

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... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan, check here... D Check box if filing under: [X] Form 5558 [] automatic extension... E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here...

Part II Basic Plan Information—enter all requested information

1a Name of plan: STT, INC. EMPLOYEES 401(K) SAVINGS PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 03/01/1993
2a Plan sponsor's name (employer, if for a single-employer plan): STT, INC. DBA STT SECURITY SERVICES
2b Employer Identification Number (EIN): 38-2279497
2c Plan Sponsor's telephone number: 989-773-4563
2d Business code (see instructions): 561600

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

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

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

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	203
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	152
	6a(2)	145
	6b	76
	6c	0
	6d	221
	6e	0
	6f	221
	6g(1)	139
	6g(2)	167
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

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

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

a Pension Schedules	b General Schedules
(1) <input type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

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 STT, INC. EMPLOYEES 401(K) SAVINGS PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 STT, INC. DBA STT SECURITY SERVICES	D Employer Identification Number (EIN) 38-2279497	

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

KDP RETIREMENT PLAN SERVICES INC	3060 LAKE EASTBROOK BLVD GRAND RAPIDS, MI 49512
38-3478073	

(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)

EDWARD JONES

700 SOUTH SAGINAW RD
MIDLAND, MI 48640

(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?
51	FINANCIAL ADVISOR	7314	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)

KDP RETIREMENT PLAN SERVICES INC

3060 LAKE EASTBROOK BLVD
GRAND RAPIDS, MI 49512

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	TPA	2578	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)

CAPITAL RESEARCH AND MANAGEMENT CO

333 SOUTH HOPE ST
LOS ANGELES, CA 90071

(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?
64	RECORDKEEPER	672	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 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 STT, INC. EMPLOYEES 401(K) SAVINGS PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 STT, INC. DBA STT SECURITY SERVICES	D Employer Identification Number (EIN) 38-2279497

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1183	1443
(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)	10368	10459
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1161719	1314574
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

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	1173270	1326476
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	12105	27437
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	12105	27437
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	1161165	1299039

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)		
(B) Participants.....	2a(1)(B)	165395	
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		165395
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)	845	
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		845
(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)	60416	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		60416
(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)		86908
c Other income	2c		9144
d Total income. Add all income amounts in column (b) and enter total.....	2d		322708

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	174270	
(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)		174270
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	2578	
(3) Recordkeeping fees	2i(3)	672	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	7314	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		10564
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		184834

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		137874
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: **BLYSTONE AND BAILEY, CPAS, PC**

(2) EIN: **38-3026165**

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		125000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.

**STT, Inc. Employees 401(k) Savings Plan
Mt. Pleasant, Michigan**

Annual Financial Statements

and Auditors' Report

For the Years Ended December 31, 2024 and 2023



Blystone & Bailey

Certified Public Accountants

(989) 772 - 4673

Mt. Pleasant, MI | Midland, MI
Gaylord, MI | Canadian Lakes, MI
www.blystonebailey.com

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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator of
STT, Inc. Employees 401(k) Savings Plan

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

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

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023 and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 7 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

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

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

Other Matter – Supplemental Schedule Required by ERISA

The supplemental schedule of Assets Held for Investment Purposes as of December 31, 2024 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedule that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion—

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

Blystone & Bailey, CPAs, PC

Blystone & Bailey, CPAs, PC

Mt. Pleasant, Michigan

October 9, 2025

STT, Inc. Employees 401(k) Savings Plan
Mt. Pleasant, Michigan
Statements of Net Assets Available for Benefits
December 31, 2024, and 2023

	<u>2024</u>	<u>2023</u>
<u>ASSETS</u>		
Cash	\$1,443	\$1,183
Investments (at fair value)	1,314,574	1,161,719
Receivables:		
Notes receivable from participants	10,459	10,368
Total assets	1,326,476	1,173,270
<u>LIABILITIES</u>		
Excess contributions refundable	27,437	12,105
Net assets available for benefits	\$1,299,039	\$1,161,165

See auditors' report and notes to financial statements.

**STT, Inc. Employees 401(k) Savings Plan
Mt. Pleasant, Michigan
Statements of Changes in Net Assets Available for Benefits
For the Years Ended December 31, 2024 and 2023**

	<u>2024</u>	<u>2023</u>
<u>ADDITIONS</u>		
Additions to net assets attributed to:		
Investment income:		
Interest and dividends	\$60,416	\$29,318
Interest income on notes receivable from participants	845	327
Net appreciation (depreciation) in fair value of investments	86,908	123,414
Total investment income	148,169	153,059
Contributions:		
Participants	165,395	161,325
Total additions	313,564	314,384
<u>DEDUCTIONS</u>		
Deductions from net assets attributed to:		
Benefits paid to participants, beneficiaries, and direct rollovers to other plans	174,270	135,966
Administrative expenses	1,420	3,403
Total deductions	175,690	139,369
Change in net assets available for benefits	137,874	175,015
Net assets available for benefits at the beginning of year	1,161,165	986,150
Net assets available for benefits at the end of the year	\$1,299,039	\$1,161,165

See auditors' report and notes to financial statements.

STT, Inc. Employees 401(k) Savings Plan
Mt. Pleasant, Michigan
Notes to Financial Statements
For the Years Ended December 31, 2024 and 2023

NOTE 1 – DESCRIPTION OF PLAN

The following description of the STT, Inc. Employees 401(k) Savings Plan (Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

GENERAL

The Plan is a defined contribution plan covering all employees of STT, Inc. (Company) who are age twenty-one or older and have completed one year of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

CONTRIBUTIONS

Employee Contributions - Participants may elect to contribute up to the maximum of \$23,000 and \$22,500 of pretax annual compensation in 2024 and 2023, respectively, which is the permissible limit established by the Internal Revenue Code. Participants who will attain the age 50 by the end of the plan year are entitled to contribute an additional "catch-up contribution". The maximum catch-up contribution is \$7,500 for 2024 and 2023. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan. The Plan currently offers several different mutual funds as investment opportunities for participants.

Employer Match Contributions - STT, Inc. may choose to adjust the percent of employer match contributions at its discretion each plan year. The Company did not match employee contributions for the year ended December 31, 2024 and 2023.

PARTICIPANT ACCOUNTS

Each participant's account is credited with the participant's contribution and allocations of the plan earnings and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

VESTING

Participants are immediately vested in their contributions plus actual earnings thereon. Vesting in the Company's contribution portion of their accounts plus actual earnings thereon is based on years of service. A participant is 100% vested after six years of credited service.

NOTES RECEIVABLE FROM PARTICIPANTS

Participants may borrow from their vested accounts a minimum of \$1,000 up to a maximum of \$50,000 or 50% of their account balance, whichever is less. Loan terms cannot exceed 60 months except in the case of a primary residence purchase. The loans are secured by the balance in the participant's account and bear a fixed rate of interest for the life of the loan. The interest rate is based on the prime rate plus 1%. Loans are repaid by means of payroll deduction. A fee related to administering a loan under the Plan may be deducted from the participant's account.

The Company has elected to record credit loss expense using the direct write-off method. Generally accepted accounting principles require that the allowance for credit losses method be used to reflect credit loss expense. However, the effect of the use of the direct write-off method is not materially different from the results that would have been obtained had the allowance for credit losses method been followed.

STT, Inc. Employees 401(k) Savings Plan
Mt. Pleasant, Michigan
Notes to Financial Statements
For the Years Ended December 31, 2024 and 2023

NOTE 1 – DESCRIPTION OF PLAN (CONTINUED)

PAYMENT OF BENEFITS

Upon termination of service, participants with vested benefits in the Plan of less than \$5,000 will receive a single lump-sum payment. If the vested benefit exceeds \$5,000, participants must consent to any distribution and may elect to receive either a lump sum payment or a portion of their account balance. In addition, hardship distributions are permitted if certain criteria are met.

FORFEITED ACCOUNTS

As of December 31, 2024, and 2023, forfeited nonvested account balances totaled \$1,443 and \$1,183, respectively. These accounts are used to offset plan expenses and/ or reduce future employer contributions and is also utilized as a plan expense account in accordance with the revenue-sharing arrangement as described below. During the years ended December 31, 2024, and 2023, there were no forfeitures used to pay plan expenses.

REVENUE-SHARING ARRANGEMENT

The plan includes a revenue-sharing account arrangement in which a portion of the fees collected by service providers from investment options is allocated back to the plan. These revenue-sharing payments are used to offset plan expenses, including administrative and investment-related costs. Any excess funds remaining in the revenue-sharing account after covering plan expenses may be used for the benefit of plan participants, such as fee reductions or enhancements to the plan. During the years ended December 31, 2024, and 2023, revenue-share payments used to pay plan expenses were \$9,144 and \$7,613, respectively, and are netted with administrative expenses on the Statements of Changes in Net Assets Available for Benefits.

HARDSHIP WITHDRAWALS

Participants may take a hardship withdrawal for any of the following reasons:

1. To pay for medical care of the participant, his or her spouse, children, or other dependents,
2. To purchase (excluding mortgage payments) the principal residence for the participant,
3. To pay tuition and related educational expenses for the next twelve (12) months of post-secondary education for the participant, his or her spouse, children, or other dependents, or
4. To prevent eviction from, or foreclosure on the mortgage of, the participant's principal residence.

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

BASIS OF ACCOUNTING

The financial statements of the Plan are prepared under the accrual method of accounting.

ADMINISTRATIVE EXPENSES

The Company pays a portion of the expenses of the Plan administration including the audit fee.

NOTES RECEIVABLE FROM PARTICIPANTS

Loans to participants are reported at their unpaid principal balances plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based on the terms of the Plan document.

STT, Inc. Employees 401(k) Savings Plan
Mt. Pleasant, Michigan
Notes to Financial Statements
For the Years Ended December 31, 2024 and 2023

NOTE 2 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

EXCESS CONTRIBUTIONS REFUNDABLE

Amounts payable to participants for contributions in excess of amounts allowed by the IRS are recorded as a liability with a corresponding reduction to contributions. Excess contributions payable to participants totaled \$27,437 and \$12,105 for the years ended December 31, 2024 and 2023, respectively. The Plan is required to distribute the excess contributions to the participants by March 15th of the following year or follow additional corrective measures to maintain the Plan's tax-exempt qualification.

ESTIMATES

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

INVESTMENT VALUATION AND INCOME RECOGNITION

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

RECLASSIFICATIONS

Certain reclassifications have been made to the prior year financial statements to conform to the classifications used in the current year. Net assets available for benefits at the end of the year was unchanged due to the reclassifications.

DATE OF MANAGEMENT'S REVIEW

Subsequent events were evaluated through October 9, 2025, which is the date the financial statements were available to be issued. During August 2025, the Company changed the trustee for the plan from Capital Bank and Trust Company to Manulife John Hancock Retirement. Management has evaluated the impact of this amendment and concluded that no adjustments to the financial statements as of December 31, 2024, are necessary.

NOTE 3 – FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount 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.

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority. Level 2 inputs consist of observable inputs other than quoted prices for identical assets (Level 1). Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 2 inputs are used for investments for which Level 1 inputs were not available. Level 3 inputs would only be used if Level 1 or Level 2 inputs were not available. As of December 31, 2024 and 2023, the Plan had no assets which were required to be measured using Level 2 or Level 3 inputs.

**STT, Inc. Employees 401(k) Savings Plan
Mt. Pleasant, Michigan
Notes to Financial Statements
For the Years Ended December 31, 2024 and 2023**

NOTE 3 – FAIR VALUE MEASUREMENTS (CONTINUED)

Level 1 Fair Value Measurements

The fair value of mutual funds is based on quoted net asset values of the shares held by the Plan at year-end.

	Fair Value Measurements at the End of the Reporting Period Using:	
	Quoted Prices in Active Markets For Identical Assets (Level 1)	
	Fair Value	
<u>December 31, 2024</u>		
Money Market	\$ 1,443	\$ 1,443
Mutual Funds	1,314,574	1,314,574
Total	\$ 1,316,017	\$ 1,316,017

	Fair Value Measurements at the End of the Reporting Period Using:	
	Quoted Prices in Active Markets For Identical Assets (Level 1)	
	Fair Value	
<u>December 31, 2023</u>		
Money Market	\$ 1,183	\$ 1,183
Mutual Funds	1,161,719	1,161,719
Total	\$ 1,162,902	\$ 1,162,902

NOTE 4 – PARTY-IN-INTEREST TRANSACTIONS

Certain plan investments are shares of mutual funds managed by Capital Research and Management, a Capital Group Company. Capital Bank and Trust, also a Capital Group Company, is the investment trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest. Fees paid by the Plan for the investment management services amounted to \$672 and \$1,340 for the years ended December 31, 2024, and 2023, respectively.

KDP Retirement Plan Services is the third-party administrator for the Plan and therefore, these transactions qualify as party-in-interest. Fees paid by the Plan for recordkeeping services amounted to \$2,578 and \$3,588 for the years ended December 31, 2024 and 2023, respectively.

Edward Jones also provided investment advisory services for the Plan. Amounts paid by the Plan for these services amounted to \$7,314 and \$6,088 for the years ended December 31, 2024, and 2023, respectively.

**STT, Inc. Employees 401(k) Savings Plan
Mt. Pleasant, Michigan
Notes to Financial Statements
For the Years Ended December 31, 2024 and 2023**

NOTE 5 – PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts. Any unallocated assets of the Plan shall be allocated to participant accounts and distributed in such a manner as the Company may determine.

NOTE 6 – TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated March 31, 2008, that the Plan and related trust is designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements. The Plan is subject to routine audits by tax authorities; however, there are currently no audits for any tax periods in progress. Generally, the Plan's tax filings remain open for three years for Federal income tax examination.

NOTE 7 – INVESTMENT INFORMATION CERTIFIED BY THE PLAN TRUSTEE

The Plan administrator elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan administrator limited auditing procedures with respect to the investment information certified by the Trustee, which included total investments as of December 31, 2024 and 2023, the total investment income for the year ended December 31, 2024, and all information included in the supplemental schedule H, line 4i – schedule of assets (held at end of year). The information certified includes total investments of \$1,314,574 and \$1,161,719 at December 31, 2024 and 2023, respectively.

The Plan's independent accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements, supplemental schedules, and Note 3.

NOTE 8 – RECONCILIATION OF FINANCIAL STATEMENTS TO SCHEDULE H OF FORM 5500:

The following is a reconciliation of income per the financial statements as of December 31, 2024, and 2023, to Schedule H of Form 5500:

	<u>2024</u>	<u>2023</u>
Total income Per Form 5500 – Schedule H Part II 2d	\$322,708	\$321,997
Recaptured advisor fees covered by Plan sponsor included on		
Form 5500 Other income and Advisor fees	(9,144)	(7,613)
Form 5500 Net investment gain (loss)	<u>0</u>	<u>0</u>
Total Additions per Financial Statements	313,564	314,384
Total expenses Per Form 5500 – Schedule H Part II 2j	184,834	146,982
Recaptured advisor fees covered by Plan sponsor included on		
Form 5500 Administrative expenses	<u>(9,144)</u>	<u>(7,613)</u>
Total Deductions per Financial Statements	175,690	139,369
Net increase (decrease) in net assets per financial statements		
And Net income/reconciliation per Form 5500	<u>\$137,874</u>	<u>\$175,015</u>

STT, Inc. Employees 401(k) Savings Plan
Mt. Pleasant, Michigan
Notes to Financial Statements
For the Years Ended December 31, 2024 and 2023

NOTE 9 – RISKS AND UNCERTAINTIES

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

NOTE 10 – SECURE ACT 2.0

On December 29, 2022, the SECURE Act 2.0 was signed into law, introducing a wide range of changes to retirement plan rules. The Act includes both mandatory and optional provisions with effective dates spanning from 2023 through 2033. The Plan already has in effect certain provisions, including offering auto enrollment, and providing options for catch-up contributions, emergency withdrawals, and loans, and is operating in accordance with current regulatory guidance. The Plan will be amended to formally incorporate applicable provisions by the deadline prescribed under the Act, which is December 31, 2026.

SUPPLEMENTARY INFORMATION

STT, Inc. Employees 401(k) Savings Plan
Mt. Pleasant, Michigan
Plan Number: 001
EIN #38-2279497
Schedule of Assets Held for Investment Purposes
Schedule H - Part IV, Line 4i
December 31, 2024

(a)	(b)	(c)	(e)
<u>Identity of Issue</u>	<u>Description of Investment</u>	<u>Current Value</u>	
* American Funds Washington Mutual Investors Fund	Mutual Fund	\$ 15,137	
* American Funds AMCAP Fund	Mutual Fund	38,592	
* American Funds Investment Company of America	Mutual Fund	25,020	
* American Funds Growth Fund of America	Mutual Fund	81,446	
* American Funds Income Fund of America	Mutual Fund	13,551	
* American Funds Bond Fund of America	Mutual Fund	23,590	
* American Funds Fundamental Investors	Mutual Fund	56,839	
* American Funds American Balanced Fund	Mutual Fund	58,876	
* American Funds Capital Income Builder	Mutual Fund	13,691	
* American Funds The New Economy Fund	Mutual Fund	46,441	
* American Funds Europacific Growth Fund	Mutual Fund	12,594	
* American Funds American High-Income Trust	Mutual Fund	19,961	
* American Funds Small Cap World Fund	Mutual Fund	25,085	
* American Funds New World Fund	Mutual Fund	18,866	
* American Funds 2010 Target Date Retirement Fund	Mutual Fund	9,390	
* American Funds 2015 Target Date Retirement Fund	Mutual Fund	1,427	
* American Funds 2020 Target Date Retirement Fund	Mutual Fund	20,643	
* American Funds 2025 Target Date Retirement Fund	Mutual Fund	360,024	
* American Funds 2030 Target Date Retirement Fund	Mutual Fund	79,726	
* American Funds 2035 Target Date Retirement Fund	Mutual Fund	97,813	
* American Funds 2040 Target Date Retirement Fund	Mutual Fund	39,717	
* American Funds 2045 Target Date Retirement Fund	Mutual Fund	31,684	
* American Funds 2050 Target Date Retirement Fund	Mutual Fund	76,930	
* American Funds 2055 Target Date Retirement Fund	Mutual Fund	64,364	
* American Funds 2060 Target Date Retirement Fund	Mutual Fund	44,364	
* American Funds 2065 Target Date Retirement Fund	Mutual Fund	38,803	
		1,314,574	
Participant loans	4.25% - 9.50%	10,459	
* Forfeitures	Money Market	1,443	
Total Assets Held for Investment Purposes		\$ 1,326,476	

(Column "(d) Cost" has been omitted. Plan transactions are participant directed).

(a) An asterisk in this column identifies an entity known to be party-in-interest

See auditors' report and notes to financial statements.

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... [x] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan... D Check box if filing under: [x] Form 5558 [] automatic extension... E If this is a retroactively adopted plan...

Part II Basic Plan Information—enter all requested information

1a Name of plan: STT, Inc. Employees 401(k) Savings Plan
1b Three-digit plan number (PN): 001
1c Effective date of plan: 03/01/1993
2a Plan sponsor's name (employer, if for a single-employer plan): STT, Inc. DBA STT Security Services
2b Employer Identification Number (EIN): 38-2279497
2c Plan Sponsor's telephone number: 989-773-4563
2d Business code (see instructions): 561600

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, Date, and Name. Row 1: Denise L. Robertson, 09/30/2025, DENISE ROBERTSON. Row 2: Signature of employer/plan sponsor, Date, Enter name of individual signing as employer or plan sponsor. Row 3: Signature of DFE, Date, Enter name of individual signing as DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	203
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	152
	6a(2)	145
	6b	76
	6c	0
	6d	221
	6e	0
	6f	221
	6g(1)	139
6g(2)	167	
6h	0	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	

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

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code _____

STT, Inc. Employees 401(k) Savings Plan
Mt. Pleasant, Michigan
Plan Number: 001
EIN #38-2279497
Schedule of Assets Held for Investment Purposes
Schedule H - Part IV, Line 4i
December 31, 2024

(a)	(b)	(c)	(e)
<u>Identity of Issue</u>	<u>Description of Investment</u>	<u>Current Value</u>	
* American Funds Washington Mutual Investors Fund	Mutual Fund	\$ 15,137	
* American Funds AMCAP Fund	Mutual Fund	38,592	
* American Funds Investment Company of America	Mutual Fund	25,020	
* American Funds Growth Fund of America	Mutual Fund	81,446	
* American Funds Income Fund of America	Mutual Fund	13,551	
* American Funds Bond Fund of America	Mutual Fund	23,590	
* American Funds Fundamental Investors	Mutual Fund	56,839	
* American Funds American Balanced Fund	Mutual Fund	58,876	
* American Funds Capital Income Builder	Mutual Fund	13,691	
* American Funds The New Economy Fund	Mutual Fund	46,441	
* American Funds Europacific Growth Fund	Mutual Fund	12,594	
* American Funds American High-Income Trust	Mutual Fund	19,961	
* American Funds Small Cap World Fund	Mutual Fund	25,085	
* American Funds New World Fund	Mutual Fund	18,866	
* American Funds 2010 Target Date Retirement Fund	Mutual Fund	9,390	
* American Funds 2015 Target Date Retirement Fund	Mutual Fund	1,427	
* American Funds 2020 Target Date Retirement Fund	Mutual Fund	20,643	
* American Funds 2025 Target Date Retirement Fund	Mutual Fund	360,024	
* American Funds 2030 Target Date Retirement Fund	Mutual Fund	79,726	
* American Funds 2035 Target Date Retirement Fund	Mutual Fund	97,813	
* American Funds 2040 Target Date Retirement Fund	Mutual Fund	39,717	
* American Funds 2045 Target Date Retirement Fund	Mutual Fund	31,684	
* American Funds 2050 Target Date Retirement Fund	Mutual Fund	76,930	
* American Funds 2055 Target Date Retirement Fund	Mutual Fund	64,364	
* American Funds 2060 Target Date Retirement Fund	Mutual Fund	44,364	
* American Funds 2065 Target Date Retirement Fund	Mutual Fund	38,803	
		1,314,574	
Participant loans	4.25% - 9.50%	10,459	
* Forfeitures	Money Market	1,443	
Total Assets Held for Investment Purposes		\$ 1,326,476	

(Column "(d) Cost" has been omitted. Plan transactions are participant directed).

(a) An asterisk in this column identifies an entity known to be party-in-interest

See auditors' report and notes to financial statements.