Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2017

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2017 or fiscal plan year beginning 05/01/2017 and ending 04/30/2018

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [X]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
PENSION PLAN FOR HOLLISTER-WHITNEY ELEVATOR CORPORATION UNION EMPLOYEES

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 05/01/1995

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)

HOLLISTER-WHITNEY ELEVATOR CO. LLC

2603 N. 24TH STREET
QUINCY, IL 62305-1215

2b Employer Identification Number (EIN)
82-1718739

2c Plan Sponsor's telephone number
718-292-9000

2d Business code (see instructions)
332900

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.

SIGN HERE	Filed with authorized/valid electronic signature.	02/15/2019	ANGELO MESSINA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] 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 HOLLISTER-WHITNEY ELEVATOR CORPORATION

c Plan Name PENSION PLAN FOR HOLLISTER-WHITNEY ELEVATOR CORPORATION UNION EMPLOYEES

4b EIN 37-0796465

4d PN 002

5 Total number of participants at the beginning of the plan year	**5**	303
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)**	213
a(2) Total number of active participants at the end of the plan year	**6a(2)**	203
b Retired or separated participants receiving benefits	**6b**	45
c Other retired or separated participants entitled to future benefits	**6c**	53
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	301
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	10
f Total. Add lines **6d** and **6e**.	**6f**	311
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	20
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:

1B 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)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [ ] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [ ] Trust
- **(4)** [ ] 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)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] 1 **A** (Insurance Information)
- **(4)** [X] **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 2017 Form M-1 annual report. If the plan was not required to file the 2017 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

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 05/01/2017 and ending 04/30/2018

A Name of plan
PENSION PLAN FOR HOLLISTER-WHITNEY ELEVATOR CORPORATION UNION EMPLOYEES

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
HOLLISTER-WHITNEY ELEVATOR CO. LLC

D Employer Identification Number (EIN)
82-1718739

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
MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY

(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
04-1590850	65935	IG1 10818	311	05/01/2017	04/30/2018

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

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	6022451
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

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

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP ANNUITY

b	Balance at the end of the previous year			7b	6064512
c	Additions: (1) Contributions deposited during the year	7c(1)	0		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	190750		
	(4) Transferred from separate account	7c(4)	0		
	(5) Other (specify below)	7c(5)	0		
	▶				
	(6) Total additions			7c(6)	190750
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	6255262
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	219912		
	(2) Administration charge made by carrier	7e(2)	12899		
	(3) Transferred to separate account	7e(3)	0		
	(4) Other (specify below)	7e(4)	0		
	▶				
	(5) Total deductions			7e(5)	232811
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	6022451

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)**	0
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)**	0
(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)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ 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 SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 05/01/2017 and ending 04/30/2018

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

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

A Name of plan
PENSION PLAN FOR HOLLISTER-WHITNEY ELEVATOR CORPORATION UNION EMPLOYEES

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
HOLLISTER-WHITNEY ELEVATOR CO. LLC

D Employer Identification Number (EIN)
82-1718739

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 05 Day 01 Year 2017

2 Assets:

a Market value	**2a**	6420256
b Actuarial value	**2b**	6420256

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	43	2236059	2236059
b For terminated vested participants	47	497392	497392
c For active participants	229	4087361	4289911
d Total	319	6820812	7023362

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	6.04 %
6 Target normal cost	**6**	321895

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

02/07/2019
Date

LAWRENCE J. ZELLER
Type or print name of actuary

17-03613
Most recent enrollment number

PREFERRED PENSION PLANNING CORP.
Firm name

908-575-7575
Telephone number (including area code)

991 ROUTE 22 WEST
BRIDGEWATER, NJ 08807
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	1128948	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	284537	0
9	Amount remaining (line 7 minus line 8)	844411	0
10	Interest on line 9 using prior year's actual return of 3.49 %	29470	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.23%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	72315	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	801566	0

Part III Funding Percentages

14	Funding target attainment percentage	14	80.00%
15	Adjusted funding target attainment percentage	15	80.00%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	100.12%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
09/11/2018	553000	0			
			Totals ► 18(b)	553000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	510573

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.16%	5.72%	6.48%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	65

23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	**31a**	321895
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	1404672	230664
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	552559

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	552559	0	552559

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	510573
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	510573
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	510573
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment	**42**	
43 Excess installment acceleration amount to be carried over to future plan years	**43**	

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2017** **This Form is Open to Public Inspection.**

For calendar plan year 2017 or fiscal plan year beginning 05/01/2017 and ending 04/30/2018

A Name of plan
PENSION PLAN FOR HOLLISTER-WHITNEY ELEVATOR CORPORATION UNION EMPLOYEES

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
HOLLISTER-WHITNEY ELEVATOR CO. LLC

D Employer Identification Number (EIN)
82-1718739

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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)

MASSACHUSETTS MUTUAL LIFE INSURANCE

1295 STATE STREET
SPRINGFIELD, MA 01111

04-1590850

(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	NONE	7740	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

(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 [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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 [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

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)

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 05/01/2017 and ending 04/30/2018

A Name of plan
PENSION PLAN FOR HOLLISTER-WHITNEY ELEVATOR CORPORATION UNION EMPLOYEES

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
HOLLISTER-WHITNEY ELEVATOR CO. LLC

D Employer Identification Number (EIN)
82-1718739

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.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	553000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	0	0
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)		
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	6420256	6128808
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(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	6420256	6681808
	Liabilities			
g	Benefit claims payable	1g	0	0
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	0	0
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	6420256	6681808

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)	553000	
	(B) Participants	2a(1)(B)		
	(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)		553000
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)		
	(F) Other	2b(1)(F)	190750	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		190750
	(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)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(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)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	-249387	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-249387

		(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)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		494363
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	219912	
(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)		219912
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: **(1)** Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	12899	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		12899
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		232811
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		261552
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) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

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

(1) Name: ROGOFF & COMPANY PC **(2)** EIN: 13-2688836

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, 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.

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.)	4a		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.)	4b		X	

			Yes	No	Amount
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.)	4c		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.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	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?	4f		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?	4g		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?	4h		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.)	4i	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.)	4j		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?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
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.	4n			

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 If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4114720. (See instructions.)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.**

OMB No. 1210-0110

2017

This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 05/01/2017 and ending 04/30/2018

A Name of plan
PENSION PLAN FOR HOLLISTER-WHITNEY ELEVATOR CORPORATION UNION EMPLOYEES

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
HOLLISTER-WHITNEY ELEVATOR CO. LLC

D Employer Identification Number (EIN)
82-1718739

Part I Distributions

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

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

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

EIN(s): 04-1590850

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** 0

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 contributed more than 5% of total contributions to the plan during the plan year (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): _____

---

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 participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**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) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Pension Plan for Hollister-Whitney Elevator

Corporation Union Employees

Financial Statements

April 30, 2018 and 2017

Pension Plan for Hollister-Whitney Elevator Corporation Union Employees

Financial Statements

April 30, 2018 and 2017

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Joseph Warren & Co.
a division of
ROGOFF & COMPANY PC
CERTIFIED PUBLIC ACCOUNTANTS

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New York, NY 10017-6603
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Independent Auditor's Report

To the Trustees of the Pension Plan for Hollister-Whitney
Elevator Corporation Union Employees

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Pension Plan for Hollister-Whitney Elevator Corporation Union Employees (the "Plan"), which comprise the statements of net assets available for benefits as at April 30, 2018 and 2017, and the related statement of changes in net assets available for benefits for the year then ended April 30, 2018, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the U.S. Department of Labor's ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 13, which was certified by Massachusetts Mutual Life Insurance Company ("Mass Mutual"), except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that Mass Mutual holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from Mass Mutual as of April 30, 2018 and 2017 and for the year ended April 30, 2018, that the information provided to the Plan administrator by Mass Mutual is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Report on Supplemental Information

The supplemental schedule of assets (held at end of year) and schedule of nonexempt transactions as of April 30, 2018, which is the responsibility of Plan management, are presented for the purpose of additional analysis and are not a required part of the financial statements, but are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, it is inappropriate to, and we do not, express an opinion on these supplemental schedules.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by Mass Mutual, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Joseph Warren & Co
a division of Rogoff & Company PC

Joseph Warren & Co.
a division of Rogoff & Company, PC
Certified Public Accountants
New York, NY
February 14, 2019

Pension Plan for Hollister-Whitney Elevator Corporation Union Employees
Statements of Net Assets Available for Benefits

	As at April 30,	
Assets	2018	2017
Investments, at fair value	$ 6,128,808	$ 6,420,256
Total investments	6,128,808	6,420,256
Receivables		
Employer's contribution	553,000	-
Total receivables	553,000	-
Total assets	6,681,808	6,420,256
Net Assets Available for Benefits	$ 6,681,808	$ 6,420,256

The accompanying notes are an integral part of these financial statements

Pension Plan for Hollister-Whitney Elevator Corporation Union Employees
Statement of Changes in Net Assets Available for Benefits

	Year Ended April 30, 2018
Investment income:	
Net depreciation in fair value of investments	$ (249,387)
Interest income	190,750
Total investment income	(58,637)
Employer contributions	553,000
Total additions	494,363
Benefits paid directly to participants	219,912
Administrative expenses	12,899
Total deductions	232,811
Net increase	261,552
Net Assets Available for Benefits - Beginning of Year	6,420,256
Net Assets Available for Benefits - End of Year	$ 6,681,808

The accompanying notes are an integral part of these financial statements

Note 1. Description of the Plan

The following description of the Pension Plan for Hollister-Whitney Elevator Corporation Union Employees (the "Plan") provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General - The Plan is a defined benefit pension plan providing retirement, disability and death benefits to all eligible employees of Hollister-Whitney Elevator Corporation (the "Company") in a collective bargaining agreement between the Company and the International Association of Machinists and Aerospace Workers (the "Union"). The entry date for eligible participants shall be the first day of the first and seventh month of the Plan year. The agreement is in effect until December 2, 2021. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA") as amended. The effective date of the Plan is May 1, 1995.

Funding Policy – The Plan's funding policy is for the Company to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. There was no minimum funding requirement under ERISA for the Plan's year ended April 30, 2018, however the Company did make a contribution of $553,000 for that Plan year.

Pension Benefits - Plan participants are eligible for their plan benefit after terminating employment with vested rights. Participants become vested in the Plan upon completion of five years of Vesting Service; a year of Vesting Service is credited in any calendar year in which the participant has 1,000 hours of service. Vested participants are eligible to receive benefit payments from the Plan upon attainment of normal retirement age (65) or the fifth anniversary of Plan participation, if later. Alternatively benefit payments may be received upon attainment of early retirement age (55) and 1,200 hours of credited service.

Eligible employees who terminate employment before vesting but with 500 hours of service or less per year, and are re-employed, the pre-break hours will be forfeited if the break in service exceeds five years or the number of pre-break years of vesting service.

Participants have the option of receiving their vested benefits in the form of a life annuity or joint and 50% survivor annuity. Other benefit payment options include: a joint and 100% survivor annuity, partial cash option which provides for a partial lump sum payment, 50% joint and survivor annuity with pop up or a social security adjustment annuity

For employees who participated in the previous union sponsored plan prior to April 1, 1994, the calculation of the monthly normal pension benefit is as follows:

a) $ 44.86 multiplied by his Credit Service earned prior to May 1,1998;
b) $ 45.50 multiplied by his Credit Service earned from May 1, 1998 through April 30, 2000;
c) $ 46.00 multiplied by his Credit Service earned from May 1, 2000 through April 30, 2002;
d) $ 46.50 multiplied by his Credit Service earned from May 1, 2002 through April 30, 2003;
e) $ 47.50 multiplied by his Credit Service earned from May 1, 2003 through April 30, 2012;
f) $ 48.00 multiplied by his Credit Service earned from May 1, 2012 through April 30, 2017;
g) $ 48.50 multiplied by his Credit Service earned from May 1, 2017 through April 30, 2018;
h) $ 49.00 multiplied by his Credit Service earned from May 1, 2018 through April 30, 2019;
i) $ 49.50 multiplied by his Credit Service earned from May 1, 2019 through April 30, 2020;
j) $ 50.00 multiplied by his Credit Service earned from May 1, 2020 through April 30, 2021; and
k) $ 50.50 multiplied by his Credit Service earned after April 30, 2021.

Note 1. Description of the Plan (continued)

For employees who became participants in the pension plan (or if the employee was not a participant in such plan, the employee becomes eligible to participate in the Plan), on or after April 1, 1994, the calculation of the monthly normal pension benefit is as follows:

1) $ 17.00 multiplied by his Credit Service earned prior to May 1, 1998;
2) $ 17.50 multiplied by his Credit Service earned from May 1, 1998 through April 30, 1999;
3) $ 18.00 multiplied by his Credit Service earned from May 1, 1999 through April 30, 2000;
4) $ 18.50 multiplied by his Credit Service earned from May 1, 2000 through April 30, 2001;
5) $ 19.00 multiplied by his Credit Service earned from May 1, 2001 through April 30, 2002;
6) $ 19.50 multiplied by his Credit Service earned from May 1, 2002 through April 30, 2003;
7) $ 20.50 multiplied by his Credit Service earned from May 1, 2003 through April 30, 2004;
8) $ 22.00 multiplied by his Credit Service earned from May 1, 2004 through April 30, 2005;
9) $ 24.00 multiplied by his Credit Service earned from May 1, 2005 through April 30, 2007;
10) $ 24.50 multiplied by his Credit Service earned from May 1, 2007 through April 30, 2008;
11) $ 25.00 multiplied by his Credit Service earned from May 1, 2008 through April 30, 2009;
12) $ 25.50 multiplied by his Credit Service earned from May 1, 2009 through April 30, 2010;
13) $ 26.00 multiplied by his Credit Service earned from May 1, 2010 through April 30, 2011;
14) $ 26.50 multiplied by his Credit Service earned from May 1, 2011 through April 30, 2012;
15) $ 27.00 multiplied by his Credit Service earned from May 1, 2012 through April 30, 2013;
16) $ 27.50 multiplied by his Credit Service earned from May 1, 2013 through April 30, 2014;
17) $ 28.00 multiplied by his Credit Service earned from May 1, 2014 through April 30, 2015;
18) $ 28.50 multiplied by his Credit Service earned from May 1, 2015 through April 30, 2016;
19) $ 29.00 multiplied by his Credit Service earned from May 1, 2016 through April 30, 2017;
20) $ 29.50 multiplied by his Credit Service earned from May 1, 2017 through April 30, 2018;
21) $ 30.00 multiplied by his Credit Service earned from May 1, 2018 through April 30, 2019;
22) $ 30.50 multiplied by his Credit Service earned from May 1, 2019 through April 30, 2020;
23) $ 31.00 multiplied by his Credit Service earned from May 1, 2020 through April 30, 2021; and
24) $ 31.50 multiplied by his Credit Service earned after April 30, 2021.

Early Retirement Benefit - A participant who has attained age 55, has completed five years of participation, is credited with 1,200 hours of service actually worked and is not eligible for or does not elect to receive disability benefits shall be entitled to elect an early retirement benefit. The early retirement benefit shall be equal to his accrued benefit payable at normal retirement reduced by 4/10 percent for each full calendar month by which his annuity starting date preceded his normal retirement date.

Disability Benefit - Upon retirement due to total and permanent disability, a benefit shall be payable reduced in the same manner as an early retirement benefit and shall be increased by ten percent.

Death Benefits - If a married participant dies prior to commencement of benefits, the participant's surviving spouse is entitled to a pre-retirement survivor annuity at 50% of the participant's accrued benefit. Upon the death of an unmarried participant who had completed five years of Credited Service, a death benefit will be paid to the participant's beneficiary. The death benefit for deceased participants who had not commenced receiving benefits equals $100 multiplied by the years of Credited Service not to exceed $3,000; for those having commenced receiving benefits, the beneficiary will receive the benefit under the form of benefits chosen by the participant.

Note 1. Description of the Plan (continued)

Contributions - The Company contributes to the Plan based an actuarial valuation performed by the Plan's actuary. Due to the Plan's outstanding credit balance which is available to satisfy the minimum required contribution, there was no contribution necessary for the Plan year ended April 30, 2018 as determined by the Plan's actuary. However, the Company did make a contribution of $553,000 for that Plan year.

Note 2. Summary of Significant Accounting Policies

The following are the significant accounting policies followed by the Plan:

Basis of Accounting - The accompanying financial statements are prepared on the accrual basis of accounting.

Use of Estimates – The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statement, and changes therein. Actual results could differ from those estimates.

Investment Valuation and Income Recognition – Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's board of trustees determines the Plan's valuation policies utilizing information provided by its investment advisers, custodians, and insurance company. See Note 8 for discussion of fair value measurements.

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

Employer Contributions Receivable - Employer contributions due but not paid at year end are recorded as contributions receivable. Allowance for uncollectible accounts is considered unnecessary and is not provided.

Administrative Expenses – The Plan's expenses are paid either by the Plan of the Company as provided by the Plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits.

Payment of Benefits – Benefit payments to participants are recorded upon distribution.

Subsequent events – The Plan has evaluated subsequent events through February 14, 2019, the date the financial statements were available to be issued.

Note 3. Plan Termination

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

(a) Vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a US government agency) up to the applicable limitations.

(b) All other vested benefits (not insured by the PBGC)

(c) All non-vested benefits.

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

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

Note 4. Adjusted Funding Target Attainment Percentage ("AFTAP")

The Pension Protection Act (the "Act") included many provisions and numerous revisions to rules surrounding defined benefit plans, including rules that govern plan funding. The Act established minimum funding standards for defined benefit plans and limited benefit increases and accruals for underfunded plans. Pursuant to the Act, each year the actuaries are required to certify to the Plan's funded percentage. The Plan received such certifications for the April 30, 2018 and 2017 plan years for the AFTAP, which is one way of measuring the funded status of a plan using actuarial assumptions mandated by the IRS, and the actuary determined that the April 30, 2018 and 2017 AFTAP for the Plan is 80.98% and 91.41%, respectively.

Note 5. Tax Status

The Plan obtained its latest determination letter on March 27, 2012, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

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

Note 6. Transactions with Parties-In-Interest

Investments include a Group Annuity Contract with Mass Mutual; therefore, transactions related to this investment qualify as party-in-interest transactions. Fees paid by the Plan were $12,899 for the year ended April 30, 2018.

Certain fees incurred by the Plan may be paid directly by the Plan Sponsor or by the Plan including accounting, legal and investment management. Internal fees charged by Mass Mutual are deducted directly from investment assets.

The plan administrator believes all party-in-interest transactions qualify for either statutory or administrative exemption from prohibited transaction rules under ERISA.

Note 7. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service which participants have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are accumulated based on employees' hours of credited service.

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuations as of April 30, 2018 and 2017 are as follows:

a) Life expectancy of participants: Applicable Static Mortality Tables for Defined Benefit Pension Plans specified in Notice 2016-50 issued by the Internal Revenue Service

b) Retirement Age: each participant is assumed to retire at the Plan's normal retirement age (65).

c) Interest used to discount the obligation for April 30, 2018 was 5.00%

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

Note 7. Actuarial Present Value of Accumulated Plan Benefits (continued)

The present values of plan benefits, as determined by the actuary, are summarized as follows:

	April 30, 2018	April 30, 2017
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving benefits	$ 2,929,266	$ 2,395,970
Active participant vested benefits	4,808,715	4,956,557
Non-active participant vested benefits	816,744	644,637
	8,554,725	7,997,164
Non-vested benefits	287,443	245,890
Total actuarial present value of accumulated plan benefits	$ 8,842,168	$ 8,243,054

Changes in the actuarial present value of accumulated plan benefits during the year ended April 30, 2018 are as follows:

	Year Ended April 30, 2018
Actuarial present value of accumulated plan benefits at beginning of year	$ 8,243,054
Increase (decrease) during the year attributable to:	
Benefit accruals	418,782
Disbursements	(219,912)
Interest	409,811
Plan benefits	5,824
Change in Actuarial assumption	26,779
Actuarial gain/(loss)	(42,170)
Net increase	599,114
Actuarial present value of accumulated plan benefits at end of year	$ 8,842,168

Note 8. Fair Value Measurements

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

Level 1 Valuations based on unadjusted quoted prices available in active markets for identical investments.

Level 2 Valuations based on:

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

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

Level 3 Valuations based on inputs that are unobservable and significant to the overall 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. There have been no changes in the methodologies used at April 30, 2018 and 2017.

Group Annuity Contract with Mass Mutual: Valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer.

The preceding methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future 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.

Note 8. Fair Value Measurements (continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of April 30, 2018 and 2017:

	Fair Value Measurements at April 30, 2018			
	Total	Level 1	Level 2	Level 3
Mass Mutual - Group Annuity Contract	$ 6,128,808	$ -	$ -	$ 6,128,808
	$ 6,128,808	$ -	$ -	$ 6,128,808

	Fair Value Measurements at April 30, 2017			
	Total	Level 1	Level 2	Level 3
Mass Mutual - Group Annuity Contract	$ 6,420,256	$ -	$ -	$ 6,420,256
	$ 6,420,256	$ -	$ -	$ 6,420,256

The following table sets forth a summary of changes in the fair value of the Plan's level 3 assets for the year ended April 30, 2018:

	Level 3 Assets Year Ended April 30, 2018
Balance, beginning of year	$ 6,420,256
Purchases	-
Sales	(232,811)
Unrealized gains (losses) related to assets held at the reporting date	(249,387)
Interest	190,750
Balance, end of year	$ 6,128,808

Note 8. Fair Value Measurements (continued)

Valuation Processes Used in Level 3 Measurements

The plan administrator discusses and assesses fair value measurements with internally responsible personnel as well as with the insurance company, including the methodology used to develop and substantiate unobservable inputs used in Level 3 fair value measurements.

Changes in Fair Value Levels

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

There were no transfers into or out of level 1, 2 or 3 during the year ended April 30, 2018.

Quantitative Information about Significant Unobservable Inputs Used in Level 3 Fair Value Measurements

The following table represents the Plan's Level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments, and the significant unobservable inputs and the ranges of values for those inputs.

Instrument	Fair Value	Principal Valuation Technique	Unobservable Inputs	Range of Significant Input Values	Weighted Average
Guaranteed investment contract	$6,128,808	Discounted cash flow	Earnings at guaranteed credit rating	3.00% - 3.30%	3.20%

Note 9. Guaranteed Investment Contract with Insurance Company

The Plan entered into a guaranteed investment contract with Mass Mutual under which the Plan deposits 100% of the contributions made to the Plan. Mass Mutual maintains the contributions in an unallocated fund, which added interest at a guaranteed rate of 3.3% from May 1, 2017 to December 31, 2017 and 3.0% from January 1, 2018 to April 30, 2018. The guaranteed rate is subject to change semi-annually on January 1 and July 1.

Note 10. Risks and Uncertainties

Investments are exposed to various risks such as economic, interest rate, market, and sector risks. 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 the amounts reported in the Statements of Net Assets Available for Benefits.

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

Note 10. Risks and Uncertainties (continued)

Users of these financial statements should be aware that the financial markets' volatility may significantly impact the subsequent valuation of the Plan's investments. Accordingly, the valuation of investments at April 30, 2018 may not be indicative of amounts that could be realized in a current market exchange.

Note 11. Plan amendments

The Plan was amended effective May 1, 2017 to reflect changes to participants accrued benefit pursuant to the latest collective bargaining agreement between the Company and the Union. There were no other amendments during the period ended April 30, 2018 and 2017 which affected the actuarial present value of accumulated plan benefits.

Note 12. Information Prepared and Certified by Custodian

The following investment information was obtained from information provided to the plan administrator and certified as complete and accurate by Massachusetts Mutual Life Insurance Company, the trustee of the Plan.

	April 30,	
	2018	2017
Investment values certified by trustee	$6,128,808	$6,420,256

	Year ended April 30, 2018
Investment income certified by the trustee:	
Net appreciation in fair value of investments:	
Guaranteed investment contract	($249,387)
Interest income	$190,750

SUPPLEMENTAL INFORMATION

Pension Plan for Hollister-Whitney Elevator Corporation Union Employees
Schedule of Assets Held for Investment Purposes
April 30, 2018

PLAN SPONSOR EIN 37-0796465
PLAN # 002
Schedule H, Line 4

(a) Identity Party	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
* Mass Mutual	Mass Mutual	Guaranteed Interest Account	$ 6,022,451	$ 6,128,808

* Party-in-interest, as defined by ERISA.

See independent auditor's report.

PENSION PLAN FOR HOLLISTER-WHITNEY ELEVATOR CORPORATION UNION EMPLOYEES

Schedule of Active Participant Data
Plan Year: 5/1/2017 to 4/30/2018
Valuation Date: 5/1/2017

Svc/ Age	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	Total
<25	0	14	0	0	0	0	0	0	0	0	14
25-29	0	15	6	1	0	0	0	0	0	0	22
30-34	0	6	4	1	0	0	0	0	0	0	11
35-39	0	9	7	5	3	1	0	0	0	0	25
40-44	0	6	5	3	6	9	0	0	0	0	29
45-49	0	10	4	7	3	5	0	0	0	0	29
50-54	0	10	5	3	4	2	1	0	0	0	25
55-59	0	10	9	3	6	3	1	1	6	0	39
60-64	0	6	3	6	5	1	1	1	2	2	27
65-69	0	0	1	3	0	1	2	0	0	0	7
70+	0	0	0	0	1	0	0	0	0	0	1
Total	0	86	44	32	28	22	5	2	8	2	229

* Employees who have not met the minimum eligibility requirements are excluded

Average Age: 45.7 Average Service: 11

PENSION PLAN FOR HOLLISTER-WHITNEY ELEVATOR CORPORATION UNION EMPLOYEES

EMPLOYER IDENTIFICATION NUMBER 82-1718739; PLAN NUMBER 002

SCHEDULE SB, PART V - STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

A. **Election of Optional Forms of Benefit**: It was assumed all participants would elect a life annuity with five years certain upon retirement.

B. **Mortality Tables**: Mortality tables were applied on a static basis. Combined mortality tables were used.

C. **Expected Future Service:** It was assumed that each participant would accrue a full year of benefit service in each year through Normal Retirement Date.

D. **Severance of Employment:** It was assumed that all employees would remain employed until Normal Retirement Date.

E. **Retirement Date:** It was assumed that all employees would retire at their Normal Retirement Date or as of the valuation date if at, or past, their Normal Retirement Date.

F. **Normal Retirement Age:** The estimated average age at retirement is 65.

G. **Expenses:** There is no advance loading charge for expenses.

H. **Actuarial Value of Assets:** Assets were valued at current market value.

SCHEDULE SB (Form 5500)	Single-Employer Defined Benefit Plan Actuarial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	2017 This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 05/01/2017 and ending 04/30/2018

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

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

A Name of plan	B Three-digit plan number (PN) ▶
PENSION PLAN FOR HOLLISTER-WHITNEY ELEVATOR CORPORATION UNION EMPLOYEES	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF	**D** Employer Identification Number (EIN)
HOLLISTER-WHITNEY ELEVATOR CO. LLC	82-1718739

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [X] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 05 Day 01 Year 2017

2 Assets:

a Market value	2a	6,420,256
b Actuarial value	2b	6,420,256

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	43	2,236,059	2,236,059
b For terminated vested participants	47	497,392	497,392
c For active participants	229	4,087,361	4,289,911
d Total	319	6,820,812	7,023,362

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5 Effective interest rate	5	6.04%
6 Target normal cost	6	321,895

Statement by Enrolled Actuary

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

SIGN HERE	
Signature of actuary	02/07/2019 Date
LAWRENCE J. ZELLER Type or print name of actuary	1703613 Most recent enrollment number
PREFERRED PENSION PLANNING CORP. Firm name	908-575-7575 Telephone number (including area code)
991 ROUTE 22 WEST BRIDGEWATER NJ 08807 Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	1,128,948	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	284,537	0
9	Amount remaining (line 7 minus line 8)	844,411	0
10	Interest on line 9 using prior year's actual return of 3.49%	29,470	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.23%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	72,315	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	801,566	0

Part III Funding Percentages

14	Funding target attainment percentage	14	80.00%
15	Adjusted funding target attainment percentage	15	80.00%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	100.12%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
09/11/2018	553,000	0			
			Totals ▶ 18(b)	553,000	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	510,573

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
4.16 %	5.72 %	6.48%	

b Applicable month (enter code)	21b	0
22 Weighted average retirement age	22	65

23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.		☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.		☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.		☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):		
a Target normal cost (line 6)	31a	321,895
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	1,404,672	230,664
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	552,559

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	552,559	0	552,559

36 Additional cash requirement (line 34 minus line 35)	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	510,573
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	38a	510,573
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	510,573
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40 Unpaid minimum required contributions for all years	40	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment	42	
43 Excess installment acceleration amount to be carried over to future plan years	43	

PENSION PLAN FOR HOLLISTER-WHITNEY ELEVATOR CORPORATION UNION EMPLOYEES

EMPLOYER IDENTIFICATION NUMBER 82-1718739; PLAN NUMBER 002

SCHEDULE SB, LINE 22 – WEIGHTED AVERAGE RETIREMENT AGE

Each participant is assumed to retire at the Plan's Normal Retirement Age or as of the valuation date if at, or past, their Normal Retirement Date. The weighted average retirement age was calculated by summing the retirement ages of all participants and dividing by the number of participants.

PENSION PLAN FOR HOLLISTER-WHITNEY ELEVATOR CORPORATION UNION EMPLOYEES

EMPLOYER IDENTIFICATION NUMBER 82-1718739; PLAN NUMBER 002

SCHEDULE SB, PART V - SUMMARY OF PLAN PROVISIONS

1. **Eligibility**: Employees whose employment is governed by the terms of a collective bargaining agreement between the International Association of Machinists and Aerospace Workers and Hollister-Whitney Elevator Corporation are eligible on the May 1 or November 1 following the completion of one Year of Service.

2. **Normal Retirement Date**: First of the month following the attainment of age 65 or the fifth anniversary of Plan participation, if later.

3. **Credited Service**: Service is credited for all service following the employee's probationary period in accordance with the following table

Hours of Service Credited During the Plan Year	Months of Credited Service Earned
Less than 600	0
600	5
601 to 770	6
771 to 940	7
941 to 1,110	8
1,111 to 1,280	9
1,281 to 1,450	10
1,451 to 1,600	11
1,601 or more	12

4. **Normal Retirement Benefit**: For a Participant who was a participant prior to April 1, 1994 in the pension plan sponsored by the International Association of Machinists and Aerospace Workers, the sum of the following:

(i) $44.86 multiplied by his Credited Service earned prior to May 1, 1998;
(ii) $45.50 multiplied by his Credited Service earned from May 1, 1998 through April 30, 2000;
(iii) $46.00 multiplied, by his Credited Service earned from May 1, 2000 through April 30, 2002;
(iv) $46.50 multiplied by his Credited Service earned from May 1, 2002 through April 30, 2003;
(v) $47.50 multiplied by his Credited Service earned from May 1, 2003 through April 30, 2012;
(vi) $48.00 multiplied by his Credited Service earned from May 1, 2012 through April 30, 2017;
(vii) $48.50 multiplied by his Credited Service earned from May 1, 2017 through April 30, 2018;
(viii) $49.00 multiplied by his Credited Service earned from May 1, 2018 through April 30, 2019;
(ix) $49.50 multiplied by his Credited Service earned from May 1, 2019 through April 30, 2020;
(x) $50.00 multiplied by his Credited Service earned from May 1, 2020 through April 30, 2021 and
(xi) $50.50 multiplied by his Credited Service earned after April 30, 2021.

PENSION PLAN FOR HOLLISTER-WHITNEY ELEVATOR CORPORATION UNION EMPLOYEES

EMPLOYER IDENTIFICATION NUMBER 82-1718739; PLAN NUMBER 002

SCHEDULE SB, PART V - SUMMARY OF PLAN PROVISIONS

Normal Retirement Benefit *(continued)*:

For a Participant who became eligible to participate in the pension plan sponsored by the International Association of Machinists and Aerospace Workers on or after April 1, 1994, the sum of the following:

(i) $17.00 multiplied by his Credited Service earned prior to May 1, 1998
(ii) $17.50 multiplied by his Credited Service earned from May 1, 1998 through April 30, 1999;
(iii) $18.00 multiplied by his Credited Service earned from May 1, 1999 through April 30, 2000;
(iv) $18.50 multiplied by his Credited Service earned from May 1, 2000 through April 30, 2001;
(v) $19.00 multiplied by his Credited Service earned from May 1, 2001 through April 30, 2002;
(vi) $19.50 multiplied by his Credited Service earned from May 1, 2002 through April 30, 2003;
(vii) $20.50 multiplied by his Credited Service earned from May 1, 2003 through April 30, 2004;
(viii) $22.00 multiplied by his Credited Service earned from May 1, 2004 through April 30, 2005;
(ix) $24.00 multiplied by his Credited Service earned after May 1, 2005 through April 30, 2007;
(x) $24.50 multiplied by his Credited Service earned from May 1, 2007 through April 30, 2008;
(xi) $25.00 multiplied by his Credited Service earned from May 1, 2008 through April 30, 2009;
(xii) $25.50 multiplied by his Credited Service earned from May 1, 2009 through April 30, 2010;
(xiii) $26.00 multiplied by his Credited Service earned from May 1, 2010 through April 30, 2011;
(xiv) $26.50 multiplied by his Credited Service earned from May 1, 2011 through April 30, 2012;
(xv) $27.00 multiplied by his Credited Service earned from May 1, 2012 through April 30, 2013;
(xvi) $27.50 multiplied by his Credited Service earned from May 1, 2013 through April 30, 2014;
(xvii) $28.00 multiplied by his Credited Service earned from May 1, 2014 through April 30, 2015;
(xviii) $28.50 multiplied by his Credited Service earned from May 1, 2015 through April 30, 2016;
(xix) $29.00 multiplied by his Credited Service earned from May 1, 2016 through April 30, 2017.
(xx) $29.50 multiplied by his Credited Service earned from May 1, 2017 through April 30, 2018;
(xxi) $30.00 multiplied by his Credited Service earned from May 1, 2018 through April 30, 2019;
(xxii) $30.50 multiplied by his Credited Service earned from May 1, 2019 through April 30, 2020;
(xxiii) $31.00 multiplied by his Credited Service earned from May 1, 2020 through April 30, 2021 and
(xxiv) $31.50 multiplied by his Credited Service earned after April 30, 2021

5. **Accrued Benefit**: Same as Normal Retirement Benefit.

6. **Standard Form of Retirement Benefit**: Life Annuity with five years certain. If the Participant is married, the benefit must be converted to an actuarially equivalent Joint & Survivor Annuity, unless elected otherwise with spousal consent.

7. **Early Retirement Benefit**: A Participant who has attained age 55, has completed 5 Years of Participation, is credited with 1,200 Hours of Service and is not eligible for or does not elect to receive disability benefits shall be entitled to elect an early retirement benefit.

   The Early Retirement Benefit shall be equal to his Accrued Benefit payable at Normal Retirement reduced by 4/10 percent for each full calendar month by which his annuity starting date preceded Normal Retirement Date.

8. **Disability Benefit**: Upon retirement due to Total and Permanent Disability, a benefit shall be payable reduced in the same manner as an Early Retirement Benefit and shall be increased by ten percent.

PENSION PLAN FOR HOLLISTER-WHITNEY ELEVATOR CORPORATION UNION EMPLOYEES

EMPLOYER IDENTIFICATION NUMBER 82-1718739; PLAN NUMBER 002

SCHEDULE SB, PART V - SUMMARY OF PLAN PROVISIONS

9. **Death Benefits**: If a married participant dies prior to commencement of benefits, the participant's surviving spouse will receive a death benefit in the form of a Qualified Pre-Retirement Survivor Annuity (QPSA) payable at the time the participant would have reached his Early Retirement Date or Normal Retirement Date (unless the QPSA has been waived with spousal consent.) If an unmarried participant dies prior to commencement of benefits, no death benefit is payable.

10. **Vesting**: Vested in the accrued benefit based on years of service. 0% for less than 5 years, 100% for 5 or more years. A year of vesting service is credited for each Plan Year in which an employee completes at least 1,000 hours of service.

Pension Plan for Hollister-Whitney Elevator Corporation Union Employees
Schedule of Assets Held for Investment Purposes
April 30, 2018

PLAN SPONSOR EIN 37-0796465
PLAN # 002
Schedule H, Line 4

(a) Identity Party	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
* Mass Mutual	Mass Mutual	Guaranteed Interest Account	$ 6,022,451	$ 6,128,808

* Party-in-interest, as defined by ERISA.

See independent auditor's report.

PENSION PLAN FOR HOLLISTER-WHITNEY ELEVATOR CORPORATION UNION EMPLOYEES

EMPLOYER IDENTIFICATION NUMBER 82-1718739; PLAN NUMBER 002

SCHEDULE SB, LINE 32 - SCHEDULE OF AMORTIZATION BASES

Type of Base	Present Value of Remaining Installments	Valuation Date Base was Established	Number of Years Remaining in Amortization Period	Amortization Installment
Shortfall	1,404,672	05/01/2017	7	230,664