment and Resources, Inc. 403(b) Plan (formerly, 403(b) Thrift Plan of Stanley Street Treatment and Resources, Inc.), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Stanley Street Treatment and Resources, Inc. 403(b) Plan's (formerly, 403(b) Thrift Plan of Stanley Street Treatment and Resources, Inc.) financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

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

Disclaimer of Opinion

We do not express an opinion on the accompanying financial statements of Stanley Street Treatment and Resources, Inc. 403(b) Plan (formerly, 403(b) Thrift Plan of Stanley Street Treatment and Resources, Inc.). Because of the significance of the matters described in the Basis for Disclaimer of Opinion section of our report, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the financial statements.

Basis for Disclaimer of Opinion

As described in Note 10 to the financial statements, Stanley Street Treatment and Resources, Inc. 403(b) Plan (formerly, 403(b) Thrift Plan of Stanley Street Treatment and Resources, Inc.) has not maintained sufficient accounting records and supporting documents relating to certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009. Accordingly, we were unable to apply auditing procedures sufficient to determine the extent to which the accompanying financial statements may have been affected by these conditions.

Basis for Disclaimer of Opinion (Continued)

Further, as described in Note 10 to the financial statements, Stanley Street Treatment and Resources, Inc. 403(b) Plan (formerly, 403(b) Thrift Plan of Stanley Street Treatment and Resources, Inc.) has excluded from investments in the accompanying statements of net assets available for benefits certain annuity contracts and custodial accounts issued to current and former employees prior to January 1, 2009, as permitted by the Department of Labor's Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*. The investment income (loss) and distributions related to such accounts have also been excluded in the accompanying statement of changes in net assets available for benefits. The amount of these excluded annuity contracts and custodial accounts and the related income (loss) and distributions are not determinable. Accounting principles generally accepted in the United States of America require that these accounts and the related income and distributions be included in the accompanying financial statements.

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 Stanley Street Treatment and Resources, Inc. 403(b) Plan's (formerly, 403(b) Thrift Plan of Stanley Street Treatment and Resources, Inc.) ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Our responsibility is to conduct an audit of Stanley Street Treatment and Resources, Inc. 403(b) Plan's (formerly, 403(b) Thrift Plan of Stanley Street Treatment and Resources, Inc.) financial statements in accordance with auditing standards generally accepted in the United States of America and to issue an auditor's report. However, because of the matters described in the Basis for Disclaimer of Opinion section of our report, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on these financial statements.

We are required to be independent of Stanley Street Treatment and Resources, Inc. 403(b) Plan (formerly, 403(b) Thrift Plan of Stanley Street Treatment and Resources, Inc.), and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits.

Other Matter - Supplemental Schedule Required by ERISA

The supplemental schedule Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets Held at End of Year as of December 31, 2024 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. Because of the significance of the matters described in the Basis for Disclaimer of Opinion section, it is inappropriate to and we do not express an opinion on the supplemental schedule referred to above.

AAFCPA, Inc.

Westborough, Massachusetts
October 7, 2025

**STANLEY STREET TREATMENT AND RESOURCES, INC. 403(B) PLAN
(FORMERLY, 403(B) THRIFT PLAN OF STANLEY STREET TREATMENT AND RESOURCES, INC.)**

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

Assets	2024	2023
Investments, at fair value:		
Mutual funds	\$ 9,578,678	\$ -
Pooled separate accounts	-	8,506,161
	9,578,678	8,506,161
Interest accumulation account, at contract value	-	1,555,103
	9,578,678	10,061,264
Receivables:		
Notes receivable from participants	119,076	-
Employer contributions	84,486	79,024
	203,562	79,024
Net Assets Available for Benefits	\$ 9,782,240	\$ 10,140,288

**STANLEY STREET TREATMENT AND RESOURCES, INC. 403(B) PLAN
(FORMERLY, 403(B) THRIFT PLAN OF STANLEY STREET TREATMENT AND RESOURCES, INC.)**

Statement of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2024

Additions to Net Assets Attributed to:

Investment income:

Net appreciation of investments	\$ 1,084,035
Interest and dividends	<u>376,800</u>

Total investment income	<u>1,460,835</u>
-------------------------	------------------

Interest income on notes receivable from participants	<u>3,768</u>
---	--------------

Contributions:

Participant	779,202
Rollover	125,735
Employer	<u>84,486</u>

Total contributions	<u>989,423</u>
---------------------	----------------

Total additions	<u>2,454,026</u>
-----------------	------------------

Deductions from Net Assets Attributed to:

Benefit paid to participants	2,784,239
Administrative expenses	<u>27,835</u>

Total deductions	<u>2,812,074</u>
------------------	------------------

Net decrease	(358,048)
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Net Assets Available for Benefits:

Beginning of year	<u>10,140,288</u>
-------------------	-------------------

End of year	<u><u>\$ 9,782,240</u></u>
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**STANLEY STREET TREATMENT AND RESOURCES, INC. 403(B) PLAN
(FORMERLY, 403(B) THRIFT PLAN OF STANLEY STREET TREATMENT AND RESOURCES, INC.)**

Notes to Financial Statements
December 31, 2024 and 2023

1. DESCRIPTION OF PLAN

The following description of Stanley Street Treatment and Resources, Inc. 403(b) Plan (formerly, 403(b) Thrift Plan of Stanley Street Treatment and Resources, Inc.) (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

a. General

The Plan is a defined contribution 403(b) plan covering substantially all employees of Stanley Street Treatment and Resources, Inc. and Stanley Street Treatment and Resources of Rhode Island, Inc. (collectively, the Plan Sponsor). The Plan Administrator and Oversight Committee determine the appropriateness of the Plan's investment offerings, monitors investment performance, and reports to the Plan Sponsor's Board of Directors. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Effective May 9, 2024, the Plan was amended to change the Plan's name to Stanley Street Treatment and Resources, Inc. 403(b) Plan.

b. Eligibility

Eligible employees may enroll in the Plan on the date they begin working for the Plan Sponsor. The Plan excludes non-resident aliens from being eligible to participate in the Plan. Participants must complete one year of service (1,000 hours of service) and be employed on the last day of the plan year to be eligible for the Plan Sponsor's discretionary matching contributions. The Plan Sponsor's discretionary matching contributions excludes independent contractors and other non-employees.

c. Contributions

Each year, participants may contribute up to 100% of pre-tax annual compensation, as defined in the Plan, subject to statutory limits. Participants can also elect to defer all or a portion of their deferrals as post-tax (Roth) contributions. Participants who have attained age 50 before the end of the plan year are eligible to make catch-up contributions. Participants may also contribute amounts representing distributions from other qualified defined contribution plans (rollover contributions). Participants direct the investment of their contributions into various investment options offered by the Plan. Contributions are subject to certain Internal Revenue Service (IRS) limitations. Participants are automatically enrolled at 1%, unless they affirmatively opt-out or elect otherwise. The Plan does not allow for an auto-escalation feature.

The Plan Sponsor may make discretionary matching contributions to the Plan equal to an amount approved by the Board of Directors. For the year ended December 31, 2024, the Plan Sponsor made discretionary matching contributions equal to 15% of each participant's eligible contributions. During 2024, the Plan Sponsor contributed \$84,486 to the Plan in discretionary matching contributions.

d. Participant Accounts

Each participant's account is credited with the participant's contributions, discretionary matching contributions and an allocation of plan earnings thereon, less administrative fees paid by the Plan. Allocations are based on participant earnings or account balances, as defined in the plan document. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Participants direct the investment of their contributions into various investment options offered by the Plan.

**STANLEY STREET TREATMENT AND RESOURCES, INC. 403(B) PLAN
(FORMERLY, 403(B) THRIFT PLAN OF STANLEY STREET TREATMENT AND RESOURCES, INC.)**

Notes to Financial Statements
December 31, 2024 and 2023

1. DESCRIPTION OF PLAN (Continued)

e. Vesting

Participants are immediately vested in their contributions and discretionary matching contributions, plus actual earnings or losses thereon.

f. Notes Receivable from Participants

Effective May 9, 2024, participants may borrow up to a maximum amount equal to the lesser of \$50,000 or 50% of their vested account balance. The minimum loan amount allowed is \$1,000. The Plan allows participants to have a maximum of two loans outstanding at any given time. Loans are secured by the balance in the participant's account and bear interest at prime rate plus one percentage point. Loan terms generally range up to five years. If loan proceeds are used to purchase a primary residence, the loan repayment period may be up to ten years. Principal and interest are paid through payroll deductions.

g. Plan Loans

Through May 8, 2024, participants could borrow up to a maximum amount equal to the lesser of \$50,000 or 50% of their vested account balance, excluding Roth contributions. The minimum loan amount allowed was \$1,000. The Plan allowed participants to have an unlimited amount of loans outstanding at one time. The loans were made through Mutual of America Life Insurance Company (Mutual of America) and were secured by the balance in the participant's account. Loan terms generally ranged up to five years and may have been longer if loan proceeds were used to purchase a primary residence. Loans bore interest at a rate which was commensurate with regional bank rates for similar loans. Principal and interest was paid through payroll deductions.

Outstanding plan loans as of December 31, 2023, totaled \$69,375, and are included in the interest accumulation account in the accompanying statements of net assets available for benefits.

h. Payment of Benefits

The Plan provides for a normal retirement benefit to be paid to participants who have reached the age of 65, and early retirement is available to those who obtain the age of 55. Upon termination of service due to death, disability or retirement, a participant receives either a lump-sum amount equal to the value of their account, a single life annuity, or a joint and survivor annuity. The Plan requires balances up to \$1,000 be paid out to participants upon termination of employment. Effective May 9, 2024, the Plan requires balances up to \$5,000 be paid out to participants upon termination of employment.

The Plan allows in-service withdrawals upon attainment of age 59 ½. A participant may also request a withdrawal upon demonstration to the Plan Administrator that he or she is suffering a "hardship". Hardship is defined in applicable regulations promulgated or to be promulgated pursuant to the applicable section of the Internal Revenue Code (the Code) or standards established by the Secretary of the Treasury or their delegate.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Presentation

The Plan prepares its financial statements in accordance with generally accepted accounting principles (U.S. GAAP) established by the Financial Accounting Standards Board (FASB). References to U.S. GAAP in these notes are to the FASB Accounting Standards Codification (ASC).

**STANLEY STREET TREATMENT AND RESOURCES, INC. 403(B) PLAN
(FORMERLY, 403(B) THRIFT PLAN OF STANLEY STREET TREATMENT AND RESOURCES, INC.)**

Notes to Financial Statements
December 31, 2024 and 2023

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Use of Estimates

The preparation of financial statements in accordance with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Mutual funds and pooled separate accounts are reported at fair value. Units held by the Plan in pooled separate accounts are measured based on each fund's daily net asset value (NAV) used as a practical expedient, which is considered by the Plan Administrator to be the best approximation of fair value. The investment contract is valued at contract value as it is fully-benefit-responsive (see Note 5). The Plan Administrator determines the Plan's valuation policies utilizing information provided by Mutual of America and Voya Retirement Insurance and Annuity Company (Voya), the qualified institutions of the Plan. See Note 4 for discussion of fair value measurement.

Investment contracts held by a defined contribution plan are required to be reported at fair value, except for fully-benefit-responsive investment contracts. Contract value is the relevant measurement attribute for the portion of the net assets available for benefits of a defined contribution plan attributable to fully-benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan.

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance, plus any accrued unpaid interest. Interest income on notes receivable from participants is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when incurred. No allowances for credit losses have been recorded as of December 31, 2024. If a participant ceases to make loan repayments and the Plan Administrator deems the participant loan to be in default, the participant loan balance is reduced, and a benefit payment is recorded. As of December 31, 2024, there were no defaulted loans.

Contributions

Contributions from plan participants are recorded in the year in which the contributions are withheld from compensation. The discretionary matching contributions are recorded when such contributions are authorized by the Plan Sponsor's Board of Directors.

Payment of Benefits

Benefits are recorded when paid.

**STANLEY STREET TREATMENT AND RESOURCES, INC. 403(B) PLAN
(FORMERLY, 403(B) THRIFT PLAN OF STANLEY STREET TREATMENT AND RESOURCES, INC.)**

Notes to Financial Statements
December 31, 2024 and 2023

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Administrative Expenses

Certain expenses of maintaining the Plan are paid directly by the Plan Sponsor and are excluded from these financial statements. Fees related to the administration of participant loans and benefit payments are charged directly to the participant's account and are included in administrative expenses. Investment-related expenses are included in net appreciation of investments.

Subsequent Events

Subsequent events have been evaluated through October 7, 2025, which is the date the financial statements were available to be issued. There were no events that met the criteria for recognition or disclosure in the financial statements.

3. INFORMATION PREPARED AND CERTIFIED BY THE PLAN'S QUALIFIED INSTITUTION

The Plan Administrator has elected the method of annual reporting compliance permitted by ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Voya, a qualified institution, has certified to the completeness and accuracy of all investments reported in accompanying statement of net assets available for benefits as of December 31, 2024, and the supplemental schedule, Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets Held at End of Year as of December 31, 2024, and the related investment transactions and investment income reported in the accompanying statement of changes in net assets available for benefits for the period from May 9, 2024 to December 31, 2024.

Mutual of America, a second qualified institution, has certified to the completeness and accuracy of certain investments reported in the accompanying statements of net assets available for benefits as of December 31, 2023, and certain related investments transactions and investments income reported in the accompanying statements of changes in net assets available for benefits for the period from January 1, 2024 through May 8, 2024.

At the request of the Plan Administrator, the Plan's independent auditors did not perform auditing procedures with respect to certified investment information, except for comparing such certified investment information included in the accompanying financial statements and supplemental schedule.

4. FAIR VALUE MEASUREMENT

Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants as of the measurement date. *Fair Value Measurement* establishes a hierarchy of the valuation techniques based upon whether the inputs to those valuation techniques reflect assumptions other market participants would use based upon market data obtained from independent sources (also referred to as observable inputs).

The fair value hierarchy is 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.

**STANLEY STREET TREATMENT AND RESOURCES, INC. 403(B) PLAN
(FORMERLY, 403(B) THRIFT PLAN OF STANLEY STREET TREATMENT AND RESOURCES, INC.)**

Notes to Financial Statements
December 31, 2024 and 2023

4. FAIR VALUE MEASUREMENT (Continued)

Level 2 - Inputs to the valuation methodology include:

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

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

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

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

Following is a description of the valuation methodologies used for assets measured at fair value:

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are opened-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded. Mutual funds are measured using Level 1 inputs.

Pooled separate accounts: The pooled separate accounts equal the number of participation units owned in the subaccount multiplied by unit value of the participation unit. The unit values of participation units in the subaccounts are determined by Mutual of America based on the value of the underlying mutual fund held in the subaccount, minus the fund's liabilities, which are the contract charges imposed by Mutual of America, divided by the number of participation units outstanding. This value is also commonly referred to as the NAV of the participation units, which is considered by plan management to be a practical expedient to determine fair market value. The NAV is used as a practical expedient to estimate the fair value, unless it is probable that all or a portion of the pooled separate account will be sold for an amount different from NAV. As of December 31, 2023, the Plan had no plans to sell the pooled separate accounts at amounts different from NAV. The daily charges imposed on these subaccounts for any valuation period are equal to the daily mortality and expense risk charge and the daily administrative charge multiplied by the number of calendar days in the valuation period. The value of each accumulation unit is published each business day. There are no unfunded commitments from participants in the Plan who invest in these accounts. All pooled separate accounts were liquidated as a result of change in qualified institutions to Voya from Mutual of America in May 2024.

There has been no change in the methodologies used at December 31, 2024 and 2023.

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

**STANLEY STREET TREATMENT AND RESOURCES, INC. 403(B) PLAN
(FORMERLY, 403(B) THRIFT PLAN OF STANLEY STREET TREATMENT AND RESOURCES, INC.)**

Notes to Financial Statements
December 31, 2024 and 2023

4. FAIR VALUE MEASUREMENT (Continued)

The following tables set forth, by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2024:

<u>Description</u>	<u>2024</u>			<u>Total</u>
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	
Mutual funds, at fair value	<u>\$ 9,578,678</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 9,578,678</u>

Investments that are measured at fair value using the NAV per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy as of December 31, 2023.

The following table presents the category, fair value, redemption frequency, and redemption notice period for the Plan's investments and respective fair values of which are estimated using the NAV per share as a practical expedient, as of December 31 2023:

<u>Description</u>	<u>Fair Value</u>	<u>Redemption Frequency (if currently eligible)</u>	<u>Redemption Notice Period</u>
Pooled separate accounts:			
Target date funds (a)	\$ 4,640,309	Daily	Daily
Equity funds (b)	1,736,193	Daily	Daily
Small/mid cap funds (c)	1,129,937	Daily	Daily
Fixed income funds (d)	609,215	Daily	Daily
International equity funds (e)	<u>390,507</u>	Daily	Daily
Total pooled separate accounts, at fair value	<u>\$ 8,506,161</u>		

- (a) These funds seek to achieve current income and capital appreciation appropriate for the asset allocation associated with its approximate year of retirement which is included in the fund's name.
- (b) These funds invest in various types of domestic stocks in the large, midsize or smaller capitalization groups to seek long-term capital growth.
- (c) These funds invest mostly in common stocks of small capitalization companies, foreign securities, and derivative instruments. The mid cap funds invest primarily in common stocks of established U.S. companies that have above-average potential for capital growth. These funds also may invest in other securities, including convertibles, warrants, preferred stocks, corporate and government debt, bank loans and options.
- (d) These funds invest in various types of debt securities to achieve a long-term rate of return while preserving capital.
- (e) These funds invest predominantly in the stocks of companies located outside the United States and is expected to diversify its assets in countries across developed and emerging markets. In selecting stocks, the fund's advisors evaluate foreign markets around the world and choose large-, mid-, and small-capitalization companies considered to have above-average growth potential. These funds use multiple investment advisors.

**STANLEY STREET TREATMENT AND RESOURCES, INC. 403(B) PLAN
(FORMERLY, 403(B) THRIFT PLAN OF STANLEY STREET TREATMENT AND RESOURCES, INC.)**

Notes to Financial Statements
December 31, 2024 and 2023

5. INTEREST ACCUMULATION ACCOUNT

The Plan had a deposit administration contract with Mutual of America Life as of December 31, 2023. The deposit administration contract is intended to provide future benefits to present employees through contributions to Mutual of America. Contributions are held in the Mutual of America general account and are maintained in a group annuity account. The account is credited with earnings or losses on the underlying investments and charged for participant withdrawals and administrative expenses. The contract is considered fully-benefit-responsive and is presented at contract value. Contract value represents contributions made under the contract, plus earnings or losses, less participant withdrawals, and administrative expenses.

Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value. There are no front- or bank-end charges, so the investments in the Mutual of America Interest Accumulation Account are completely liquid. The interest credited to investments in the Mutual of America Interest Accumulation Account is a current rate and is not dependent upon the length of time the assets are invested with Mutual of America. Requests for withdrawal can be made at any time and are processed on the day that they are received.

The interest rate is determined by Mutual of America from time to time and Mutual of America reserves the right to change the interest rates applicable to amounts held in the Interest Accumulation Account at their discretion, but not below the minimum guaranteed interest rate of 2.85%. As of December 31, 2024, the interest accumulation account has been liquidated.

6. TAX STATUS

The Plan Sponsor has obtained an opinion letter dated March 31, 2017, in which the IRS stated that the restated prototype plan document was in compliance with applicable requirements of the IRC. The Plan Administrator timely adopted the restated prototype plan. Although the Plan has been amended since receiving the opinion letter, the Plan Administrator believes that the Plan is currently being operated in accordance with the IRC.

U.S. GAAP requires plan management to evaluate tax positions taken by the Plan and recognizes 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 applicable authorities. The Plan is subject to routine audits by taxing jurisdictions, however, there are currently no audits for any tax periods in progress.

7. PLAN TERMINATION

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, all accrued benefits shall be paid to participants in accordance with plan provisions.

8. RELATED PARTY AND PARTY-IN-INTEREST TRANSACTIONS

Section 3(14) of ERISA defines a party-in-interest to include, among others, fiduciaries or employees of the Plan, any person who provides services to the Plan or an employer whose employees are covered by the Plan. Accordingly, transactions with investment funds managed and held by the qualified institutions and notes receivable to participants are considered party-in-interest transactions. During 2024, the Plan paid the qualified institutions administrative expenses of \$27,835.

**STANLEY STREET TREATMENT AND RESOURCES, INC. 403(B) PLAN
(FORMERLY, 403(B) THRIFT PLAN OF STANLEY STREET TREATMENT AND RESOURCES, INC.)**

Notes to Financial Statements
December 31, 2024 and 2023

9. RISKS AND UNCERTAINTIES

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

10. PARTICIPANT ACCOUNT BALANCES

In November 2007, the DOL issued amended regulations eliminating an exemption granted to 403(b) plans from the annual Form 5500 reporting, disclosure and audit requirements under Part 1 of Subtitle B of Title I of ERISA, as amended. The DOL acknowledged in its Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*, that full annual reporting compliance “may not be possible” and “the guiding principle must be to ensure that the appropriate efforts are made to act reasonably, prudently and in the interest of the Plan’s participants and beneficiaries”. Notwithstanding the DOL’s specific recognition of the “compliance challenges” engendered by its new requirements, U.S. GAAP provides no such relief requiring all contracts and custodial accounts to be included and maintained.

Prior to the amended regulations and the amendment of the plan document, the Plan was not viewed as a separate reporting entity. Historically, the Plan was viewed as a collection of individual accounts which participants could engage within a range of actions with limited involvement, if any, by the Plan Sponsor. Accordingly, various accounting and payroll records related to the Plan’s 403(b) annuity contracts and custodial accounts issued to employees prior to January 1, 2009, were not required to be maintained by the Plan, nor were they required to be maintained or retained by service providers at the Plan level. Consequently, the Plan’s financial statements have been prepared based on the available records, which were accessed using reasonable means and then analyzed by the Plan Sponsor. As certain records were not available dating back to the inception of the Plan, the effect, if any, on the completeness of opening balances, and thus on the accuracy of the Plan’s financial statements, cannot be determined.

In addition, the Plan has identified and excluded from investments in the accompanying statements of net assets available for benefits certain annuity and custodial accounts issued to current or former employees prior to January 1, 2009, as permitted by the DOL’s Field Assistance Bulletin No. 2009-02, *Annual Reporting Requirements for 403(b) Plans*. The investment income (loss) and distributions related to such accounts have also been excluded in the accompanying statement of changes in net assets available for benefits. U.S. GAAP requires that these accounts and the related income (loss) and distributions be included in the accompanying financial statements. The amount of these excluded annuity contracts and custodial accounts and the related income (loss) and distributions have not been determined.

11. RECONCILIATION TO THE IRS FORM 5500

The following is a reconciliation of net assets available for benefits per the IRS Form 5500 to the financial statements as of December 31, 2024:

Net assets available for benefits per the IRS Form 5500	\$ 9,697,754
Plus - Employer contributions receivable	<u>84,486</u>
Net assets available for benefits per the financial statements	<u>\$ 9,782,240</u>

**STANLEY STREET TREATMENT AND RESOURCES, INC. 403(B) PLAN
(FORMERLY, 403(B) THRIFT PLAN OF STANLEY STREET TREATMENT AND RESOURCES, INC.)**

Notes to Financial Statements
December 31, 2024 and 2023

11. RECONCILIATION TO THE IRS FORM 5500 (Continued)

The following is a reconciliation of changes in net assets available for benefits per the IRS Form 5500 to the financial statements for the year ended December 31, 2024:

Changes in net assets available for benefits per the IRS Form 5500	\$ (442,534)
Change in employer contributions receivable	<u>84,486</u>
Changes in net assets available for benefits per the financial statements	<u>\$ (358,048)</u>

**STANLEY STREET TREATMENT AND RESOURCES, INC. 403(B) PLAN
(FORMERLY, 403(B) THRIFT PLAN OF STANLEY STREET TREATMENT AND RESOURCES, INC.)
(PLAN NO. 001, FEDERAL I.D. #04-2604426)**

Form 5500, Schedule H, Part IV, Line 4i - Schedule of Assets Held at End of Year
December 31, 2024

(a)	(b)	(c)	(d)	(e)
Party-In-Interest	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
	Fidelity Contrafund K6	Mutual Funds	*	\$ 1,230,743
	American Funds 2030 Target Date R6	Mutual Funds	*	854,713
	Vanguard Cash Res Fed MM F Adm	Mutual Funds	*	843,020
	American Funds 2035 Target Date R6	Mutual Funds	*	634,662
	Fidelity Mid-Cap Stock Fund K	Mutual Funds	*	620,529
	American Funds 2045 Target Date R6	Mutual Funds	*	579,867
	Vanguard 500 Index Fund Adm	Mutual Funds	*	502,101
	American Funds 2050 Target Date R6	Mutual Funds	*	430,882
	MFS International Grw Fund R6	Mutual Funds	*	388,443
	American Funds 2055 Target Date R6	Mutual Funds	*	384,040
	American Funds 2040 Target Date R6	Mutual Funds	*	359,324
	American Funds Gr Inc Pt R6	Mutual Funds	*	335,491
	PIMCO Total Return Fund Ins	Mutual Funds	*	320,780
	Hartford Equity Income Fund R6	Mutual Funds	*	299,480
	American Funds Mod G&I Pt R6	Mutual Funds	*	291,884
	Calvert Balanced Fund R6	Mutual Funds	*	195,483
	American Funds 2025 Target Date R6	Mutual Funds	*	188,022
	American Funds 2060 Target Date R6	Mutual Funds	*	176,946
	Hartford MidCap Fund R6	Mutual Funds	*	170,835
	Vanguard Mid-Cap Index Fund Adm	Mutual Funds	*	139,993
	Wasatch Core Growth Fd Inst	Mutual Funds	*	109,235
	Vanguard Small-Cap Index Fnd Adm	Mutual Funds	*	79,354
	American Funds Con G&I Pt R6	Mutual Funds	*	72,302
	American Funds 2015 Target Date R6	Mutual Funds	*	65,403
	Undiscovered Mngrs Bhv VI F R6	Mutual Funds	*	56,711
	Nuance Mid Cap Value Fd Z	Mutual Funds	*	41,230
	Dodge & Cox Intl Stock Fd X	Mutual Funds	*	39,731
	Cohen&Steers Real Est S Fd Z	Mutual Funds	*	39,267
	American Funds 2065 Target Date R6	Mutual Funds	*	32,453
	PIMCO Real Return Fund Ins	Mutual Funds	*	27,146
	American Funds 2020 Target Date R6	Mutual Funds	*	25,924
	BlkRck Strat Inc Opps Pt K	Mutual Funds	*	17,668
	DFA US Sustain Core 1 Port Ins	Mutual Funds	*	13,848
	DFA Emerging Markets Pt Ins	Mutual Funds	*	5,986
	Eaton Vance Inc Fd of Bstn R6	Mutual Funds	*	5,182
**	Notes Receivable from Participants	Interest rates ranging from 5.85% to 9.50%, maturing through September 2029	-	119,076
				<u>\$ 9,697,754</u>

* The cost of participant-directed investments is not required to be disclosed.
** Party-In-Interest



Attachment to 2024 Form 5500

Schedule H, line 4i - Schedule of Assets

(Held at End of Year)

SSTAR 403(B) PLAN

EIN#04-2604426

Plan# 001

As of December 31, 2024

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investments including maturity date, rate of interest, collateral, par, or maturity date	(d) Cost	(e) Current Value
	American Funds 2015 T Date R6	Registered Investment Company		\$65,402.51
	American Funds 2020 T Date R6	Registered Investment Company		\$25,924.04
	American Funds 2025 T Date R6	Registered Investment Company		\$188,021.59
	American Funds 2030 T Date R6	Registered Investment Company		\$854,713.31
	American Funds 2035 T Date R6	Registered Investment Company		\$634,662.02
	American Funds 2040 T Date R6	Registered Investment Company		\$359,324.29
	American Funds 2045 T Date R6	Registered Investment Company		\$579,867.08
	American Funds 2050 T Date R6	Registered Investment Company		\$430,882.43
	American Funds 2055 T Date R6	Registered Investment Company		\$384,039.79
	American Funds 2060 T Date R6	Registered Investment Company		\$176,945.68
	American Funds 2065 T Date R6	Registered Investment Company		\$32,453.34
	American Funds Con G&I Pt R6	Registered Investment Company		\$72,301.79
	American Funds Gr Inc Pt R6	Registered Investment Company		\$335,491.00
	American Funds Mod G&I Pt R6	Registered Investment Company		\$291,884.25
	BlkRck Strat Inc Opps Pt K	Registered Investment Company		\$17,667.83
	Calvert Balanced Fund R6	Registered Investment Company		\$195,482.52
	Cohen&Steers Real Est S Fd Z	Registered Investment Company		\$39,266.57
	DFA Emerging Markets Pt Ins	Registered Investment Company		\$5,985.54
	DFA US Sustain Core 1 Port Ins	Registered Investment Company		\$13,848.40
	Dodge & Cox Intl Stock Fd X	Registered Investment Company		\$39,731.11
	Eaton Vance Inc Fd of Bstn R6	Registered Investment Company		\$5,182.20
	Fidelity Contrafund K6	Registered Investment Company		\$1,230,742.79



Attachment to 2024 Form 5500

Schedule H, line 4i - Schedule of Assets

(Held at End of Year)

SSTAR 403(B) PLAN

EIN#04-2604426

Plan# 001

	Fidelity Mid-Cap Stock Fund K	Registered Investment Company		\$620,528.73
	Hrtfrd Equity Income Fund R6	Registered Investment Company		\$299,480.14
	Hrtfrd MidCap Fund R6	Registered Investment Company		\$170,834.75
	MFS International Grw Fund R6	Registered Investment Company		\$388,442.59
	Nuance Mid Cap Value Fd Z	Registered Investment Company		\$41,230.34
	PIMCO Real Return Fund Ins	Registered Investment Company		\$27,146.01
	PIMCO Total Return Fund Ins	Registered Investment Company		\$320,780.08
	Undiscoverd Mngrs Bhv VI F R6	Registered Investment Company		\$56,711.26
	Vangrd 500 Index Fund Adm	Registered Investment Company		\$502,100.96
	Vangrd Mid-Cap Index Fund Adm	Registered Investment Company		\$139,992.63
	Vangrd Small-Cap Index Fnd Adm	Registered Investment Company		\$79,353.85
	Vanguard Csh Res Fed MM F Adm	Registered Investment Company		\$843,020.39
	Wasatch Core Growth Fd Inst	Registered Investment Company		\$109,236.20
	LOAN FUND	Participant Loans - Rates 5.85% to 9.50%		\$119,075.61
		TOTAL		\$9,697,753.62

* denotes party-in-interest

Column (d) is not required as the Plan investments are totally participant directed.