

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE, etc.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, etc.
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension, etc.
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

1a Name of plan: ACCO MATERIAL HANDLING SOLUTIONS, INC. GROUP MEDICAL PLAN
1b Three-digit plan number (PN): 503
1c Effective date of plan: 01/01/2017
2a Plan sponsor's name, mailing address, city or town, state or province, country, and ZIP or foreign postal code.
2b Employer Identification Number (EIN): 06-0797947
2c Plan Sponsor's telephone number: 717-741-4863
2d Business code (see instructions): 333310

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

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

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

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	111
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	111
	6a(2)	0
	6b	0
	6c	0
	6d	0
	6e	
	6f	
	6g(1)	
6g(2)		
6h		
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

**SCHEDULE A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan ACCO MATERIAL HANDLING SOLUTIONS, INC. GROUP MEDICAL PLAN		B Three-digit plan number (PN) ▶ 503
C Plan sponsor's name as shown on line 2a of Form 5500 ACCO MATERIAL HANDLING SOLUTIONS, INC.		D Employer Identification Number (EIN) 06-0797947

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

1 Coverage Information:

(a) Name of insurance carrier
EVEREST REINSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
22-2005057	26921	KBP	0	01/01/2024	12/31/2024

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

(a) Total amount of commissions paid	(b) Total amount of fees paid
---	--------------------------------------

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

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

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

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

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

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

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

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

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

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

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

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

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

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

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

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

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

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

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

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

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a	Total premiums or subscription charges paid to carrier	10a		0
b	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.	10b		

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan ACCO MATERIAL HANDLING SOLUTIONS, INC. GROUP MEDICAL PLAN	B Three-digit plan number (PN) ▶ 503
C Plan sponsor's name as shown on line 2a of Form 5500 ACCO MATERIAL HANDLING SOLUTIONS, INC.	D Employer Identification Number (EIN) 06-0797947

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

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	172332	625
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	88976	169217
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	261308	169842
Liabilities			
g Benefit claims payable.....	1g	117910	0
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	347446	168532
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	465356	168532
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	-204048	1310

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	100	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		100
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	12697	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		12797

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	-197180	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		-197180
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)	3702	
(3) Recordkeeping fees	2i(3)	17	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	900	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		4619
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		-192561

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		205358
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: HOGANTAYLOER LLP

(2) EIN: 73-1413977

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

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

**ACCO MATERIAL HANDLING SOLUTIONS, INC.
GROUP MEDICAL PLAN**

**FINANCIAL STATEMENTS
AND SUPPLEMENTAL INFORMATION**

**AS OF DECEMBER 31, 2024, 2023, AND 2022
AND YEARS ENDED DECEMBER 31, 2024 AND 2023**

WITH

INDEPENDENT AUDITOR'S REPORT



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INDEPENDENT AUDITOR'S REPORT

To the Participants, Plan Administrator, and Those Charged with Governance
Acco Material Handling Solutions, Inc. Group Medical Plan

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

We have performed audits of the financial statements of Acco Material Handling Solutions, Inc. Group Medical Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024, 2023, and 2022, the related statements of changes in net assets available for benefits for the years ended December 31, 2024 and 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 (DOL) 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution, as of December 31, 2024, 2023, and 2022, and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 4 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 accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).
- The information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (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

As discussed in Note 1 to the financial statements, the Plan sponsor elected to terminate the Plan effective December 31, 2023, and management determined liquidation is imminent. As a result, the Plan has changed its basis of accounting from the going concern basis of accounting used in presenting the 2022 financial statements to the liquidation basis of accounting used in presenting the 2023 and 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 the financial statements in accordance with U.S. GAAP, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of 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 evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of U.S. GAAP.

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 U.S. GAAP.

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

Other Matter – Supplemental Information Required by ERISA

The supplemental information, schedules of assets (held at end of year) and reportable transactions as of, or for the years ended December 31, 2024 and 2023, are presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The supplemental information, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental information that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

- The form and content of the supplemental information, other than the information in the supplemental information that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental information 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).



Little Rock, Arkansas
October 14, 2025

ACCO MATERIAL HANDLING SOLUTIONS, INC. GROUP MEDICAL PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2024 (in liquidation), 2023 (in liquidation), and 2022

	<u>2024</u>	<u>2023</u>	<u>2022</u>
Assets			
Investments, at fair value	\$ 169,217	\$ 88,976	\$ 358,746
Receivables:			
Accrued dividends	625	701	1,256
Stop-loss refund	-	171,631	42,435
Total receivables	<u>625</u>	<u>172,332</u>	<u>43,691</u>
Total assets	169,842	261,308	402,437
Liabilities			
Due to plan sponsor	168,532	168,532	-
Stop-loss refund recovered	-	178,914	178,914
Total liabilities	<u>168,532</u>	<u>347,446</u>	<u>178,914</u>
Net assets available for benefits	<u>\$ 1,310</u>	<u>\$ (86,138)</u>	<u>\$ 223,523</u>

ACCO MATERIAL HANDLING SOLUTIONS, INC. GROUP MEDICAL PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

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

	2024	2023
Changes to net assets		
Dividends	\$ 12,697	\$ 15,002
Contributions:		
Participant	-	466,864
Employer	100	1,853,538
	100	2,320,402
Total contributions	100	2,320,402
Claims refunded (paid), net	79,270	(1,911,891)
Premiums paid	-	(613,689)
Administrative expenses	(4,619)	(119,485)
	87,448	(309,661)
Net increase (decrease)	87,448	(309,661)
Net assets available for benefits:		
Beginning of year	(86,138)	223,523
End of year	\$ 1,310	\$ (86,138)

ACCO MATERIAL HANDLING SOLUTIONS, INC. GROUP MEDICAL PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2024, 2023, and 2022

Note 1 – Description of the Plan

Acco Material Handling Solutions, Inc. (Employer) sponsored the Acco Material Handling Solutions, Inc. Group Medical Plan (the Plan). The following description provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan provided medical and prescription drug benefits to the Employer's eligible employees, their spouses, and covered dependents. The Plan was subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

The Employer was responsible for the oversight of the Plan. The Plan was a member of Keystone Benefits Partners, LLC (KBP), through December 31, 2023, which operates as a self-funded health insurance consortium under which the members negotiate and establish employee medical plans for their employees. Wilmington Trust (the Custodian) held the Plan assets under the direction of KBP, the trustee.

Effective December 31, 2023, the Plan was terminated, and liquidation was deemed imminent. All claims were processed and paid as of December 31, 2024. The remaining Plan assets were liquidated as of February 6, 2025, and termination was completed.

Eligibility

All regular full-time employees of the Employer who worked at least 30 hours per week were eligible to participate in the Plan. Eligibility was subject to specific waiting periods based on employee classification. Nonunion employees were eligible to participate in the Plan after completing 30 days of employment, and employees subject to collective bargaining agreements (union employees) were eligible on their date of hire. Effective September 1, 2022, one group of union employees in Alabama were eligible after completing 90 days of employment. Effective March 1, 2023, employees transferring from a position within a commonly owned company could have their waiting period waived if they were already employed in an eligible position. Once the applicable waiting period was satisfied, employees could enter the Plan on the first day of the following month, provided they had applied for coverage.

Contributions

In addition to deductibles and copayments, participants contributed specified amounts based on applicable monthly premiums for their respective benefit elections. Employee coverage was contributory at specific amounts determined annually by the Employer. Participants could contribute additional specified amounts determined annually by the Employer to extend coverage to their spouses and/or eligible dependents.

The Employer made contributions to the Plan as needed to fund claims in excess of participant contributions. Any deficiency of the Plan's net assets over benefit obligations was funded by the Employer on a pay-as-you-go basis.

Benefits

Plan benefits were self-insured. Claims for self-insured benefits were processed by the Plan's third-party claims administrators under administrative service agreements by Highmark Blue Shield (Highmark) for medical claims and Express Scripts Holding Company for prescription drug claims. These claims processors paid claims directly on behalf of the Plan and were then reimbursed by the Plan. Despite the Plan's utilization of third-party claims processors, ultimate responsibility for payments to providers was retained by the Plan. The Plan also provided continuation of certain benefits upon termination of employment through the Consolidated Omnibus Budget Reconciliation Act (COBRA).

Stop-loss coverage

The Employer entered into a stop-loss insurance arrangement in an effort to limit its exposure for self-insured benefits, which was for individual participant claims over a specified dollar amount, as well as its aggregate exposure for all claims.

Administrative expenses

The Plan paid administrative expenses that consist primarily of administrative fees paid to third-party claims administrators and the service providers. All other administrative expenses, such as professional fees, were paid by the Employer on behalf of the Plan.

Note 2 – Summary of Significant Accounting Policies

Basis of accounting

Due to the termination of the Plan effective December 31, 2023, the financial statements for the period from January 1, 2023 through December 31, 2024, were prepared using the liquidation basis of accounting. The 2022 financial statements were prepared as a going concern on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

Use of estimates

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

Investment valuation and income recognition

Investments were reported at fair value. Fair value was the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Plan management determined the valuation policies utilizing information provided by the Custodian. See Note 5 for discussion of fair value measurements.

Purchases and sales of securities were recorded on a trade-date basis. Dividends were recorded on the liquidation basis for the years ended December 31, 2024 and 2023.

Due to Plan sponsor

Amounts due to Plan sponsor were recorded as an offset to employer contributions in the year they were funded and related to remaining assets in excess of claims and expenses. This amount was refunded to the Plan sponsor in January 2025 as part of the liquidation process.

Contributions

Participant contributions were recorded in the period in which the premiums were withheld from compensation. Employer contributions were recorded as contributions once they are funded to the Plan, which are funded by the Employer on a pay-as-you-go basis.

Payment of benefits

Premiums paid either directly by the Employer or from the Plan sponsor were recorded as premiums paid in the accompanying statements of changes in net assets available for benefits.

Claim payments were recorded when paid by the third-party claims processors. Amounts due to third-party claims processors that were yet to be reimbursed by the Plan were recorded as payable to third-party claims processors on the accompanying statements of net assets available for benefits. There were no amounts payable to third-party claims processors as of December 31, 2024, 2023, or 2022.

Stop-loss

Claims that were paid from the Plan and exceeded stop-loss coverage were recorded when earned as reductions of claims paid in the accompanying statements of changes in net assets available for benefits. Stop-loss refunds recovered were amounts due to the stop-loss provider for claims refunded that were originally offset by stop-loss refunds and were recorded as a liability in the accompanying statements of net assets available for benefits and related offset to claims paid in the accompanying statements of changes in net assets available for benefits. Premiums for stop-loss insurance were included in premiums paid in the accompanying statements of changes in net assets available for benefits. Net stop-loss refunds totaling \$100,929 and \$586,782 were netted against claims paid on the accompanying statements of changes in net assets available for benefits for the years ended December 31, 2024 and 2023, respectively.

Subsequent events

The Plan administrator has evaluated subsequent events through October 14, 2025, the date the financial statements were available to be issued.

Note 3 – Benefit Obligations

Plan benefit obligations as of December 31, 2024, 2023, and 2022, included claims incurred by participants but not reported at that date which were estimated by the Employer based on claims data provided by Highmark. Claims incurred but not reported were estimated based on historical payment levels and lag periods between the time a claim was incurred, and payment was made. Such amounts are reported at an undiscounted amount because amounts typically were payable within one year.

Postemployment benefit obligations consist mainly of coverage provided by the Plan under COBRA. The obligation for COBRA benefits was estimated by the Employer based on the COBRA benefits paid as of the measurement date as obtained from claim payment history and includes an estimate for claims incurred by COBRA participants that have not been reported.

The Plan benefit obligations are as follows as of December 31:

	2024	2023	2022
	(in liquidation)		(ongoing)
Claims incurred but not reported	\$ -	\$ 117,910	\$ 16,714
Postemployment benefit obligations	-	9,538	-
Total benefit obligations	<u>\$ -</u>	<u>\$ 127,448</u>	<u>\$ 16,714</u>

The changes in the Plan's benefit obligations for the years ended December 31, 2024 and 2023, are summarized in the following table:

	2024	2023
	(in liquidation)	
Claims incurred but not reported at beginning of year	\$ 117,910	\$ 16,714
Claims incurred (benefits earned)	(206,718)	1,777,267
Claims refunded (paid), net	88,808	(1,911,891)
Claims incurred but not reported at end of year	<u>\$ -</u>	<u>\$ 117,910</u>
Postemployment benefit obligations at beginning of year	\$ 9,538	\$ -
Benefits earned	-	19,649
Claims paid	(9,538)	(10,111)
Postemployment benefit obligations at end of year	<u>\$ -</u>	<u>\$ 9,538</u>

Note 4 – Information Certified by the Plan's Custodian

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Custodian has certified that the following data included in the accompanying financial statements and supplemental schedules of assets (held at end of year) and reportable transactions is complete and accurate:

- Investments as shown on the statements of net assets available for benefits as of December 31, 2024, 2023, and 2022;
- Net investment activity as shown in the statements of changes in net assets available for benefits for the years ended December 31, 2024 and 2023;
- Investment information included in the footnotes and on the supplemental schedules of assets (held at end of year) and reportable transactions as of or for the years ended December 31, 2024 and 2023.

The Plan's independent auditors did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedules of assets (held at end of year) and reportable transactions.

Note 5 – Fair Value Measurements

Accounting guidance provides a framework for measuring fair value and provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1

measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

Level 1	Unadjusted quoted prices for identical, unrestricted assets or liabilities in active markets that a plan has the ability to access.
Level 2	Quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; and inputs that are derived principally from or corroborated by observable market data by correlation or other means for substantially the full term of the assets or liabilities.
Level 3	Significant unobservable inputs.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. There were no changes in the methodologies used as of December 31, 2024, 2023, and 2022. During the years ended December 31, 2024 and 2023, there were no transfers of financial instruments into or out of Level 3. Following is a description of the valuation methodology used for assets measured at fair value:

Mutual fund – Valued at quoted market prices, which represent the net asset value of shares held by the Plan at year-end.

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

Investments measured at fair value on a recurring basis consisted of the following types of instruments as of December 31:

	Fair value measurements as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Mutual fund and total investments at fair value	\$ 169,217	\$ -	\$ -	\$ 169,217
	Fair value measurements as of December 31, 2023			
	Level 1	Level 2	Level 3	Total
Mutual fund and total investments at fair value	\$ 88,976	\$ -	\$ -	\$ 88,976
	Fair value measurements as of December 31, 2022			
	Level 1	Level 2	Level 3	Total
Mutual fund and total investments at fair value	\$ 358,746	\$ -	\$ -	\$ 358,746

Note 6 – Related Party and Party-in-Interest Transactions

Certain administrative functions were performed by officers and employees of the Employer. No officer or employee received compensation from the Plan for these services. The Employer did not receive reimbursement from the Plan for these expenses.

The investment was managed by the Custodian. This transaction qualified as a party-in-interest transaction.

Note 7 – Tax Status

The trust funding the Plan has not received an exemption letter from the Internal Revenue Service (the IRS) stating that the trust is exempt under 501(a) of the Internal Revenue Code (the Code) as a Voluntary Employee Beneficiary Association; therefore, the trust is a taxable trust. As an employee welfare benefit plan and related taxable trust, the Plan and trust are required to operate in conformity with the Code and ERISA. The plan administrator believes the Plan and the Trust are operating in conformity with the Code and ERISA.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if it has taken an uncertain tax position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 8 – Risks and Uncertainties

Plan benefit obligations as of December 31, 2024, 2023, and 2022, for claims incurred but not yet reported were estimated based on claims paid subsequent to year-end but incurred prior to year-end. 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.

The Plan is exposed to concentration risk in that the Wilmington Funds U.S. Government Money Market Fund represents more than 100% of the Plan's net assets available for benefits as of December 31, 2024, 2023, and 2022.

Note 9 – Reconciliation of Financial Statements to Form 5500

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

	2024	2023	2022
Net assets available for benefits per the financial statements	\$ 1,310	\$ (86,138)	\$ 223,523
Claims incurred but not reported	-	(117,910)	(16,714)
Net assets available for benefits per Form 5500	<u>\$ 1,310</u>	<u>\$ (204,048)</u>	<u>\$ 206,809</u>

The following is a reconciliation of claims paid per the financial statements to Form 5500 for the years December 31, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
Claims paid (refunded) per financial statements	\$ (79,270)	\$ 1,911,891
Claims incurred but not reported, end of the year	-	117,910
Claims incurred but not reported, beginning of the year	<u>(117,910)</u>	<u>(16,714)</u>
Claims paid (refunded) per Form 5500	<u>\$ (197,180)</u>	<u>\$ 2,013,087</u>

Claims that have been processed and approved for payment as of year-end but not paid and claims incurred but not reported are not considered liabilities under U.S. GAAP and, therefore, are not presented as claims paid or a liability in the accompanying financial statements but are recorded on the Form 5500 as a liability.

SUPPLEMENTAL INFORMATION

ACCO MATERIAL HANDLING SOLUTIONS, INC. GROUP MEDICAL PLAN

SCHEDULE H, LINE 4i

SCHEDULE OF ASSETS (Held at End of Year)

**Plan #503
EIN 06-0797947**

December 31, 2024

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Investments:			
*	Wilmington Funds	U.S. Government Money Market Fund	\$ 169,217	\$ 169,217

* Represents a party-in-interest.

ACCO MATERIAL HANDLING SOLUTIONS, INC. GROUP MEDICAL PLAN

SCHEDULE H, LINE 4i

SCHEDULE OF ASSETS (Held at End of Year)

Plan #503
EIN 06-0797947

December 31, 2023

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Investments:			
*	Wilmington Funds	U.S. Government Money Market Fund	\$ 88,976	\$ 88,976

* Represents a party-in-interest.

ACCO MATERIAL HANDLING SOLUTIONS, INC. GROUP MEDICAL PLAN

SCHEDULE H, LINE 4j

SCHEDULE OF REPORTABLE TRANSACTIONS

**Plan #503
EIN 06-0797947**

Year ended December 31, 2024

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain (loss)
Category (i) - Single Transactions in Excess of 5% of Plan Assets:						
Wilmington Funds	U.S. Government Money Market Fund	\$ -	\$ 22,495	\$ 22,495	\$ 22,495	\$ -
		171,631	-	171,631	171,631	-
		74,657	-	74,657	74,657	-
		26,273	-	26,273	26,273	-
		-	26,976	26,976	26,976	-
		-	151,938	151,938	151,938	-
Category (iii) - Series of Transactions in Excess of 5% of Plan Assets:						
Wilmington Funds	U.S. Government Money Market Fund	\$ 285,333	\$ -	\$ 285,333	\$ 285,333	\$ -
		-	205,092	205,092	205,092	-

Columns (e) and (f) were not applicable.
Categories (ii) and (iv) were not applicable.

ACCO MATERIAL HANDLING SOLUTIONS, INC. GROUP MEDICAL PLAN

SCHEDULE H, LINE 4j

SCHEDULE OF REPORTABLE TRANSACTIONS

**Plan #503
EIN 06-0797947**

Year ended December 31, 2023

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain (loss)
Category (i) - Single Transactions in Excess of 5% of Plan Assets:						
Wilmington Funds	U.S. Government Money Market Fund	\$ -	\$ 33,837	\$ 33,837	\$ 33,837	\$ -
		33,704	-	33,704	33,704	-
		-	32,726	32,726	32,726	-
		-	28,705	28,705	28,705	-
		42,435	-	42,435	42,435	-
		-	23,733	23,733	23,733	-
		155,748	-	155,748	155,748	-
		-	14,411	14,411	14,411	-
		16,656	-	16,656	16,656	-
		-	103,166	103,166	103,166	-
		-	30,842	30,842	30,842	-
		158,173	-	158,173	158,173	-
		-	21,172	21,172	21,172	-
		-	257,560	257,560	257,560	-
		-	62,451	62,451	62,451	-

ACCO MATERIAL HANDLING SOLUTIONS, INC. GROUP MEDICAL PLAN

SCHEDULE H, LINE 4j

SCHEDULE OF REPORTABLE TRANSACTIONS (continued)

**Plan #503
EIN 06-0797947**

Year ended December 31, 2023

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain (loss)
Category (i) - Single Transactions in Excess of 5% of Plan Assets (continued):						
Wilmington Funds	U.S. Government Money Market Fund	14,942	-	14,942	14,942	-
		-	40,102	40,102	40,102	-
		-	42,939	42,939	42,939	-
		-	19,166	19,166	19,166	-
		163,279	-	163,279	163,279	-
		-	34,526	34,526	34,526	-
		62,043	-	62,043	62,043	-
		-	27,907	27,907	27,907	-
		-	40,221	40,221	40,221	-
		166,224	-	166,224	166,224	-
		-	40,408	40,408	40,408	-
		-	20,925	20,925	20,925	-
		-	35,645	35,645	35,645	-
		-	183,654	183,654	183,654	-
		109,649	-	109,649	109,649	-

ACCO MATERIAL HANDLING SOLUTIONS, INC. GROUP MEDICAL PLAN

SCHEDULE H, LINE 4j

SCHEDULE OF REPORTABLE TRANSACTIONS (continued)

**Plan #503
EIN 06-0797947**

Year ended December 31, 2023

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain (loss)
Category (i) - Single Transactions in Excess of 5% of Plan Assets (continued):						
Wilmington Funds	U.S. Government Money Market Fund	-	28,294	28,294	28,294	-
		193,708	-	193,708	193,708	-
		-	31,351	31,351	31,351	-
		71,708	-	71,708	71,708	-
		-	69,032	69,032	69,032	-
		141,070	-	141,070	141,070	-
		-	74,025	74,025	74,025	-
		-	15,652	15,652	15,652	-
		-	22,931	22,931	22,931	-
		-	49,023	49,023	49,023	-
		155,956	-	155,956	155,956	-
		-	28,146	28,146	28,146	-
		-	39,349	39,349	39,349	-
		-	63,259	63,259	63,259	-
		-	24,845	24,845	24,845	-

ACCO MATERIAL HANDLING SOLUTIONS, INC. GROUP MEDICAL PLAN

SCHEDULE H, LINE 4j

SCHEDULE OF REPORTABLE TRANSACTIONS (continued)

**Plan #503
EIN 06-0797947**

Year ended December 31, 2023

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain (loss)
Category (i) - Single Transactions in Excess of 5% of Plan Assets (continued):						
Wilmington Funds	U.S. Government Money Market Fund	172,617	-	172,617	172,617	-
		-	40,868	40,868	40,868	-
		35,265	-	35,265	35,265	-
		-	50,505	50,505	50,505	-
		-	34,810	34,810	34,810	-
		-	72,349	72,349	72,349	-
		156,446	-	156,446	156,446	-
		-	20,899	20,899	20,899	-
		-	18,258	18,258	18,258	-
		-	66,531	66,531	66,531	-
		-	27,093	27,093	27,093	-
		169,232	-	169,232	169,232	-
		-	296,474	296,474	296,474	-
		-	23,851	23,851	23,851	-
		-	14,496	14,496	14,496	-

ACCO MATERIAL HANDLING SOLUTIONS, INC. GROUP MEDICAL PLAN

SCHEDULE H, LINE 4j

SCHEDULE OF REPORTABLE TRANSACTIONS (continued)

**Plan #503
EIN 06-0797947**

Year ended December 31, 2023

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain (loss)
Category (i) - Single Transactions in Excess of 5% of Plan Assets (continued):						
Wilmington Funds	U.S. Government Money Market Fund	-	56,609	56,609	56,609	-
		171,489	-	171,489	171,489	-
		-	137,029	137,029	137,029	-
		-	29,268	29,268	29,268	-
		-	26,801	26,801	26,801	-
Category (iii) - Series of Transactions in Excess of 5% of Plan Assets:						
Wilmington Funds	U.S. Government Money Market Fund	\$ 2,226,728	\$ -	\$ 2,226,728	\$ 2,226,728	\$ -
		-	2,496,498	2,496,498	2,496,498	-

Columns (e) and (f) were not applicable.
Categories (ii) and (iv) were not applicable.

ACCO MATERIAL HANDLING SOLUTIONS, INC. GROUP MEDICAL PLAN

SCHEDULE H, LINE 4j

SCHEDULE OF REPORTABLE TRANSACTIONS

**Plan #503
EIN 06-0797947**

Year ended December 31, 2024

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain (loss)
Category (i) - Single Transactions in Excess of 5% of Plan Assets:						
Wilmington Funds	U.S. Government Money Market Fund	\$ -	\$ 22,495	\$ 22,495	\$ 22,495	\$ -
		171,631	-	171,631	171,631	-
		74,657	-	74,657	74,657	-
		26,273	-	26,273	26,273	-
		-	26,976	26,976	26,976	-
		-	151,938	151,938	151,938	-
Category (iii) - Series of Transactions in Excess of 5% of Plan Assets:						
Wilmington Funds	U.S. Government Money Market Fund	\$ 285,333	\$ -	\$ 285,333	\$ 285,333	\$ -
		-	205,092	205,092	205,092	-

Columns (e) and (f) were not applicable.
Categories (ii) and (iv) were not applicable.

ACCO MATERIAL HANDLING SOLUTIONS, INC. GROUP MEDICAL PLAN

SCHEDULE H, LINE 4i

SCHEDULE OF ASSETS (Held at End of Year)

**Plan #503
EIN 06-0797947**

December 31, 2024

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
*	Investments: Wilmington Funds	U.S. Government Money Market Fund	\$ 169,217	\$ 169,217

* Represents a party-in-interest.