

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

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [ ] a multiemployer plan [ ] a multiple-employer plan (Filers checking this box must provide 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. [ ]
D Check box if filing under: [x] Form 5558 [ ] automatic extension [ ] the DFVC program [ ] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan: PENSION PLAN FOR ALL ELIGIBLE EMPLOYEES OF ELLIOTT COMPANY
1b Three-digit plan number (PN): 010
1c Effective date of plan: 07/10/1987
2a Plan sponsor's name (employer, if for a single-employer plan): ELLIOTT COMPANY
2b Employer Identification Number (EIN): 25-1555755
2c Plan Sponsor's telephone number: 724-600-8231
2d Business code (see instructions): 333610

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

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

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

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	2332
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	408
	<b>6a(2)</b>	0
	<b>6b</b>	0
	<b>6c</b>	0
	<b>6d</b>	0
	<b>6e</b>	0
	<b>6f</b>	0
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		0
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

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

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

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

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

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

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

---

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

---

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

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

---

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

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

Receipt Confirmation Code \_\_\_\_\_

---

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

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

<b>A</b> Name of plan <b>PENSION PLAN FOR ALL ELIGIBLE EMPLOYEES OF ELLIOTT COMPANY</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>010</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>ELLIOTT COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>25-1555755</b>	

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

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

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

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

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

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

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

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

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

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

**(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)

MERCER

13-2834414

(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?
11 17 50	NONE	1298554	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

PNC

25-1211909

(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?
21 27 50 51 52	NONE	333184	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

SISTERSON AND COMPANY LLP

25-1467156

(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?
10 50	NONE	14200	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

**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

**2024**

**This Form is Open to Public Inspection**

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

<b>A</b> Name of plan <u>PENSION PLAN FOR ALL ELIGIBLE EMPLOYEES OF ELLIOTT COMPANY</u>		<b>B</b> Three-digit plan number (PN) ▶	<u>010</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>ELLIOTT COMPANY</u>		<b>D</b> Employer Identification Number (EIN) <u>25-1555755</u>	

**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
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	<u>0</u>	<u>0</u>
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	<u>2295826</u>	<u>3570688</u>
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	<u>41533654</u>	<u>10874837</u>
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	<u>38035977</u>	<u>0</u>
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	<u>163562773</u>	<u>0</u>
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	<u>0</u>	<u>0</u>
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>	<u>0</u>	<u>0</u>

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	245428230	14445525
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>	78625	152423
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	78625	152423
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	245349605	14293102

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		0
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	2082982	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	874920	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	3874640	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		6832542
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		0
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	145600074	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	154152113	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		-8552039
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	10661686	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		8942189

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	238048895	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		238048895
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	333184	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>	1298554	
(8) Legal fees .....	<b>2i(8)</b>	25	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>	14200	
(11) Other expenses .....	<b>2i(11)</b>	303834	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		1949797
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		239998692

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		-231056503
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **SISTERSON & CO. LLP**

(2) EIN: **25-1467156**

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?  Yes  No  
 If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 553647.

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

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

<b>A</b> Name of plan <u>PENSION PLAN FOR ALL ELIGIBLE EMPLOYEES OF ELLIOTT COMPANY</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>010</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>ELLIOTT COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>25-1555755</u>	

<b>Part I</b>	<b>Distributions</b>
---------------	----------------------

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

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
<b>2</b> 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): <u>25-1555755</u>		
<b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>		
<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	3	534

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

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

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

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

<b>Part III</b>	<b>Amendments</b>
-----------------	-------------------

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

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

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

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

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

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

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part VII IRS Compliance Questions**

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

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

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

PENSION PLAN FOR ALL ELIGIBLE EMPLOYEES  
OF ELLIOTT COMPANY

AUDITED FINANCIAL STATEMENTS  
AND SUPPLEMENTAL SCHEDULES

Years ended December 31, 2024 (in liquidation) and 2023 (ongoing)

Sisterson & Co. LLP  
501 Grant Street, Suite 450  
Pittsburgh, PA 15219

[www.sisterson.com](http://www.sisterson.com)

Phone: 412.281.2025

PENSION PLAN FOR ALL ELIGIBLE EMPLOYEES OF ELLIOTT COMPANY

INDEX

	<u>Page number</u>
Independent Auditor's Report .....	2-5
Financial Statements as of and for the years ended December 31, 2024 (in liquidation) and 2023 (ongoing)	
Statement of Net Assets in Liquidation and Statement of Net Assets Available for Benefits .....	6
Statement of Changes in Net Assets in Liquidation and Statement of Changes in Net Assets Available for Benefits .....	7
Notes to Financial Statements .....	8-23
Supplemental Schedules as of and for the Year Ended December 31, 2024 (in liquidation)	
Schedule of Assets Held at End of Year .....	25
Schedule of Reportable Transactions .....	26

## INDEPENDENT AUDITOR'S REPORT

To the Elliot Company Retirement Plans Committee of the  
Pension Plan for All Eligible Employees of Elliott Company

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

We have performed audits of the accompanying financial statements of the Pension Plan for All Eligible Employees of Elliott Company ("Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) ("ERISA Section 103(a)(3)(C) audit"). The financial statements comprise the statement of net assets in liquidation as of December 31, 2024 and the statement of net assets available for benefits as of December 31, 2023, and the related statement of changes in net assets in liquidation for the year ended December 31, 2024 and statement of changes in net assets available for benefits for the year ended December 31, 2023, and the related notes to the financial statements.

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

Management has obtained certifications from PNC Bank, N.A., a qualified institution, as of and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

### *Opinion*

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

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

## INDEPENDENT AUDITOR'S REPORT

(continued)

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

### *Basis for Opinion*

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

### *Emphasis of Matter – Plan Termination and Liquidation Basis of Accounting*

As discussed in Note 1 to the financial statements, the Plan received approval for termination on August 14, 2024, and therefore management determined that liquidation is imminent during the Plan year ended December 31, 2024. As a result, the Plan has changed its basis of accounting from the going concern basis used in presenting the December 31, 2023 financial statements to the liquidation basis used in presenting the December 31, 2024 financial statements. Our opinion is not modified with respect to this matter.

### *Responsibilities of Management 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, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

INDEPENDENT AUDITOR'S REPORT  
(continued)

*Auditor's Responsibilities for the Audit of the Financial Statements*

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

In performing an audit in accordance with U.S. GAAS, we -

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

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

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

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

INDEPENDENT AUDITOR'S REPORT

(continued)

*Supplemental Schedules Required by ERISA*

The supplemental schedules of assets held at end of year as of December 31, 2024 (in liquidation) and reportable transactions for the year ended December 31, 2024 (in liquidation) are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from, and relates directly to, the underlying accounting and other records used to prepare the financial statements.

The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compare such information to the related certified investment information.

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

In our opinion -

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

*Sisterson & Co. LLP*

October 9, 2025

PENSION PLAN FOR ALL ELIGIBLE EMPLOYEES OF ELLIOTT COMPANY

STATEMENT OF NET ASSETS IN LIQUIDATION, as of December 31, 2024  
(in liquidation), and STATEMENT OF NET ASSETS AVAILABLE  
FOR BENEFITS, as of December 31, 2023 (ongoing)

	December 31,	
	2024	2023
	<u>(in liquidation)</u>	<u>(ongoing)</u>
Assets		
Investments, at fair value (Notes 1 and 4)		
Corporate bonds	\$ --	\$ 163,562,773
U.S. government securities	--	38,035,977
Money market funds	<u>10,874,837</u>	<u>41,533,654</u>
Total investments	10,874,837	243,132,404
Receivable for annuity premium refund (Note 1)	3,194,165	--
Accrued investment income (Note 1)	<u>376,523</u>	<u>2,295,826</u>
Total assets	<u>14,445,525</u>	<u>245,428,230</u>
Liabilities		
Accrued administrative expenses (Note 1)	<u>152,423</u>	<u>78,625</u>
Net assets available for benefits		\$ <u><u>245,349,605</u></u>
Net assets in liquidation	\$ <u><u>14,293,102</u></u>	

The accompanying notes are an integral part of these financial statements.

PENSION PLAN FOR ALL ELIGIBLE EMPLOYEES OF ELLIOTT COMPANY

STATEMENT OF CHANGES IN NET ASSETS IN LIQUIDATION, for the year ended December 31, 2024 (in liquidation), and STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS, for the year ended December 31, 2023 (ongoing)

	Year ended December 31,	
	2024	2023
	<u>(in liquidation)</u>	<u>(ongoing)</u>
Additions to net assets available for benefits attributed to		
Net realized and unrealized appreciation in fair value of investments	\$ 2,109,647	\$ 8,680,278
Investment income	<u>6,832,542</u>	<u>9,399,331</u>
Total additions	<u>8,942,189</u>	<u>18,079,609</u>
Deductions from net assets available for benefits attributed to		
Benefit payments	53,973,698	18,489,533
Purchase of group annuity contract (Note 1)	184,075,197	--
Administrative expenses	<u>1,949,797</u>	<u>1,045,730</u>
Total deductions	<u>239,998,692</u>	<u>19,535,263</u>
Net decrease in net assets available for benefits	(231,056,503)	(1,455,654)
Asset transfers (Note 1)	--	(16,986,503)
Net assets available for benefits - beginning of year	<u>245,349,605</u>	<u>263,791,762</u>
Net assets available for benefits - end of year		<u>\$ 245,349,605</u>
Net assets in liquidation - end of year	<u>\$ 14,293,102</u>	

The accompanying notes are an integral part of these financial statements.

PENSION PLAN FOR ALL ELIGIBLE EMPLOYEES OF ELLIOTT COMPANY

NOTES TO FINANCIAL STATEMENTS

NOTE 1 - BACKGROUND AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Background

The Pension Plan for All Eligible Employees of Elliott Company (“Plan”) was adopted to provide pension benefits to eligible employees of Elliott Company (“Company”). The Plan is a defined benefit plan sponsored by the Company and administered by a committee designated by the Board of Directors of the Company.

Plan termination

In July 2023, the Board of Directors of the Company approved a spin-off and termination of the Plan effective October 31, 2023. The Plan received approval from the Internal Revenue Service for such termination on August 14, 2024. All affected participants became 100% vested in their accrued benefit as of the termination date. Amounts related to benefit obligations for certain Plan participants covered by collective bargaining agreements and certain hourly production and maintenance employees not covered by a collective bargaining agreement were spun out into a new plan known as the Elliott Company Hourly Employees’ Pension Plan, effective as of September 1, 2023. As a result of this spin-off, during 2023, plan assets totaling \$16,986,503 were transferred out of the Plan into the Elliott Company Hourly Employees’ Pension Plan. Additionally, due to the spin off of these employees into a new plan, the Plan’s calculation of the actuarial present value of accumulated Plan benefits was reduced by \$14,952,792 as of December 31, 2023 as a result of these participants no longer being included in the Plan.

As part of the termination, during 2024, the Plan provided for a benefit election window, which provided the opportunity for certain participants, their beneficiaries, or alternative payees to elect either a lump sum distribution or other annuity benefit during this defined window. Under these provisions, the Plan paid lump sum benefits totaling \$35,549,363 during the Plan year ended December 31, 2024.

In connection with the liquidation of the Plan, effective October 17, 2024, the Plan entered into a group annuity contract with Nationwide Life and Annuity Insurance Company (“Nationwide”). The purchase of this annuity contract marks a significant step in the Plan’s orderly liquidation process, ensuring the continued protection of participant benefits and facilitating the winding down of the Plan’s obligations. The annuity contract was purchased to ensure the continued payment of benefits to eligible participants as part of the Plan’s termination and liquidation process. The annuity contract covers the payment obligations to the Plan’s participants, which include retirees and beneficiaries entitled to receive future benefit payments. The total premium the Plan initially paid under this contract was \$187,269,362. However, after Nationwide took over the contract, it was determined that the Plan was due a refund under the contract. In 2025 the Plan received a premium refund in the amount of \$3,194,165, which is reflected in the statement of net assets in liquidation as a receivable for annuity premium refund.

PENSION PLAN FOR ALL ELIGIBLE EMPLOYEES OF ELLIOTT COMPANY

NOTES TO FINANCIAL STATEMENTS

(continued)

NOTE 1 - BACKGROUND AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES  
(continued)

Plan termination (continued)

The Plan selected Nationwide based on a competitive bidding process, evaluating criteria such as financial stability, credit ratings, and cost effectiveness. The annuity contract provides the same benefits that participants were entitled to under the original Plan, ensuring no reduction in benefit levels. Under the annuity contract, the responsibility for monthly annuity payments was transferred to Nationwide effective January 1, 2025.

Basis of accounting

As noted above, the Plan received Internal Revenue Service approval to terminate in August 2024, and as a result, liquidation of the Plan became imminent and the Plan adopted the liquidation basis of accounting as of, and for the year ended December 31, 2024.

Under the liquidation basis of accounting the Plan's assets are measured at the estimated amount of cash or other consideration that the Plan expects to collect in settling or disposing of those assets, and liabilities are measured at their estimated settlement amounts, including costs that the Plan expects to incur through the end of its liquidation. These estimated amounts are undiscounted and are recorded to the extent the Plan has a reasonable basis for estimation. Accordingly, management does not expect the liquidation values of assets and liabilities to deviate from those amounts reported at their net realizable value. The remaining Plan assets will be used to settle the Plan's final obligations related to administrative costs of the termination during 2025 and the remaining surplus will be transferred to a defined contribution plan also sponsored by the Company, as permitted under applicable regulations. In August 2025, \$14,100,000 was transferred to this qualified plan and will be used to fund employer contributions.

The adoption of the liquidation basis of accounting did not have a material effect on the carrying values of the Plan's assets and liabilities as of the date of adoption. The Plan's financial statements are reported on the going concern basis of accounting as of, and for the year ended December 31, 2023.

Funding policy

The Company's funding policy is to make annual contributions to the Plan based on amounts computed by the Plan's actuary to meet the minimum funding requirements of the Employee Retirement Income Security Act of 1974 ("ERISA"). No contributions were made or required for the years ended December 31, 2024 and 2023.

PENSION PLAN FOR ALL ELIGIBLE EMPLOYEES OF ELLIOTT COMPANY

NOTES TO FINANCIAL STATEMENTS

(continued)

NOTE 1 - BACKGROUND AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES  
(continued)

Investment valuation and income recognition

Investments are reported at their fair values as reported to the Plan administrator by the Plan trustee. Shares of money market funds are valued at quoted market prices, the value of corporate bonds and U.S. government securities are determined primarily by reference to quoted market prices.

Investment transactions are accounted for on the trade date (date the order to buy or sell is executed). Investment income includes interest income that is accrued when earned, dividend income that is recorded on the ex-dividend date, and capital gain distributions from mutual funds. Under the liquidation basis of accounting, the Plan has also accrued for estimated investment income in liquidation, which is based on actual investment income earned by the Plan subsequent to the Plan year-end and is included in accrued investment income in the statement of net assets in liquidation. Any additional amounts are not expected to be material to the financial statements.

Administrative expenses

The Plan's provisions provide that administrative costs be paid out of the Plan, except to the extent the Company elects to pay all or part thereof.

As of December 31, 2024, the Plan accrued estimated liquidation costs expected to be incurred through the final stages of liquidation of the Plan totaling \$152,423, which include payments to the Plan's actuary and other service providers as part of the Plan termination. The estimated liquidation costs were based on actual costs incurred by the Plan subsequent to the Plan year-end. Any additional amounts are not expected to be material to the financial statements.

The accrued administrative expenses of \$78,625 at December 31, 2023 represents administrative expenses of the Plan, applicable to the year ended December 31, 2023, which were subsequently paid by the Plan in 2024.

Use of estimates

The preparation of financial statements in conformity with U.S. GAAP requires the Plan administrator to make estimates and assumptions that affect the reported amounts and disclosures of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits, and changes therein, at the date of the financial statements. Actual results could differ from those estimates.

PENSION PLAN FOR ALL ELIGIBLE EMPLOYEES OF ELLIOTT COMPANY

NOTES TO FINANCIAL STATEMENTS

(continued)

NOTE 1 - BACKGROUND AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES  
(continued)

Subsequent events

The Plan evaluates events and transactions occurring subsequent to the date of the financial statements for matters requiring recognition or disclosure in the financial statements. The accompanying financial statements consider events through October 9, 2025, the date on which the financial statements were available to be issued.

NOTE 2 - PLAN DESCRIPTION

The Plan provides benefits to four active employee groups and one closed employee group. General provisions for each employee group covered under the Plan are described below. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

During March 2018, the Pension Committee approved a resolution to clarify that employees of Ebara International Corporation and Hood-EIC, LLC are not eligible to participate in the Plan.

Salaried employees

Salaried employees become participants in the Plan upon attaining the age of 21 years and completion of one year of service. The pension formula for benefits earned was changed effective April 1, 2007. The pension benefit formula in place for benefits earned through March 31, 2007 is based on final average compensation ("FAC") and years of credited service, as defined. The pension benefit formula for benefits earned beginning April 1, 2007 is based on the Social Security Taxable Wage Base ("SSTWB") and years of credited service, as defined. The SSTWB is the amount of compensation subject to the social security tax rate.

PENSION PLAN FOR ALL ELIGIBLE EMPLOYEES OF ELLIOTT COMPANY

NOTES TO FINANCIAL STATEMENTS  
(continued)

NOTE 2 - PLAN DESCRIPTION (continued)

Salaried employees (continued)

Upon reaching normal retirement age of 65, a participant's monthly pension benefit is the sum of (1) and (2).

(1) Greater of (a) or (b), minus (c), where (a), (b), and (c) are defined as follows (frozen as of March 31, 2007):

a)  $1.05\% \times \text{FAC up to covered compensation} \times \text{credited service up to 35 years}$

plus

$1.30\% \times \text{FAC over covered compensation} \times \text{credited service up to 35 years}$

plus

$1.30\% \times \text{FAC} \times \text{credited service in excess of 35 years.}$

b) For participants effective January 1, 2002 - \$37 per year of credited service.

c) Less the accrued benefit payable under a predecessor plan at May 31, 1987.

(2) Greater of (a) or (b), where (a) and (b) are defined as follows (beginning April 1, 2007):

a)  $1.05\% \times \text{compensation up to SSTWB up to 35 years of service}$

plus

$1.30\% \times \text{compensation over SSTWB up to 35 years of service}$

plus

$1.30\% \times \text{compensation for years in excess of 35 years of service.}$

b) For participants effective January 1, 2002 - \$37 per year of credited service.

The Plan also provides for early retirement options with unreduced benefit levels at age 60 after a minimum of 20 years of service, unreduced benefit levels at age 55 after a minimum of 30 years of service, or reduced benefit levels at age 55 after a minimum of 10 years of service.

PENSION PLAN FOR ALL ELIGIBLE EMPLOYEES OF ELLIOTT COMPANY

NOTES TO FINANCIAL STATEMENTS

(continued)

NOTE 2 - PLAN DESCRIPTION (continued)

Salaried employees (continued)

During November 2014, the Pension Committee approved a resolution to cease to allow individuals hired on or after January 1, 2015 to become participants in the Plan and to freeze all benefit accruals for all participants, effective January 1, 2020.

Employees are 100% vested in the Plan upon the earlier of reaching age 60 or completion of five years of continuous service (no continuous service requirement applies if the participant was hired before January 1, 2015).

Certain hourly employees

Each employee who is a member of the United Steelworkers of America, Local 1145, 1145 Unit 1, or Unit 2380 covered by an agreement between employee representatives and the Company is eligible to participate in the Plan on the next January 1 or the July 1 following his/her date of hire. Normal retirement age is the later of a participant's 65<sup>th</sup> birthday or 5<sup>th</sup> anniversary of the date of becoming a participant in the Plan.

Monthly pension benefits are equal to years of employment service multiplied by the fixed dollar amount in effect at the time of retirement, as follows:

<u>Termination date</u>	<u>Dollar amount</u>
Between June 13, 1995 and June 13, 1996	\$ 24.00
Between June 14, 1996 and June 13, 1997	26.00
Between June 14, 1997 and June 13, 1998	27.00
Between June 14, 1998 and June 13, 1999	28.00
Between June 14, 1999 and June 30, 2001	29.00
Between July 1, 2001 and February 28, 2011	36.00
Between March 1, 2011 and June 30, 2014	38.00
On or after July 1, 2014 (Local 2380)	40.00
Between July 1, 2014 and June 30, 2015 (Local 1145 and 1145 Unit 1)	40.00
On or after July 1, 2015 (Local 1145 and 1145 Unit 1)	41.00

The maximum monthly benefit is defined in the Plan and is determined based on an actuarial formula. The Plan also provides for an early retirement option with reduced benefits at age 60 or age 50 after a minimum of 15 or 20 years of service, respectively. The Plan provides for unreduced early retirement benefits for those participants age 62, 60, or 58 with 10, 20, or 30 years of service, respectively.

PENSION PLAN FOR ALL ELIGIBLE EMPLOYEES OF ELLIOTT COMPANY

NOTES TO FINANCIAL STATEMENTS

(continued)

NOTE 2 - PLAN DESCRIPTION (continued)

Certain hourly employees (continued)

Participants retiring before February 28, 2011 and after June 18, 2001 on or after age 58 with 30 or more years of service were eligible to receive a temporary retirement supplement of \$400 per month payable until the earlier of age 60 or death. If such an employee reaches age 60, a temporary retirement supplement of \$700 per month is payable until the earlier of age 63 or death.

For any employee retiring after March 1, 2011 on or after age 58 with 30 or more years of service, a temporary retirement supplement of \$500 per month is payable until the earlier of age 60 or death. If such an employee reaches age 60, a temporary retirement supplement of \$900 per month is payable until the earlier of age 63 or death.

For any employee retiring on or after July 1, 2014, between the age of 60 and 63, a temporary retirement supplement of \$1,000 per month is payable until the earlier of age 63 or death.

During June 2014, the Pension Committee approved a resolution to cease to allow individuals hired on or after June 1, 2014 to become participants in the Plan.

Effective January 1, 2022, the Plan was amended for certain hourly employees to rename and update certain workgroups and benefit multipliers. Under this amendment, United Steelworkers of America, Unit 2380, became United Steelworkers of America, Unit 1145-2 (“Unit 1145-2”). Additionally, multipliers for certain workgroups were updated as noted below.

Under this amendment monthly pension benefits are equal to years of employment service multiplied by the fixed dollar amount in effect at the time of retirement, as follows for, Unit 1145-2:

<u>Termination date</u>	<u>Dollar amount</u>
On or after January 1, 2022	\$ 41.00
On or after January 1, 2023	42.00

Under this amendment monthly pension benefits are equal to years of employment service multiplied by the fixed dollar amount in effect at the time of retirement, as follows for, Unit 1145:

<u>Termination date</u>	<u>Dollar amount</u>
On or after January 1, 2022	\$ 42.00
On or after January 1, 2023	43.00

PENSION PLAN FOR ALL ELIGIBLE EMPLOYEES OF ELLIOTT COMPANY

NOTES TO FINANCIAL STATEMENTS

(continued)

NOTE 2 - PLAN DESCRIPTION (continued)

Certain non-represented production and maintenance employees

Non-represented hourly production and maintenance employees of the Company become participants in the Plan effective with the date of employment. Upon reaching the normal retirement age of 65 and five years of service, participants' monthly pension benefits are equal to the rate of benefit multiplied by the number of years (or fraction thereof) of credited service (as defined) as follows:

<u>Termination date</u>	<u>Dollar amount</u>
Prior to January 1, 1997	\$ 22.00
Between January 1, 1997 and December 31, 1997	26.00
Between January 1, 1998 and December 31, 1998	28.00
Between January 1, 1999 and December 31, 2001	30.00
Between January 1, 2002 and December 31, 2012	37.00
Between January 1, 2013 and December 31, 2014	38.00
On or after January 1, 2015	41.00

The maximum monthly benefit is defined in the Plan and is determined based on an actuarial formula. The Plan also provides for an early retirement option with reduced benefits at age 55 after a minimum of 10 years of service.

During November 2014, the Pension Committee approved a resolution to cease to allow individuals hired on or after January 1, 2015 to become participants in the Plan.

Support services represented employees

Each employee who is a member of the Southern States Millwrights Regional Council of the United Brotherhood of Carpenters and Joiners of America, Local 729, New Orleans, Louisiana ("UBCJA Local 729") (*formerly Millwrights and Machinery Erectors, Local 1931*), or a member of Carpenters Industrial Council, Local 724, Houston, Texas ("CIC Local 724") (*formerly United Brotherhood of Carpenters and Joiners of America*), or a member of the Southern States Millwrights Regional Council of the United Brotherhood of Carpenters and Joiners of America, Local 2411, Jacksonville, Florida ("UBCJA Local 2411") (*formerly Millwrights and Machinery Erectors*), and covered by an agreement between employee representatives and the Company is a participant in the Plan. Employees are eligible to participate on the next January 1 or July 1 coinciding with or following the attainment of age 21 and the completion of at least 1,000 hours of service in the first 12 months of employment or the anniversary thereof. Normal retirement age is 65.

PENSION PLAN FOR ALL ELIGIBLE EMPLOYEES OF ELLIOTT COMPANY

NOTES TO FINANCIAL STATEMENTS  
(continued)

NOTE 2 - PLAN DESCRIPTION (continued)

Support services represented employees (continued)

During October 2016, the Pension Committee approved a resolution to cease to allow members of the UBCJA Local 2411 and CIC Local 724 hired on or after October 1, 2016 and May 1, 2017, respectively to become participants in the Plan.

During October 2018, the Pension Committee approved a resolution to cease to allow members of the UBCJA Local 729 hired on or after November 1, 2018 to become participants in the Plan.

For participants represented by UBCJA Local 729, the monthly pension benefit is equal to years of credited service (as defined) multiplied by the fixed dollar amount in effect at the time of retirement, as follows:

<u>Termination date</u>	<u>Dollar amount</u>
Between October 5, 1995 and October 6, 1996	\$ 16.00
Between October 7, 1996 and October 5, 1997	17.00
Between October 6, 1997 and October 31, 1998	18.00
Between November 1, 1998 and October 31, 1999	20.00
Between November 1, 1999 and October 31, 2000	21.00
Between November 1, 2000 and October 31, 2001	22.00
Between November 1, 2001 and October 31, 2002	24.00
Between November 1, 2002 and October 31, 2003	25.50
Between November 1, 2003 and December 31, 2004	27.00
Between January 1, 2005 and October 24, 2010	30.00
Between October 25, 2010 and October 24, 2018	33.00
On or after October 25, 2018	34.50

PENSION PLAN FOR ALL ELIGIBLE EMPLOYEES OF ELLIOTT COMPANY

NOTES TO FINANCIAL STATEMENTS

(continued)

NOTE 2 - PLAN DESCRIPTION (continued)

Support services represented employees (continued)

For participants represented by CIC Local 724, the monthly pension benefit is equal to years of credited service (as defined) multiplied by the fixed dollar amount in effect at the time of retirement, as follows:

<u>Termination date</u>	<u>Dollar amount</u>
Between April 10, 1995 and April 7, 1996	\$ 18.50
Between April 8, 1996 and April 30, 1997	19.50
Between May 1, 1997 and March 31, 1998	21.00
Between April 1, 1998 and March 31, 1999	22.00
Between April 1, 1999 and April 30, 2000	23.50
Between May 1, 2000 and April 30, 2001	25.00
Between May 1, 2001 and April 30, 2002	26.00
Between May 1, 2002 and December 31, 2003	27.50
Between January 1, 2004 and December 31, 2006	30.50
Between January 1, 2007 and April 30, 2017	33.50
On or after May 1, 2017	34.50

For participants represented by UBCJA Local 2411, the monthly pension benefit is equal to years of credited service (as defined) multiplied by the fixed dollar amount in effect at the time of retirement, as follows:

<u>Termination date</u>	<u>Dollar amount</u>
Prior to October 1, 1999	\$ 22.00
Between October 1, 1999 and September 30, 2000	23.00
Between October 1, 2000 and September 30, 2001	25.00
Between October 1, 2001 and September 30, 2002	27.00
Between October 1, 2002 and August 31, 2003	28.00
Between September 1, 2003 and August 31, 2004	29.00
Between September 1, 2004 and December 31, 2005	30.00
Between January 1, 2006 and December 31, 2006	31.00
Between January 1, 2007 and December 31, 2007	32.00
Between January 1, 2008 and August 30, 2016	33.00
On or after September 1, 2016	34.00

PENSION PLAN FOR ALL ELIGIBLE EMPLOYEES OF ELLIOTT COMPANY

NOTES TO FINANCIAL STATEMENTS  
(continued)

NOTE 2 - PLAN DESCRIPTION (continued)

Support services represented employees (continued)

The maximum monthly benefit is defined and determined based on an actuarial formula. The Plan also provides for an early retirement option with reduced benefits at age 55 after a minimum of 10 years of service. The Plan provides for unreduced early retirement benefits for those participants age 62 with 10 years of service.

The following information applies to all employee groups covered under the Plan:

In no event will the benefit be less than the accrued benefit as of December 31, 1998, under any prior Plan formula, for highly compensated employees or the date of the Tax Reform Act of 1986 Plan amendment for all other employees.

In no event will a participant's retirement benefit exceed the limits set forth in Section 415 of the Internal Revenue Code ("Code") as revised by the Tax Reform Act of 1986.

Under certain provisions of the Plan, a participant may elect to convert the regular pension otherwise payable into a reduced regular pension. The reduced benefit is paid during the participant's lifetime. Upon death under this election, the benefits continue to be paid to the participant's designated beneficiary for the remainder of such person's life.

The Plan provides for lump sum distributions of certain small benefits to terminating participants whose lump sum benefit does not exceed \$50,000. If the present value of the participant's vested accrued benefit is less than or equal to \$1,000, the Plan administrator automatically distributes the lump sum to the participant or eligible surviving spouse. If the participant's vested accrued benefit is greater than \$1,000 but less than \$5,000, the Plan administrator automatically distributes the benefit to an individual retirement account, if the participant has not made an affirmative distribution election within the prescribed time period. The lump sum distribution is optional for those with a vested accrued benefit greater than \$5,000 and those terminating employment with the Company on or after January 1, 2015. The participant's single lump sum calculated payment cannot exceed \$50,000.

Bargaining unit employees – closed group

Each employee who was a member of the International Association of Machinists and Aerospace Workers, Local 225, Dayton, Ohio, is covered by an agreement between employee representatives and the Company and is eligible to participate in the Plan on the first day of the month coinciding with or next following the date the employee first renders an hour of service. Normal retirement age is the later of a participant's 65<sup>th</sup> birthday or 5<sup>th</sup> anniversary of the date of becoming a participant in the Plan.

PENSION PLAN FOR ALL ELIGIBLE EMPLOYEES OF ELLIOTT COMPANY

NOTES TO FINANCIAL STATEMENTS

(continued)

NOTE 2 - PLAN DESCRIPTION (continued)

Bargaining unit employees – closed group (continued)

Monthly pension benefits are equal to years of employment service multiplied by the fixed dollar amount in effect at the time of retirement, as follows:

<u>Termination date</u>	<u>Dollar amount</u>
Prior to December 31, 1970	\$ 28.80
Between January 1, 1971 and December 31, 1973	28.32
Between January 1, 1974 and December 31, 1974	27.84
Between January 1, 1975 and December 31, 1976	27.38
Between January 1, 1977 and December 31, 1977	26.90
Between January 1, 1978 and December 31, 1979	26.45
Between January 1, 1980 and December 31, 1980	25.98
Between January 1, 1981 and December 31, 1983	25.54
Between January 1, 1984 and December 31, 1986	24.64
Between January 1, 1987 and December 31, 1989	23.33
Between January 1, 1990 and December 31, 1993	21.60
On and after January 1, 1994	20.00

The maximum monthly benefit is defined in the Plan and is determined based on an actuarial formula. The Plan also provides for an early retirement option with reduced benefits after attaining age 55 and completing at least 10 years of continuous service.

NOTE 3 - CERTIFICATION

PNC Bank, N.A., the trustee of the Plan, has certified the completeness and accuracy of all investment information summarized in the statements of net assets available for benefits, the statements of changes in net assets available for benefits, and the supplemental schedules, in accordance with 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

PENSION PLAN FOR ALL ELIGIBLE EMPLOYEES OF ELLIOTT COMPANY

NOTES TO FINANCIAL STATEMENTS

(continued)

NOTE 4 - FAIR VALUE MEASUREMENTS (continued)

Investments measured and reported at fair value, except for those measured and reported using net asset value (“NAV”), are classified and disclosed in one of the following categories based on the extent of market price observability:

Level I – Quoted prices are available in active markets for identical investments as of the reporting date. This category includes money market funds.

Level II – Pricing inputs are other than quoted market prices included in Level I, however, are observable either directly or indirectly for the investment. This category includes corporate bonds and U.S. government securities.

Level III – Pricing inputs are unobservable for the investment and includes situations where there is little, if any, market activity for the investment. The inputs into the determination of fair value require significant management judgment or estimation. The Plan does not carry any of these investments.

The valuation of the Plan’s investments by the above fair value hierarchy levels are as follows:

	December 31, 2024			
	<u>Level I</u>	<u>Level II</u>	<u>Level III</u>	<u>Total</u>
Money market funds	\$ 10,874,837	\$ --	\$ --	\$ 10,874,837
	<u>\$ 10,874,837</u>	<u>\$ --</u>	<u>\$ --</u>	<u>\$ 10,874,837</u>
	December 31, 2023			
	<u>Level I</u>	<u>Level II</u>	<u>Level III</u>	<u>Total</u>
Corporate bonds	\$ --	\$ 163,562,773	\$ --	\$ 163,562,773
U.S. government securities	--	38,035,977	--	38,035,977
Money market funds	41,533,654	--	--	41,533,654
	<u>\$ 41,533,654</u>	<u>\$ 201,598,750</u>	<u>\$ --</u>	<u>\$ 243,132,404</u>

PENSION PLAN FOR ALL ELIGIBLE EMPLOYEES OF ELLIOTT COMPANY

NOTES TO FINANCIAL STATEMENTS

(continued)

NOTE 5 - ACTUARIAL VALUATION

Actuarial present value of accumulated plan benefits

The actuarial present value of accumulated plan benefits is the present value of future benefit payments that are attributable, under the Plan's provisions, to employees' service rendered prior to the benefit valuation date. These payments are comprised of benefits expected to be paid to retired or terminated employees or their beneficiaries, beneficiaries of deceased employees, and present employees or their beneficiaries.

The actuarial present value of accumulated plan benefits is determined by the Plan's 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, withdrawal or retirement) between the valuation date and the expected date of payment.

Given the payment of benefits as part of the benefit election window and the purchase of the annuity contract, both described in Note 1, there are no participants in the Plan as of December 31, 2024, and therefore the Plan no longer has a benefit obligation as of that date. As a result, no actuarial calculation of accumulated plan benefits was necessary as of December 31, 2024.

The actuarially computed present value of accumulated plan benefits were as follows as of December 31, 2023:

	<u>2023</u>
Vested benefits of participants	
Currently receiving payments	\$ 189,840,283
Other vested participants	<u>51,605,840</u>
	241,446,123
Nonvested benefits	<u>64,681</u>
	\$ <u>241,510,804</u>

PENSION PLAN FOR ALL ELIGIBLE EMPLOYEES OF ELLIOTT COMPANY

NOTES TO FINANCIAL STATEMENTS

(continued)

NOTE 5 - ACTUARIAL VALUATION (continued)

The more significant assumptions underlying the actuarial computations as of December 31, 2023 were as follows:

Actuarial cost method	-	Projected unit credit
Assumed discount rate	-	4.75% (first 5 years), 5.00% (next 15 years), 5.74% (over 20 years)
Expected investment return	-	4.65%
Mortality basis	-	PPA separate static annuitant and non-annuitant mortality tables
Retirement age	-	65
Salary increases	-	N/A, as salary benefit accruals have been frozen

A summary of changes in accumulated plan benefits are as follows for the years ended December 31, as provided by the Plan's actuary:

	<u>2024</u>	<u>2023</u>
Actuarial present value of accumulated Plan benefits, beginning of year	\$ 241,510,804	\$ 241,069,759
Increase (decrease) attributable to		
Benefits accumulated and (gains) losses	(12,531,062)	3,821,284
Increase for interest due to decrease in discount period	9,059,153	12,475,498
Benefits paid	(18,377,852)	(18,489,211)
Annuity purchase	(184,075,197)	--
Lump sum window	(35,585,846)	--
Change in actuarial assumptions	--	17,586,266
Other changes (Note 1)	--	(14,952,792)
	<u>                    </u>	<u>                    </u>
Actuarial present value of accumulated Plan benefits, end of year	\$ <u>                    </u>	\$ <u>241,510,804</u>

PENSION PLAN FOR ALL ELIGIBLE EMPLOYEES OF ELLIOTT COMPANY

NOTES TO FINANCIAL STATEMENTS

(continued)

NOTE 6 - INCOME TAX STATUS

The Plan obtained its latest determination letter on August 14, 2024, 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 (“Code”). The Plan administrator believes the Plan was qualified and the related trust was tax exempt as of the financial statement dates.

In accordance with U.S. GAAP, Plan management is required to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the applicable taxing authorities. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax period in progress. The Plan administrator believes it is no longer subject to income tax examination for years prior to 2021.

NOTE 7 - PARTY-IN-INTEREST TRANSACTIONS

Fees paid by the Plan for certain administrative services qualify as party-in-interest transactions and amounted to \$1,640,467 and \$712,417 for the years ended December 31, 2024 and 2023, respectively.

NOTE 8 - RISKS AND UNCERTAINTIES

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

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

SUPPLEMENTAL SCHEDULES

PENSION PLAN FOR ALL ELIGIBLE EMPLOYEES OF ELLIOTT COMPANY

SCHEDULE OF REPORTABLE TRANSACTIONS (IN LIQUIDATION)

Year ended December 31, 2024

Schedule 2

Form 5500 Attachment  
Schedule H, Part IV  
Item 4j

EIN: 25-1555755  
Plan Number: 010

See following schedule prepared by PNC Bank.

Note: This schedule is based on information which has been certified as complete and accurate by the Plan's trustee, PNC Bank,  
N.A.

See accompanying Independent Auditor's Report.



ELLIOTT - CONSOL  
CONSOLIDATED ACCOUNT STATEMENT

Account number 20-10-502-\*\*\*2322  
January 1, 2024 - December 31, 2024

Detail

5% Report by asset-single transaction

Asset description	Tran type	Settle date	Shares/units	Purchase/sale Cost/proceeds	Broker commission	Other expense	Cost of asset	Valuation	Threshold	Net gain/loss	
								Previous annual market			
FEDERATED HERMES GOVT OBLIG PREM SHS #117	PUR	09/30/24	17,880,260.280	\$17,880,260.28	\$0.00	\$0.00	\$17,880,260.28	\$245,428,230.32	\$12,271,411.51	\$0.00	
FEDERATED HERMES GOVT OBLIG PREM SHS #117	SAL	09/30/24	19,605,431.300	19,605,431.30	0.00	0.00	19,605,431.30	19,605,431.30		\$0.00	
FEDERATED HERMES GOVT OBLIG PREM SHS #117	SAL	10/31/24	17,248,136.020	17,248,136.02	0.00	0.00	17,248,136.02	17,248,136.02		\$0.00	
				<b>1 PURCHASES FOR</b>	<b>\$17,880,260.28</b>	<b>TOTAL ISSUE AGGREGATE</b>		<b>\$54,733,827.60</b>			
				<b>2 SALES FOR</b>	<b>\$36,853,567.32</b>						



ELLIOTT - CONSOL  
CONSOLIDATED ACCOUNT STATEMENT

Account number 20-10-502-\*\*\*2322  
January 1, 2024 - December 31, 2024

Detail

5% Report by asset-aggregate

								Valuation	Threshold
								\$245,428,230.32	\$12,271,411.51
Asset description	Tran type	Settle date	Shares/units	Purchase/sale Cost/proceeds	Broker commission	Other expense	Cost of asset	Previous annual market	Net gain/loss
USA TREASURY NOTES	PUR	04/01/24	975,000.000	\$998,499.06	\$0.00	\$0.00	\$998,499.06	\$998,499.06	\$0.00
04.500% DUE 11/15/2033	PUR	04/25/24	2,615,000.000	2,584,151.11	0.00	0.00	2,584,151.11	2,584,151.11	0.00
	PUR	07/01/24	2,825,000.000	2,855,015.34	0.00	0.00	2,855,015.34	2,855,015.34	0.00
	SAL	10/10/24	400,000.000	413,703.12	0.00	0.00	401,413.28	401,413.28	12,289.84
	SAL	10/21/24	6,015,000.000	6,217,536.48	0.00	0.00	6,036,252.23	6,036,252.23	181,284.25
<b>3 PURCHASES FOR</b>				<b>\$6,437,665.51</b>	<b>TOTAL ISSUE AGGREGATE</b>		<b>\$13,068,905.11</b>		
<b>2 SALES FOR</b>				<b>\$6,631,239.60</b>					
FEDERATED HERMES GOVT OBLIG PREM SHS #117	PUR	01/31/24	6,980.290	\$6,980.29	\$0.00	\$0.00	\$6,980.29	\$6,980.29	\$0.00
	SAL	01/31/24	1,431,014.600	1,431,014.60	0.00	0.00	1,431,014.60	1,431,014.60	0.00
	PUR	01/31/24	531,376.040	531,376.04	0.00	0.00	531,376.04	531,376.04	0.00
	PUR	02/29/24	2,569.650	2,569.65	0.00	0.00	2,569.65	2,569.65	0.00
	SAL	02/29/24	1,340,588.330	1,340,588.33	0.00	0.00	1,340,588.33	1,340,588.33	0.00
	SAL	02/29/24	716,768.380	716,768.38	0.00	0.00	716,768.38	716,768.38	0.00
	PUR	03/31/24	5,949.860	5,949.86	0.00	0.00	5,949.86	5,949.86	0.00
	PUR	03/31/24	1,758,831.710	1,758,831.71	0.00	0.00	1,758,831.71	1,758,831.71	0.00
	PUR	03/31/24	95,349.710	95,349.71	0.00	0.00	95,349.71	95,349.71	0.00
	PUR	04/30/24	604,653.190	604,653.19	0.00	0.00	604,653.19	604,653.19	0.00
	SAL	04/30/24	1,949,358.030	1,949,358.03	0.00	0.00	1,949,358.03	1,949,358.03	0.00
	SAL	04/30/24	203,813.140	203,813.14	0.00	0.00	203,813.14	203,813.14	0.00
	SAL	05/31/24	598,276.300	598,276.30	0.00	0.00	598,276.30	598,276.30	0.00
	PUR	05/31/24	2,245,069.300	2,245,069.30	0.00	0.00	2,245,069.30	2,245,069.30	0.00
	PUR	05/31/24	935,111.450	935,111.45	0.00	0.00	935,111.45	935,111.45	0.00
	PUR	06/30/24	143,322.960	143,322.96	0.00	0.00	143,322.96	143,322.96	0.00
	SAL	06/30/24	1,563,063.720	1,563,063.72	0.00	0.00	1,563,063.72	1,563,063.72	0.00
	PUR	06/30/24	1,003,980.620	1,003,980.62	0.00	0.00	1,003,980.62	1,003,980.62	0.00
	SAL	07/31/24	74,614.610	74,614.61	0.00	0.00	74,614.61	74,614.61	0.00
	PUR	07/31/24	569,666.820	569,666.82	0.00	0.00	569,666.82	569,666.82	0.00
	SAL	07/31/24	400,550.200	400,550.20	0.00	0.00	400,550.20	400,550.20	0.00
	SAL	08/31/24	62,824.950	62,824.95	0.00	0.00	62,824.95	62,824.95	0.00
	PUR	08/31/24	646,217.240	646,217.24	0.00	0.00	646,217.24	646,217.24	0.00
	SAL	08/31/24	1,381,860.330	1,381,860.33	0.00	0.00	1,381,860.33	1,381,860.33	0.00
	PUR	09/30/24	17,880,260.280	17,880,260.28	0.00	0.00	17,880,260.28	17,880,260.28	0.00
	SAL	09/30/24	19,605,431.300	19,605,431.30	0.00	0.00	19,605,431.30	19,605,431.30	0.00
	SAL	09/30/24	98,003.930	98,003.93	0.00	0.00	98,003.93	98,003.93	0.00





ELLIOTT - CONSOL  
CONSOLIDATED ACCOUNT STATEMENT

Account number 20-10-502-\*\*\*2322  
January 1, 2024 - December 31, 2024

Detail

5% Report by asset-aggregate (continued)

								Valuation	Threshold	
								\$245,428,230.32	\$12,271,411.51	
Asset description	Tran type	Settle date	Shares/units	Purchase/sale Cost/proceeds	Broker commission	Other expense	Cost of asset	Previous annual market	Net gain/loss	
	SAL	10/31/24	5,151,273.150	5,151,273.15	0.00	0.00	5,151,273.15	5,151,273.15	0.00	
	SAL	10/31/24	17,248,136.020	17,248,136.02	0.00	0.00	17,248,136.02	17,248,136.02	0.00	
	SAL	10/31/24	1,858,541.060	1,858,541.06	0.00	0.00	1,858,541.06	1,858,541.06	0.00	
	SAL	11/30/24	1,550,583.710	1,550,583.71	0.00	0.00	1,550,583.71	1,550,583.71	0.00	
	SAL	12/31/24	1,853,453.220	1,853,453.22	0.00	0.00	1,853,453.22	1,853,453.22	0.00	
<b>14 PURCHASES FOR</b>				<b>\$26,429,338.12</b>	<b>TOTAL ISSUE AGGREGATE</b>			<b>\$83,517,493.10</b>		
<b>18 SALES FOR</b>				<b>\$57,088,154.98</b>						



PENSION PLAN FOR ALL ELIGIBLE EMPLOYEES OF ELLIOTT COMPANY

SCHEDULE OF ASSETS HELD AT END OF YEAR (IN LIQUIDATION)

Schedule 1

December 31, 2024

Form 5500 Schedule H  
Part IV, item 4i

EIN: 25-1555755  
Plan Number: 010

<u>(a)</u>	<u>(b) Identity of issuer, borrower, lessor, or similar party</u>	<u>(c) Par value or shares</u>	<u>(d) Cost</u>	<u>(e) Current value</u>
	Money market funds			
	FEDERATED HERMES GOVT OBLIG PREM SHS #117	10,874,837	10,874,837	10,874,837
	Total money market funds		<u>10,874,837</u>	<u>10,874,837</u>
	Total Investments		<u>\$ 10,874,837</u>	<u>\$ 10,874,837</u>

Note: This schedule is based on information which has been certified as complete and accurate by the Plan's trustee, PNC Bank, N.A.  
See accompanying Independent Auditor's Report.