

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

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 02/01/2024 and ending 01/31/2025

- 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, special extension, the DFVC program, 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: WHITEHALL COMPANY LTD. PENSION TRUST
1b Three-digit plan number (PN): 001
1c Effective date of plan: 09/01/1966
2a Plan sponsor's name (employer, if for a single-employer plan): MORRIS HOLDINGS LLC
2b Employer Identification Number (EIN): 01-0627727
2c Plan Sponsor's telephone number: 508-261-8751
2d Business code (see instructions): 424800

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 entries for plan administrator and employer/plan sponsor.

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 type="checkbox"/> Same as Plan Sponsor<br><br>MORRIS HOLDINGS LLC<br><br>305 FORBES BOULEVARD<br>MANSFIELD, MA 02048-1805 | <b>3b</b> Administrator's EIN<br>01-0627727<br><br><b>3c</b> Administrator's telephone number<br>508-261-8751 |
|--|---|

|  |                                   |
|--|-----------------------------------|
| <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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name | <b>4b</b> EIN<br><br><b>4d</b> PN |
|--|-----------------------------------|

|   |          |     |
|---|----------|-----|
| <b>5</b> Total number of participants at the beginning of the plan year | <b>5</b> | 180 |
|---|----------|-----|

|  |              |   |
|--|--------------|---|
| <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>6a(1)</b> | 0 |
| <b>a(2)</b> Total number of active participants at the end of the plan year .....  | <b>6a(2)</b> | 0 |
| <b>b</b> Retired or separated participants receiving benefits.....   | <b>6b</b>    | 0 |
| <b>c</b> Other retired or separated participants entitled to future benefits .....   | <b>6c</b>    | 0 |
| <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....  | <b>6d</b>    | 0 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....   | <b>6e</b>    | 0 |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....  | <b>6f</b>    | 0 |
| <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>6g(1)</b> |   |
| <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>6g(2)</b> |   |
| <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....  | <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 1H 1I 3D 3H

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

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

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**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.

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**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 \_\_\_\_\_

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|   |  |  |
|---|--|--|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><br><b>▶ File as an attachment to Form 5500 or 5500-SF.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection</b> |
|---|--|--|

For calendar plan year 2024 or fiscal plan year beginning 02/01/2024 and ending 06/30/2024

▶ **Round off amounts to nearest dollar.**  
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

|   |   |            |
|---|---|------------|
| <b>A</b> Name of plan<br><u>WHITEHALL COMPANY LTD. PENSION TRUST</u>  | <b>B</b> Three-digit plan number (PN) ▶   | <u>001</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>MORRIS HOLDINGS LLC</u>                                    | <b>D</b> Employer Identification Number (EIN)<br><u>01-0627727</u>  |            |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |            |

**Part I Basic Information**

|          |   |                            |                           |
|----------|---|----------------------------|---------------------------|
| <b>1</b> | Enter the valuation date: Month <u>02</u> Day <u>01</u> Year <u>2024</u>  |                            |                           |
| <b>2</b> | Assets:   |                            |                           |
|          | <b>a</b> Market value .....   | <b>2a</b>                  | <u>11253492</u>           |
|          | <b>b</b> Actuarial value .....  | <b>2b</b>                  | <u>11253492</u>           |
| <b>3</b> | Funding target/participant count breakdown  | (1) Number of participants | (2) Vested Funding Target |
|          | <b>a</b> For retired participants and beneficiaries receiving payment .....   | <u>149</u>                 | <u>10296112</u>           |
|          | <b>b</b> For terminated vested participants .....   | <u>31</u>                  | <u>1744084</u>            |
|          | <b>c</b> For active participants .....  | <u>0</u>                   | <u>0</u>                  |
|          | <b>d</b> Total .....  | <u>180</u>                 | <u>12040196</u>           |
| <b>4</b> | If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>  |                            |                           |
|          | <b>a</b> Funding target disregarding prescribed at-risk assumptions .....   | <b>4a</b>                  |                           |
|          | <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor ..... | <b>4b</b>                  |                           |
| <b>5</b> | Effective interest rate .....   | <b>5</b>                   | <u>4.97 %</u>             |
| <b>6</b> | Target normal cost  |                            |                           |
|          | <b>a</b> Present value of current plan year accruals .....  | <b>6a</b>                  | <u>0</u>                  |
|          | <b>b</b> Expected plan-related expenses .....   | <b>6b</b>                  | <u>55177</u>              |
|          | <b>c</b> Target normal cost .....   | <b>6c</b>                  | <u>55177</u>              |

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

|  |  |
|--|--|
| <b>SIGN HERE</b><br><br>Signature of actuary<br><br><u>BRIAN W. CORBETT, E.A., A.S.A.</u><br>Type or print name of actuary<br><br><u>THE ANGELL PENSION GROUP, INC.</u><br>Firm name<br><br><u>88 BOYD AVENUE</u><br><u>EAST PROVIDENCE, RI 02914</u><br><br>Address of the firm | <u>11/10/2025</u><br>Date<br><br><u>23-07664</u><br>Most recent enrollment number<br><br><u>401-438-9250</u><br>Telephone number (including area code) |
|--|--|

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

| <b>Part II Beginning of Year Carryover and Prefunding Balances</b> |  | (a) Carryover balance | (b) Prefunding balance |
|--|--|-----------------------|------------------------|
| <b>7</b>   | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....  | 0                     | 255345                 |
| <b>8</b>   | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....   | 0                     | 190670                 |
| <b>9</b>   | Amount remaining (line 7 minus line 8) .....   | 0                     | 64675                  |
| <b>10</b>  | Interest on line 9 using prior year's actual return of <u>7.57</u> % .....   | 0                     | 4899                   |
| <b>11</b>  | Prior year's excess contributions to be added to prefunding balance:   |                       |                        |
|  | <b>a</b> Present value of excess contributions (line 38a from prior year) .....  |                       | 0                      |
|  | <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.09</u> % ..... |                       | 0                      |
|  | <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....   |                       | 0                      |
|  | <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....  |                       | 0                      |
|  | <b>d</b> Portion of (c) to be added to prefunding balance .....  |                       | 0                      |
| <b>12</b>  | Other reductions in balances due to elections or deemed elections .....  | 0                     | 0                      |
| <b>13</b>  | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....   | 0                     | 69574                  |

| <b>Part III Funding Percentages</b> |  |           |         |
|-------------------------------------|--|-----------|---------|
| <b>14</b>                           | Funding target attainment percentage .....   | <b>14</b> | 92.88 % |
| <b>15</b>                           | Adjusted funding target attainment percentage .....  | <b>15</b> | 92.88 % |
| <b>16</b>                           | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 88.82 % |
| <b>17</b>                           | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....  | <b>17</b> | %       |

| <b>Part IV Contributions and Liquidity Shortfalls</b> |                                | <b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b> |                       |                                |                              |              |   |
|---|--------------------------------|--|-----------------------|--------------------------------|------------------------------|--------------|---|
| (a) Date (MM-DD-YYYY)                                 | (b) Amount paid by employer(s) | (c) Amount paid by employees   | (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees |              |   |
| 10/09/2024  | 763303                         | 0  |                       |                                |                              |              |   |
| 10/28/2024  | 95000                          | 0  |                       |                                |                              |              |   |
|   |                                |  |                       |                                |                              |              |   |
|   |                                |  |                       |                                |                              |              |   |
|   |                                |  |                       |                                |                              |              |   |
|   |                                |  |                       |                                |                              |              |   |
|   |                                |  | <b>Totals ▶</b>       | <b>18(b)</b>                   | 858303                       | <b>18(c)</b> | 0 |

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

|   |            |        |
|---|------------|--------|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....                    | <b>19a</b> | 0      |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                      | <b>19b</b> | 0      |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..... | <b>19c</b> | 829564 |

**20** Quarterly contributions and liquidity shortfalls:

**a** Did the plan have a "funding shortfall" for the prior year? .....  Yes  No

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

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

| Liquidity shortfall as of end of quarter of this plan year |         |         |         |
|--|---------|---------|---------|
| (1) 1st  | (2) 2nd | (3) 3rd | (4) 4th |
| 0  | 0       | 0       | 0       |

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

|   |   |  |                                     |   |
|---|---|--|-------------------------------------|---|
| <b>21</b> Discount rate:                        |   |  |                                     |   |
| <b>a</b> Segment rates:                         | 1st segment:<br>4.75 %                                    | 2nd segment:<br>4.87 %                         | 3rd segment:<br>5.59 %              | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....    |   |  |                                     | <b>21b</b> 4  |
| <b>22</b> Weighted average retirement age ..... |   |  |                                     | <b>22</b> 65  |
| <b>23</b> Mortality table(s) (see instructions) | <input checked="" type="checkbox"/> Prescribed - combined | <input type="checkbox"/> Prescribed - separate | <input type="checkbox"/> Substitute |   |

**Part VI Miscellaneous Items**

|   |   |  |
|---|---|--|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.....                                      | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            |
| <b>26</b> Demographic and benefit information   |   |  |
| <b>a</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....                             | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| <b>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...                      | <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No |
| <b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....                                   | <b>27</b>                               |  |

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

|   |           |   |
|---|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years .....   | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....                                    | <b>30</b> | 0 |

**Part VIII Minimum Required Contribution For Current Year**

|  |                     |                    |               |
|--|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):   |                     |                    |               |
| <b>a</b> Target normal cost (line 6c) .....  | <b>31a</b>          | 55177              |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....   | <b>31b</b>          | 0                  |               |
| <b>32</b> Amortization installments:   | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment .....  | 856278              | 35028              |               |
| <b>b</b> Waiver amortization installment .....   | 0                   | 0                  |               |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....  | <b>34</b>           | 90205              |               |
|  | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement .....   | 0                   | 40592              | 40592         |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....  | <b>36</b>           | 49613              |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....  | <b>37</b>           | 829564             |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36)   | <b>38a</b>          | 779951             |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....  | <b>38b</b>          | 40592              |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....  | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years .....  | <b>40</b>           | 0                  |               |

**Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)**

|  |
|--|
| <b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input checked="" type="checkbox"/> 2020 <input type="checkbox"/> 2021 |
|--|

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

For calendar plan year 2024 or fiscal plan year beginning **02/01/2024** and ending **01/31/2025**

|   |  |            |
|---|--|------------|
| <b>A</b> Name of plan<br><b>WHITEHALL COMPANY LTD. PENSION TRUST</b>                        | <b>B</b> Three-digit plan number (PN) ▶                            | <b>001</b> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>MORRIS HOLDINGS LLC</b> | <b>D</b> Employer Identification Number (EIN)<br><b>01-0627727</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

**BROWN BROTHERS HARRIMAN**

**13-4973745**

**(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

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

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

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

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

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

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

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

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**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

DIETRICH ANNUITY

1000 GERMANTOWN PIKE, SUITE K-1  
PLYMOUTH MEETING, PA 19462

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 16                     | CONSULTANT  | 30000  | 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)

BROWN BROTHERS HARRIMAN

13-4973745

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 21                     | NONE  | 22730  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  | 0   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

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

THE ANGELL PENSION GROUP, INC.

04-2530412

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 11                     | ACTUARY   | 13095  | 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.

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
|---|--|---|
| BROWN BROTHERS HARRIMAN   | 21   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| BBH MONEYMARKET FUND<br><br>13-4973745                              | TOTAL ASSETS * .23%  |   |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| BROWN BROTHERS HARRIMAN   | 21   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| BBH LIMITED DURATION FUND CL L<br><br>13-4973745                    | TOTAL ASSETS * .28%  |   |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes (see instructions)   | (c) Enter amount of indirect compensation |
| BROWN BROTHERS HARRIMAN   | 21   | 0   |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |   |
| BBH INCOME FUND<br><br>13-4973745                                   | TOTAL ASSETS * .46%  |   |

**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:

|  |  |  |
|--|--|--|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection</b> |
|--|--|--|

|  |  |
|--|--|
| For calendar plan year 2024 or fiscal plan year beginning <b>02/01/2024</b> and ending <b>01/31/2025</b> |  |
| <b>A</b> Name of plan<br><b>WHITEHALL COMPANY LTD. PENSION TRUST</b>                                     | <b>B</b> Three-digit plan number (PN) ▶ <b>001</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>MORRIS HOLDINGS LLC</b>              | <b>D</b> Employer Identification Number (EIN)<br><b>01-0627727</b> |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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>          |                 |
| <b>(2)</b> Participant contributions .....   | <b>1b(2)</b>          |                 |
| <b>(3)</b> Other .....   | <b>1b(3)</b>          | 7982            |
|  |                       | 0               |
| <b>c</b> General investments:  |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....   | <b>1c(1)</b>          | 7345607         |
| <b>(2)</b> U.S. Government securities .....  | <b>1c(2)</b>          | 0               |
| <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>       |                 |
| <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>         | 3907507         |
| <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>         | 0               |

| <b>1d</b> Employer-related investments:                                  |              | <b>(a)</b> Beginning of Year | <b>(b)</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>    | 11261096                     | 0                      |
| <b>Liabilities</b>   |              |                              |                        |
| <b>g</b> Benefit claims payable.....                                     | <b>1g</b>    |                              |                        |
| <b>h</b> Operating payables.....   | <b>1h</b>    |                              |                        |
| <b>i</b> Acquisition indebtedness.....                                   | <b>1i</b>    |                              |                        |
| <b>j</b> Other liabilities.....  | <b>1j</b>    | 7604                         | 0                      |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j)..... | <b>1k</b>    | 7604                         | 0                      |
| <b>Net Assets</b>  |              |                              |                        |
| <b>l</b> Net assets (subtract line 1k from line 1f).....                 | <b>1l</b>    | 11253492                     | 0                      |

**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>  |                 | <b>(a)</b> Amount | <b>(b)</b> Total |
|--|-----------------|-------------------|------------------|
| <b>a Contributions:</b>  |                 |                   |                  |
| (1) Received or receivable in cash from: <b>(A)</b> Employers.....   | <b>2a(1)(A)</b> | 858303            |                  |
| <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>    |                   | 858303           |
| <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> | 246538            |                  |
| <b>(B)</b> U.S. Government securities.....   | <b>2b(1)(B)</b> |                   |                  |
| <b>(C)</b> Corporate debt instruments.....   | <b>2b(1)(C)</b> |                   |                  |
| <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> |                   | 246538           |
| <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> | 135922            |                  |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |                   | 135922           |
| <b>(3)</b> 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> |                   |                  |
| <b>(B)</b> Aggregate carrying amount (see instructions).....   | <b>2b(4)(B)</b> |                   |                  |
| <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> |                   | 0                |
| <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> |                   |                  |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |                   | 0                |

|   |               | (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> |            | 135003    |
| <b>c</b> Other income .....   | <b>2c</b>     |            | 4057      |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....         | <b>2d</b>     |            | 1379823   |

**Expenses**

|  |               |         |          |
|--|---------------|---------|----------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |               |         |          |
| (1) Directly to participants or beneficiaries, including direct rollovers.....             | <b>2e(1)</b>  | 6579335 |          |
| (2) To insurance carriers for the provision of benefits .....                              | <b>2e(2)</b>  | 5922539 |          |
| (3) Other.....   | <b>2e(3)</b>  | 41679   |          |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                | <b>2e(4)</b>  |         | 12543553 |
| <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>  | 22730   |          |
| (6) Bank or trust company trustee/custodial fees .....                                     | <b>2i(6)</b>  | 4900    |          |
| (7) Actuarial fees .....   | <b>2i(7)</b>  | 13095   |          |
| (8) Legal fees .....   | <b>2i(8)</b>  |         |          |
| (9) Valuation/appraisal fees .....   | <b>2i(9)</b>  | 30000   |          |
| (10) Other trustee fees and expenses .....   | <b>2i(10)</b> |         |          |
| (11) Other expenses.....   | <b>2i(11)</b> | 19037   |          |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....       | <b>2i(12)</b> |         | 89762    |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | <b>2j</b>     |         | 12633315 |

**Net Income and Reconciliation**

|   |              |  |           |
|---|--------------|--|-----------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | -11253492 |
| <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: RSM US LLP

(2) EIN: 42-0714325

**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.)   |     |    |        |
| <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 11697.

**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 564065.

|  |   |   |
|--|---|---|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Retirement Plan Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|--|---|---|

For calendar plan year 2024 or fiscal plan year beginning 02/01/2024 and ending 01/31/2025

|   |  |            |
|---|--|------------|
| <b>A</b> Name of plan<br><u>WHITEHALL COMPANY LTD. PENSION TRUST</u>                        | <b>B</b> Three-digit plan number (PN) ▶                            | <u>001</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>MORRIS HOLDINGS LLC</u> | <b>D</b> Employer Identification Number (EIN)<br><u>01-0627727</u> |            |

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

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

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

|   |  |   |
|---|--|---|
| 1 |  | 0 |
|---|--|---|

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
EIN(s): 22-3898641 33-6134835

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

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

|   |  |    |
|---|--|----|
| 3 |  | 88 |
|---|--|----|

|                |   |
|----------------|---|
| <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) .....  | <b>6a</b> |  |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....  | <b>6b</b> |  |
| <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)..... | <b>6c</b> |  |

**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 03 / 30 / 2018 (MM/DD/YYYY) and the Opinion Letter serial number J501729A.

# **Whitehall Company Ltd. Pension Trust**

Financial Report  
January 31, 2025

## Contents

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## Independent Auditor's Report

Trustees  
Whitehall Company Ltd. Pension Trust

### Opinion

We have audited the financial statements of the Whitehall Company Ltd. Pension Trust (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), which comprise the statement of net assets in liquidation and statement of accumulated plan benefits in liquidation as of January 31, 2025, the related statement of changes in net assets in liquidation and statement of changes in accumulated plan benefits in liquidation for the year ended January 31, 2025, and the statement of net assets available for benefits, the statement of accumulated plan benefits as of January 31, 2024 (ongoing), the related statement of changes in net assets and the statement of changes in accumulated plan benefits for the year ended January 31, 2024, and the related notes to the financial statements.

In our opinion, the accompanying financial statements present fairly, in all material respects, the net assets in liquidation and of accumulated plan benefits in liquidation and the changes in its net assets in liquidation, and in accumulated plan benefits in liquidation as of January 31, 2025 and the net assets available for benefits and accumulated plan benefits of the Plan, and changes in its net assets available for benefits and accumulated plan benefits for the year ended January 31, 2024 (ongoing), in accordance with accounting principles generally accepted in the United States of America.

### 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 audit opinion.

### Emphasis of Matter—Plan Termination and Liquidation Basis

As discussed in Note 4 to the financial statements, effective June 30, 2024, the Company terminated the Plan. Management determined at that time that liquidation was imminent for plan year ended 2025. As a result, the Plan has changed its basis of accounting from the going concern basis of accounting used in presenting the 2024 financial statements to the liquidation basis of accounting used in presenting the 2025 financial statements. Our opinion has not been 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 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.

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**

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.

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.

**Supplemental Schedule Required by ERISA**

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of Schedule H, line 4j—schedule of reportable transactions for the year ended January 31, 2025, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's (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 information has been subjected to the auditing procedures applied in the audits 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. In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, 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 information in the accompanying schedule is fairly stated, in all material respects, in relation to the financial statements as a whole, and the form and content are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

*RSM US LLP*

Boston, Massachusetts  
November 13, 2025

Whitehall Company Ltd. Pension Trust

Statement of Net Assets in Liquidation as January 31, 2025 and Statement of  
Net Assets Available for Benefits as of January 31, 2024 (Ongoing)

|  | 2025<br>(in liquidation) | 2024<br>(Ongoing)           |
|--|--------------------------|-----------------------------|
| <b>Assets</b>                            |                          |                             |
| Investments, at fair value:              |                          |                             |
| Money market funds                       | \$ -                     | \$ 7,345,607                |
| Common stocks                            | -                        | -                           |
| Mutual funds                             | -                        | 3,907,507                   |
| <b>Total investments, at fair value</b>  | <u>-</u>                 | <u>11,253,114</u>           |
| Accrued income receivable                | -                        | 1,496                       |
| Prepaid investment management fee        | -                        | 6,486                       |
| <b>Total assets</b>                      | <u>-</u>                 | <u>11,261,096</u>           |
| <b>Liabilities</b>                       |                          |                             |
| Accrued expenses                         | -                        | 7,604                       |
| <b>Total liabilities</b>                 | <u>-</u>                 | <u>7,604</u>                |
| <b>Net assets available for benefits</b> | <u><u>\$ -</u></u>       | <u><u>\$ 11,253,492</u></u> |

See notes to financial statements.

**Whitehall Company Ltd. Pension Trust**

**Statement of Changes in Net Assets in Liquidation as of January 31, 2025 and  
Statement of Changes in Net Assets Available for Benefits as of January 31, 2024 (Ongoing)**

|  | <b>2025</b><br><b>(in Liquidation)</b> | <b>2024</b><br><b>(Ongoing)</b> |
|--|--|---------------------------------|
| Investment income:                                       |  |                                 |
| Net appreciation in value of investments                 | \$ 135,003                             | \$ 596,234                      |
| Interest and dividends                                   | <b>382,460</b>                         | 246,114                         |
| <b>Total investment income</b>                           | <b>517,463</b>                         | 842,348                         |
| Other income (loss)                                      | <b>4,057</b>                           | 3,459                           |
| Contributions:   |  |                                 |
| Employer   | <b>858,303</b>                         | -                               |
| <b>Total contributions</b>                               | <b>858,303</b>                         | -                               |
| <b>Total additions</b>                                   | <b>1,379,823</b>                       | -                               |
| Deductions from net assets attributed to:                |  |                                 |
| Benefits paid to participants                            | <b>6,621,014</b>                       | 1,215,632                       |
| Benefits transferred                                     | <b>5,922,539</b>                       | -                               |
| Administrative expenses                                  | <b>89,762</b>                          | 68,082                          |
| <b>Total deductions</b>                                  | <b>12,633,315</b>                      | 1,283,714                       |
| <b>Net decrease in net assets available for benefits</b> | <b>(11,253,492)</b>                    | (437,907)                       |
| Net assets available for benefits:                       |  |                                 |
| Beginning of period                                      | <b>11,253,492</b>                      | 11,691,399                      |
| End of period  | <b>\$ -</b>                            | <b>\$ 11,253,492</b>            |

See notes to financial statements.

**Whitehall Company Ltd. Pension Trust**

**Statement of Accumulated Plan Benefits in Liquidation as of January 31, 2025 and Statement of Accumulated Plan Benefits as of January 31, 2024 (Ongoing)**

|   | <b>2025</b>             | <b>2024</b>                 |
|---|-------------------------|-----------------------------|
|   | <b>(in liquidation)</b> | <b>(Ongoing)</b>            |
| Actuarial present value of accumulated plan benefits:             |                         |                             |
| Vested benefits:  |                         |                             |
| Participants currently receiving payments                         | \$ -                    | \$ 10,656,593               |
| Other participants  | -                       | 1,875,760                   |
| <b>Total vested benefits</b>                                      | <u>-</u>                | <u>12,532,353</u>           |
| <br>  |                         |                             |
| <b>Total actuarial present value of accumulated plan benefits</b> | <u><u>\$ -</u></u>      | <u><u>\$ 12,532,353</u></u> |

See notes to financial statements.

**Whitehall Company Ltd. Pension Trust**

**Statement of Changes in Accumulated Plan Benefits in Liquidation as of January 31, 2025 and  
Statement of Changes in Accumulated Plan Benefits as of January 31, 2024 (Ongoing)**

|  | <b>2025</b><br><b>(in liquidation)</b> | 2024<br><b>(Ongoing)</b>    |
|--|--|-----------------------------|
| Actuarial present value of accumulated plan benefits:  |  |                             |
| Beginning of period                                    | <u><b>\$ 12,532,353</b></u>            | <u>\$ 11,494,496</u>        |
| Increase (decrease) during the period attributable to: |  |                             |
| Interest due to decrease in discount period            | <b>(215,226)</b>                       | \$ -                        |
| Benefits paid  | <b>(6,621,014)</b>                     | (1,215,632)                 |
| Benefits transferred                                   | <b>(5,922,539)</b>                     | -                           |
| Decrease in discount period                            | -                                      | 704,342                     |
| Actuarial experience                                   | <b>(104,388)</b>                       | -                           |
| Changes in actuarial assumption                        | <b>311,051</b>                         | 1,671,990                   |
| Benefits accumulated and gains and losses              | <b>19,763</b>                          | (122,843)                   |
| <b>Net increase (decrease)</b>                         | <u><b>(12,532,353)</b></u>             | <u>1,037,857</u>            |
| Actuarial present value of accumulated plan benefits:  |  |                             |
| End of period  | <u><u><b>\$ -</b></u></u>              | <u><u>\$ 12,532,353</u></u> |

See notes to financial statements.

## Whitehall Company Ltd. Pension Trust

### Notes to Financial Statements

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#### Note 1. Description of Plan

The following brief description of the Whitehall Company Ltd. Pension Trust (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for a complete description of Plan provisions.

**General and eligibility:** The Plan is a noncontributory defined benefit pension plan covering substantially all employees of Whitehall Company Ltd. and any subsidiary of Whitehall Company Ltd. until March 11, 2002, then changing to substantially all employees of Gordon Logistics LLC. On February 21, 2020, the Plan was amended, effective January 1, 2020, to replace Gordon Logistics LLC with Morris Holdings LLC (the Company) as the Plan Sponsor and the Plan Administrator and assume all rights and responsibilities as the Employer as referenced in the Plan. Employees who were hired before July 18, 2004, became eligible to participate in the Plan once they completed one year of service and were age 21 or older but excluding employees who were members of a group for which retirement benefits have been the subject of good faith collective bargaining and leased employees. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Employees hired after July 18, 2004, are not eligible to receive benefits under this Plan. On February 21, 2020, the Plan was restated, effective February 1, 2020, under a volume submitter plan sponsored by The Angell Pension Group Inc., which received an advisory letter from the Internal Revenue Service (IRS) dated March 31, 2018.

**Pension benefits:** The Plan as amended provides that employees are entitled to annual pension benefits beginning at normal retirement age of 65 equal to the product of 2% of average annual compensation during the highest five consecutive years of Plan participation, and years of credited service (maximum 25 years) but not in excess of \$18,000 per year. The maximum annual benefit for each employee will remain at the limit in effect when that employee retired. Employee benefits vest at 100% at the earlier of five years of service or the attainment of age 65. On June 3, 2004, all active employees who were participants in the Plan were notified that additional benefit accruals under the Plan would cease effective July 18, 2004. Active employees would not earn any additional benefits under the Pension Plan beyond the accrued benefit they had earned based on their average annual compensation and years of credited service determined as of July 18, 2004. Employees may elect to receive the value of their accumulated plan benefits as a life annuity, a joint and survivor annuity, or a lump sum for participants who, at the time of termination are entitled to a benefit, the Actuarial Equivalent of such benefit equaling not more than \$5,000. Participants may also elect to have their annuity paid with a 10-year curtail.

**Death benefits:** If an active employee dies, a death benefit equal to the value of the employees accumulated pension benefit is paid to the employee's surviving spouse in the form of the survivor portion of the qualified joint and 50% surviving spouse annuity benefit.

**Plan administration:** Certain administrative functions are performed by officers or employees of the Company. No such officer or employee received compensation from the Plan. Administrative expenses are paid by the Company at management's discretion.

#### Note 2. Summary of Significant Accounting Policies

**Basis of accounting:** The Plan's financial statements are prepared in conformity with accounting principles generally accepted in the United States of America (U.S. GAAP) and are presented on the accrual basis of accounting. Due to the decision to terminate the Plan discussed in Note 4, management determined that liquidation of the Plan was imminent and the financial statements as of January 31, 2025, have been prepared using the liquidation basis of accounting. The financial statements as of and for the year ended January 31, 2024, were prepared using the accrual basis of accounting for a going concern.

## Whitehall Company Ltd. Pension Trust

### Notes to Financial Statements

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#### Note 2. Summary of Significant Accounting Policies (Continued)

**Use of estimates:** The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and accumulated plan benefits, and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates. The Plan uses an actuary to determine the actuarial present value of accumulated plan benefits. A change in the actuarial assumptions used could significantly change the amount of the actuarial present value of accumulated plan benefits reported in the accompanying financial statements.

**Investment valuation and income recognition:** The Plan did not hold any investments as of January 31, 2025. The Plan's investments as of January 31, 2024, are recorded at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's trustee determines the Plan's valuation policies utilizing information provided by the investment custodian. See Note 5 for discussion of fair value measurements.

Purchases and sales of securities for year ended January 31, 2025, were recorded on a settlement-date basis. Purchases and sales of securities for the year ended January 31, 2024, are recorded on a trade-date basis. Interest for the year ended January 31, 2025, was recorded on the liquidation basis. For the year ended January 31, 2024, interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

**Actuarial present value of accumulated plan benefits:** Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or former employees or their beneficiaries and (b) beneficiaries of employees who have died. Benefits under the Plan are based on employees' highest average of base compensation over five consecutive plan years. Any benefits due to active employees as of July 18, 2004, were frozen as of that date. Benefits payable under all circumstances—retirement, death and termination of employment are included, to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from Plan assets are excluded from accumulated plan benefits.

The actuarial present value of accumulated plan benefits were determined by the actuary, Angell Pension Group, as of February 1, 2024, and is that 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.

**Actuarial valuation and actuarial assumptions:** The actuarial cost method used to calculate the costs and liabilities of the Plan is the Unit Credit Cost Method as prescribed by the Pension Protection Act of 2006 (PPA).

## Whitehall Company Ltd. Pension Trust

### Notes to Financial Statements

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#### **Note 2. Summary of Significant Accounting Policies (Continued)**

During the period ended January 31, 2025, the Company completed the termination of its defined benefit pension plan. All plan assets were distributed as of January 31, 2025, and all benefit obligations were settled by January 31, 2025 except for one outstanding check of approximately \$49,000 that cleared by April 15, 2025. As a result, Plan reflected this expected payment as a benefits paid in the 2025 Statement of Changes in Net Assets in Liquidation and in the 2025 Statement of Changes in the Accumulated Plan Benefits in Liquidation. The actuarial present value of accumulated plan benefits was previously determined by the Plan's actuary, Angell Pension Group, as of February 1, 2024 on the ongoing basis. The accumulated plan benefits as of January 31, 2024 is presented from information provided by the actuary as of February 1, 2024. Had the February 1, 2024 valuation been performed as of January 31, 2024, there would be no material differences. Participants' lump sum obligations were revalued in accordance with the Plan's document utilizing the 2024 IRS applicable mortality table and the December 2023 IRS segment rates under Section 417(e)(3). Participants whose accrued benefits were settled through annuity purchases were settled via market transaction with the United of Omaha Insurance Company. Following management's determination that liquidation was imminent, the revalued obligations were rolled forward to January 31, 2025. The final settlement liability was approximately \$12,500,000.

**Payment of benefits:** Benefit payments are recorded when paid.

**Administrative expenses:** All reasonable expenses of administration may be paid out of Plan assets, including costs related to actuaries, accountants, counsel and other specialists and their agents and other costs of administering the Plan. Certain expenses of maintaining the Plan are paid directly by the Company and are excluded from these financial statements.

**Income taxes:** U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken any uncertain tax positions that more likely than not would not be sustained upon examination by a tax authority. Management evaluated the Plan's tax positions and concluded that the Plan had maintained its tax-exempt status and had taken no uncertain tax positions that require adjustment to the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements. With few exceptions, the Plan is no longer subject to income tax examinations by the U.S. federal, state, or local tax authorities for fiscal years before 2022.

#### **Note 3. Funding Policy**

Participants are not permitted to make contributions to the Plan. The Company's funding policy is to contribute to the Plan amounts that are estimated by the actuary. The contributions are designed to fund the Plan's current service costs on a current basis and to fund the estimated unfunded benefit cost arising from qualifying service before the valuation date using the aggregate actuarial cost method. The interest earned on investments of the Plan serves to reduce future contributions that would otherwise be required to provide for the defined level of benefits under the Plan. The Company's contributions for the years ended January 31, 2025 and 2024, of \$858,303 and \$0, respectively, met the minimum funding requirements of ERISA.

## Whitehall Company Ltd. Pension Trust

### Notes to Financial Statements

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#### Note 4. Plan Termination

The Plan Trustees of the Company voted on April 23, 2024 to terminate the Plan effective June 30, 2024. Participants will become fully vested upon plan termination. An application for determination for terminating plan was submitted to the IRS in May 2024 and a standard termination notice was filed with the PBGC in July 2024. The notice of plan benefits is a statement of a participant's accrued benefit under the Plan, including an estimate of the amount of a single cash payment to which the participant would be entitled. The termination payments were comprised of approximately \$6,621,000 of lump-sum distributions, which is included within benefits paid to participants in the Statement of Changes in Net Assets in Liquidation for the year ended January 31, 2025. Of these distributions of approximately \$49,000 had not cleared as of January 31, 2025. In addition, see Note 7 for further details surrounding the single premium group annuity contract that was purchased with United of Omaha Life Insurance Company (United of Omaha). All of the Plan's assets were either distributed or transferred, as elected by each participant, by January 31, 2025. Also see Note 7 for certain obligations settled through the purchase of a group annuity contract.

As a result of the resolution to terminate the Plan, each employee with an accrued benefit under the Plan will have the following choices to have the present value of his accrued benefit: (a) monthly annuity payments made by an insurance company selected by the Plan or (b) distributed in a single cash payment.

Upon Plan termination, the net assets of the Plan are allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding the Plan termination.
2. Other vested benefits insured by the PBGC (a U.S. government agency) up to the applicable limitations.
3. All other vested benefits (that is, vested benefits not insured by the PBGC).
4. All nonvested benefits.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirements benefits and certain disability and survivor's pension. However, the PBGC does not guarantee all types of benefits under the Plan and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan Sponsor and the level of benefits guaranteed by the PBGC.

## Whitehall Company Ltd. Pension Trust

### Notes to Financial Statements

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#### Note 5. Fair Value Measurements

U.S. GAAP establishes a framework for measuring fair value. That framework 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) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described below:

**Level 1:** Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

**Level 2:** Inputs to the valuation methodology include:

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

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

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

The asset's 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.

The following is a description of the valuation methodologies used for assets measured at fair value. There are no assets measured at fair value as of January 31, 2025.

**Mutual funds and common stocks:** Mutual funds and common stocks are valued at quoted market prices.

**Money market funds:** Valued at net asset value (NAV) per share based on the value of the underlying investments which are determined using the amortized cost method which approximates fair value. The fund seeks to maintain its NAV per share at \$1, although there is no assurance that it will be able to do so on a continuing basis.

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

## Whitehall Company Ltd. Pension Trust

### Notes to Financial Statements

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#### Note 5. Fair Value Measurements (Continued)

To assess the appropriate classification of investments within the fair value hierarchy, the availability of market data is monitored. Changes in economic conditions or valuation techniques may require the transfer of investments from one fair value level to another. The Plan Administrator evaluates the significance of transfers between levels based upon the nature of the investment and size of transfer relative to total net assets available for benefits. For the years ended January 31, 2025 and 2024, there were no transfers in or out of Level 3.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of January 31, 2025 and 2024:

| Asset Class        | Assets at Fair Value as of January 31, 2025 (in liquidation) |             |             |             |
|--------------------|--|-------------|-------------|-------------|
|                    | Total  | Level 1     | Level 2     | Level 3     |
| Investments:       |  |             |             |             |
| Money market funds | \$ -   | \$ -        | \$ -        | \$ -        |
| Mutual funds       | -  | -           | -           | -           |
| Total investments  | <u>\$ -</u>  | <u>\$ -</u> | <u>\$ -</u> | <u>\$ -</u> |

| Asset Class        | Assets at Fair Value as of January 31, 2024 (Ongoing) |                     |                     |             |
|--------------------|---|---------------------|---------------------|-------------|
|                    | Total   | Level 1             | Level 2             | Level 3     |
| Investments:       |   |                     |                     |             |
| Money market funds | \$ 7,345,607  | \$ -                | \$ 7,345,607        | \$ -        |
| Mutual funds       | 3,907,507   | 3,907,507           | -                   | -           |
| Total investments  | <u>\$ 11,253,114</u>                                  | <u>\$ 3,907,507</u> | <u>\$ 7,345,607</u> | <u>\$ -</u> |

#### Note 6. Party-in-Interest Transactions

The Plan's investments consist of money market funds and mutual funds managed by Brown Brothers Harriman & Co., the custodian of the Plan, and therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan to the custodian totaled \$22,792 and \$68,082 for the years ended January 31, 2025 and 2024, respectively. The Company also paid certain administrative expenses of the Plan.

#### Note 7. Purchase of Annuity Contract

On October 14, 2024, the Plan entered into a single premium group annuity contract with United of Omaha. The contract provides for the payment of annuities to those participants, and their beneficiaries, who elected an annuity distribution option. In October 2024, the Plan paid approximately \$5,922,500 to United of Omaha for the purchase of the annuities included as a settlement with insurance company in the Statement of Changes in Net Assets in Liquidation for the year ended January 31, 2025 and the Statement of Changes in Accumulated Plan Benefits in Liquidation as of January 31, 2025. United of Omaha assumed the obligation to make benefit payments under the contract commencing December 1, 2024. The financial statements as of January 31, 2025, include neither the assets transferred nor the obligations assumed by United of Omaha for payment of retiree vested benefits as they are no longer associated with the Plan.

## **Whitehall Company Ltd. Pension Trust**

### **Notes to Financial Statements**

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#### **Note 8. Risks and Uncertainties**

Contributions to the Plan and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and demographics. Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near term and, due to the uncertainties inherent in setting assumptions, that the effect of such changes could be material to the financial statements.

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

#### **Note 9. Income Tax Status**

The Plan has adopted a volume submitter plan sponsored by The Angell Pension Group Inc. The volume submitter plan provider has received an advisory letter from the IRS, dated March 31, 2018, as to the volume submitter plan's qualified status. The volume submitter plan advisory letter has been relied upon by the Plan. The Plan has been amended since the volume submitter plan received the advisory letter. The Plan filed an application for determination of terminating plan in May 2024 due to the decision to terminate the Plan as discussed in Note 4. The Plan received a final determination letter from the IRS dated December 5, 2024 stating that the termination of the Plan does not adversely affect its qualification for federal tax purposes.

#### **Note 10. Subsequent Events**

The Plan has evaluated subsequent events through November 13, 2025, the date the financial statements were available to be issued.

Employee Identification Number: 01-0627709

Plan Number: 001

**Schedule H, Line 4j—Schedule of Reportable Transactions  
Year Ended January 31, 2025**

| (a)                              | (b)                     | (c)               | (d)              | (e)             | (f)   | (g)              | (h)   | (i)                   |
|----------------------------------|-------------------------|-------------------|------------------|-----------------|---|------------------|---|-----------------------|
| Identity of<br>Party Involved    | Description<br>of Asset | Purchase<br>Price | Selling<br>Price | Lease<br>Rental | Expenses<br>Incurred<br>With<br>Transaction | Cost of<br>Asset | Current<br>Value of<br>Assets on<br>Transaction<br>Date | Net Gain<br>or (Loss) |
| Individual transactions          |                         |                   |                  |                 |   |                  |   |                       |
| * BBH LIMITED DURATION FUND CL I | Mutual Fund             | \$ -              | \$ 3,265,731     | N/A             | N/A   | \$ 3,191,215     | \$ 3,265,731  | \$ 74,516             |
| * BBH INCOME FUND -I             | Mutual Fund             | 3,561,820         | 4,042,514        | N/A             | N/A   | 3,911,820        | 4,042,514   | 130,694               |
| * BBH Money Market Fund          | Money Market Fund       | -                 | 7,345,607        | N/A             | N/A   | -                | -   | N/A                   |

\* Designates party-in-interest.

## SECTION XII ACTUARIAL COST METHODS

### **Traditional Unit Credit (TUC)**

The actuarial cost method used in the development of the minimum contribution was the unit credit cost method.

The normal cost is the sum of all the individual normal costs for each participant. For active participants, the individual normal cost is the present value of the benefit earned during the year being valued. For active participants whose credited service equals or exceeds the plan maximum, if any, and for non-active participants, the normal cost is zero

The actuarial accrued liability is the sum of the individual accrued liabilities for all participants. The individual accrued liability for an active participant is the present value of the accrued benefit as of the valuation date. The unfunded liability is the actuarial accrued liability less the valuation assets

The total annual cost of the plan is the normal cost plus an amount to amortize the shortfall amount.

### **Projected Unit Credit (PUC)**

The actuarial cost method used in the development of the maximum contribution was the projected unit credit cost method.

Under this method, the normal cost is the sum of the individual normal costs for all participants. For an active participant, the individual normal cost is the present value at the current age of the projected benefit at the assumed retirement age, based on the actuarial assumptions, divided by the participant's expected years of credited service at that age. For a non-active participant, the normal cost is zero

The actuarial accrued liability is the sum of the individual accrued liabilities for all plan participants. For an active participant, the individual accrued liability is the product of the normal cost and the total years of credited service at the current age. For non-active participants, the individual accrued liability is the present value at the current age of future benefits. The unfunded actuarial accrued liability equals the actuarial accrued liability less the valuation assets.

**SECTION XIII**  
**ACTUARIAL METHODS AND ASSUMPTIONS**

A summary of the actuarial assumptions used in the valuation is presented below:

Valuation Assets – Market Value

IRS Required Discount Rates

Minimum Required Contribution (as adjusted for MAP-21/HATFA/ARPA)

- |  |       |
|--|-------|
| 1. Segment Rate 1 for Years 1 Through 5  | 4.75% |
| 2. Segment Rate 2 for Years 6 Through 20 | 4.87% |
| 3. Segment Rate 3 for Years After 20     | 5.59% |

Maximum Deductible Contribution

- |  |       |
|--|-------|
| 1. Segment Rate 1 for Years 1 Through 5  | 3.82% |
| 2. Segment Rate 2 for Years 6 Through 20 | 4.59% |
| 3. Segment Rate 3 for Years After 20     | 4.63% |

Plan Effective Interest Rate 4.97%

Financial Accounting Standards Board ASC 960 Discount Rates and Mortality

Discount Rates

- |                                   |       |
|-----------------------------------|-------|
| 1. Pre-Retirement Discount Rate:  | 6.50% |
| 2. Post-Retirement Discount Rate: | 6.50% |

Mortality Tables

- |                                       |   |
|---------------------------------------|---|
| 1. Employee Mortality - Male          | NOT USED  |
| Employee Mortality - Female           | NOT USED  |
| 2. Healthy Annuitant Mortality - Male | Pri-2012 Male Retiree Projected Generationally with Scale MP-2021               |
| Healthy Annuitant Mortality - Female  | Pri-2012 Female Retiree Projected Generationally with Scale MP-2021             |
| 3. Beneficiary Mortality - Male       | Pri-2012 Male Contingent Survivor Projected Generationally with Scale MP-2021   |
| Beneficiary Mortality - Female        | Pri-2012 Female Contingent Survivor Projected Generationally with Scale MP-2021 |



**SECTION XIII**  
**ACTUARIAL METHODS AND ASSUMPTIONS (cont'd)**

Post-Retirement Mortality Rates: Post-Retirement Mortality was assumed in the valuation.

Male: 2024 IRS Combined Table

Female: 2024 IRS Combined Table

The following are sample post-retirement mortality rates for various ages:

|     | <b>Male</b> | <b>Female</b> |
|-----|-------------|---------------|
| 55  | 0.002060    | 0.001380      |
| 60  | 0.004580    | 0.002990      |
| 65  | 0.008610    | 0.006190      |
| 70  | 0.014190    | 0.010820      |
| 75  | 0.024330    | 0.019750      |
| 80  | 0.044420    | 0.037150      |
| 85  | 0.081260    | 0.065270      |
| 90  | 0.147330    | 0.117900      |
| 95  | 0.233190    | 0.190200      |
| 100 | 0.327880    | 0.278620      |
| 105 | 0.421910    | 0.375760      |
| 110 | 0.494480    | 0.462280      |

Administrative Expenses Expenses of \$55,177 per annum were assumed

Percent Married 85% of males and 85% of females are assumed to be married.

Age of Spouse Spouses of Males are assumed to be 3 years younger than the participant.  
Spouses of Females are assumed to be 3 years older than the participant.

**SECTION XIII (Cont.)**  
**SELECTION OF ACTUARIAL ASSUMPTIONS**

| Assumption                                      |   | Entity Who Selects Assumption  | Basis for Assumption Selection   | Change in Assumption  |
|---|---|--|--|---|
| Segment Interest Rates for Minimum Contribution | Segment 1: 4.75%<br>Segment 2: 4.87%<br>Segment 3: 5.59%                      | Prescribed by Internal Revenue Service (IRC Sec. 430(h)(2)(C))   | The Funding Target Liability for Minimum Contribution is determined using three 24-month average interest rates ("segment rates"), each of which applies to cash flows during specified periods. The Plan Sponsor has elected a 4 month look back for determining these rates each Plan Year. These segment rates are subject to a 5% floor then adjusted by the applicable percentage of the 25-year average segment rates. | The segment 1, segment 2 and segment 3 interest rates changed from 4.75%, 5.00%, and 5.74%, respectively as of the prior measurement date, February 1, 2023, to reflect the current prescribed rates. This change increased the Funding Target Liability for Minimum Contribution as of the current measurement date, February 1, 2024, by 0.84%.                                       |
| Segment Interest Rates for Maximum Contribution | Segment 1: 3.82%<br>Segment 2: 4.59%<br>Segment 3: 4.63%                      | Prescribed by Internal Revenue Service (IRC Sec. 404(o)(6))  | The Funding Target Liability for Maximum Contribution is determined using three 24-month average interest rates ("segment rates"), each of which applies to cash flows during specified periods. The Plan Sponsor has elected a 4 month look back for determining these rates each Plan Year.  | The segment 1, segment 2 and segment 3 interest rates changed from 1.57%, 3.21%, and 3.66%, respectively as of the prior measurement date, February 1, 2023, to reflect the current prescribed rates. This change decreased the Funding Target Liability for Maximum Contribution as of the current measurement date, February 1, 2024, by 10.34%.                                      |
| ASC 960 Interest Rate                           | 6.50%   | Morris Holdings LLC  | The ASC 960 interest rate is developed based on the allocation of the Plan's assets by investment class and the capital market outlook for each investment class. This information is provided by the Plan's investment advisor.   | None  |
| Inflation Rate                                  | N/A   | The Angell Pension Group, Inc.   | Plan accruals were frozen effective July 18, 2014.   | None  |
| Salary Scale                                    | N/A   | The Angell Pension Group, Inc.   | Plan accruals were frozen effective July 18, 2014.   | None  |
| Taxable Wage Base Increase                      | N/A   | The Angell Pension Group, Inc.   | Plan accruals were frozen effective July 18, 2014.   | None  |
| IRC 415 and 401(a)(17) Limit Projection         | N/A   | The Angell Pension Group, Inc.   | Plan accruals were frozen effective July 18, 2014.   | None  |
| Pre-Retirement Mortality                        | 2024 IRS Optional Combined (Male/Female) Tables                               | Prescribed by Internal Revenue Service (IRC Sec. 430(h)(3) for Minimum and IRC Sec. 404(o)(6) for Maximum) | The IRS prescribes by regulation mortality tables to be used in determining minimum and maximum contributions. Those tables are based on the actual experience of pension plans and projected trends in that experience. Current prescribed tables are based on the Pri-2012 Mortality Tables Report, adjusted using Projection Scale MP-2021.   | The mortality tables changed from the 2023 IRS Optional Combined (Male/Female) Tables as of the prior measurement date, February 1, 2023, to reflect the current prescribed tables. This change, together with the change in post-retirement mortality, decreased the Funding Target Liability for Minimum Contribution as of the current measurement date, February 1, 2024, by 1.56%. |
| Post-Retirement Mortality                       | 2024 IRS Optional Combined (Male/Female) Tables                               | Prescribed by Internal Revenue Service (IRC Sec. 430(h)(3) for Minimum and IRC Sec. 404(o)(6) for Maximum) | The IRS prescribes by regulation mortality tables to be used in determining minimum and maximum contributions. Those tables are based on the actual experience of pension plans and projected trends in that experience. Current prescribed tables are based on the Pri-2012 Mortality Tables Report, adjusted using Projection Scale MP-2021.   | The mortality tables changed from the 2023 IRS Optional Combined (Male/Female) Tables as of the prior measurement date, February 1, 2023, to reflect the current prescribed tables. This change, together with the change in pre-retirement mortality, decreased the Funding Target Liability for Minimum Contribution as of the current measurement date, February 1, 2024, by 1.56%.  |
| Pre-Retirement Mortality for ASC 960            | Pri-2012 Employee with Scale MP-2021 generational improvements (male/female). | Morris Holdings LLC  | The Society of Actuaries published a study of retirement experience in October, 2019. The Pri-2012 tables presented in the study represent the most current and complete benchmarks of U.S. private pension plan mortality experience. These tables include generational projections of mortality improvement via Scale MP-2021.   | None  |

**SECTION XIII (Cont.)**  
**SELECTION OF ACTUARIAL ASSUMPTIONS**

| Assumption                            |  | Entity Who Selects Assumption  | Basis for Assumption Selection   | Change in Assumption |
|---------------------------------------|--|--------------------------------|--|----------------------|
| Post-Retirement Mortality for ASC 960 | Pri-2012 Healthy Retiree and Contingent Survivor with Scale MP-2021 generational improvements (male/female). | Morris Holdings LLC            | The Society of Actuaries published a study of retirement experience in October, 2019. The Pri-2012 tables presented in the study represent the most current and complete benchmarks of U.S. private pension plan mortality experience. These tables include generational projections of mortality improvement via Scale MP-2021. | None                 |
| Disability Mortality                  | None   | The Angell Pension Group, Inc. | The incidence of disability under the Plan is negligible.  | None                 |
| Disability Rates                      | None   | The Angell Pension Group, Inc. | The incidence of disability under the Plan is negligible.  | None                 |
| Withdrawal Rates                      | None   | The Angell Pension Group, Inc. | The incidence of withdrawal is not applicable under the Plan.  | None                 |
| Retirement Rates                      | Inactive participants are assumed to retire at Normal Retirement Age of 65.                                  | The Angell Pension Group, Inc. | This assumption was set based on a review of experience under the Plan.  | None                 |
| Administrative Expenses               | Equals the estimated amount of Plan-related expenses paid from Plan assets in the current Plan year.         | The Angell Pension Group, Inc. | Internal Revenue Service regulations require the Target Normal Cost to be increased by the amount of Plan-related expenses expected to be paid from Plan assets during the Plan year. These expenses are the estimated amount of Plan-related expenses paid from Plan assets in the current Plan year.                           | None                 |
| Percent Married                       | 85% of males and 85% of females are assumed to be married.   | The Angell Pension Group, Inc. | This assumption was set based on a review of experience under the Plan.  | None                 |
| Age of Spouse                         | The female spouse is assumed to be 3 years younger than the male spouse.                                     | The Angell Pension Group, Inc. | This assumption was set based on a review of experience under the Plan and general experience from similarly situated plans.   | None                 |

|   |   |  |
|---|---|--|
| <p><b>Form 5500</b></p> <p>Department of the Treasury<br/>Internal Revenue Service</p> <hr/> <p>Department of Labor<br/>Employee Benefits Security<br/>Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p> | <p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p>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).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | <p>OMB Nos. 1210-0110<br/>1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p><b>This Form is Open to Public Inspection</b></p> |
|---|---|--|

|   |   |
|---|---|
| <b>Part I Annual Report Identification Information</b>  |   |
| For calendar plan year 2024 or fiscal plan year beginning 02/01/2024 and ending 01/31/2025      |   |
| A This return/report is for:  | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)<br><input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) _____ |
| B This return/report is:  | <input type="checkbox"/> the first return/report <input checked="" type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)  |
| C If the plan is a collectively-bargained plan, check here.....▶                                | <input type="checkbox"/>  |
| D Check box if filing under:  | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)  |
| E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.....▶ | <input type="checkbox"/>  |

|  |  |
|--|--|
| <b>Part II Basic Plan Information—enter all requested information</b>  |  |
| <p><b>1a</b> Name of plan<br/>WHITEHALL COMPANY LTD. PENSION TRUST</p> <hr/> <p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br/>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br/>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br/>MORRIS HOLDINGS LLC<br/><br/>305 FORBES BOULEVARD<br/><br/>MANSFIELD MA 02048-1805</p> | <p><b>1b</b> Three-digit plan number (PN) ▶ 001</p> <hr/> <p><b>1c</b> Effective date of plan 09/01/1966</p> <hr/> <p><b>2b</b> Employer Identification Number (EIN) 01-0627727</p> <hr/> <p><b>2c</b> Plan Sponsor's telephone number 508-261-8751</p> <hr/> <p><b>2d</b> Business code (see instructions) 424800</p> |

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

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

|              |                                    |            |  |
|--------------|------------------------------------|------------|--|
| SIGN<br>HERE | <i>Alain P. Huppe</i>              | 11/07/2025 | ALAIN HUPPE  |
|              | Signature of plan administrator    | Date       | Enter name of individual signing as plan administrator       |
| SIGN<br>HERE | <i>Alain P. Huppe</i>              | 11/07/2025 | ALAIN HUPPE  |
|              | Signature of employer/plan sponsor | Date       | Enter name of individual signing as employer or plan sponsor |
| SIGN<br>HERE |                                    |            |  |
|              | Signature of DFE                   | Date       | Enter name of individual signing as DFE                      |

|  |  |
|--|--|
| <b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor<br>MORRIS HOLDINGS LLC<br><br>305 FORBES BOULEVARD<br><br>MANSFIELD MA 02048-1805  | <b>3b</b> Administrator's EIN<br>01-0627727<br><br><b>3c</b> Administrator's telephone number<br>508-261-8751  |
| <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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name   | <b>4b</b> EIN<br><br><b>4d</b> PN  |
| <b>5</b> Total number of participants at the beginning of the plan year  | <b>5</b> 180   |
| <b>6</b> 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).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....<br><b>f</b> Total. Add lines 6d and 6e .....<br><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) .....<br><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) .....<br><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> 0<br><b>6a(2)</b> 0<br><b>6b</b> 0<br><b>6c</b> 0<br><b>6d</b> 0<br><b>6e</b> 0<br><b>6f</b> 0<br><b>6g(1)</b><br><b>6g(2)</b><br><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 1H 1I 3D 3H

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

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

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

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**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 \_\_\_\_\_

---

Employee Identification Number: 01-0627709

Plan Number: 001

**Schedule H, Line 4j—Schedule of Reportable Transactions  
Year Ended January 31, 2025**

| (a)                              | (b)                     | (c)               | (d)              | (e)             | (f)   | (g)              | (h)   | (i)                   |
|----------------------------------|-------------------------|-------------------|------------------|-----------------|---|------------------|---|-----------------------|
| Identity of<br>Party Involved    | Description<br>of Asset | Purchase<br>Price | Selling<br>Price | Lease<br>Rental | Expenses<br>Incurred<br>With<br>Transaction | Cost of<br>Asset | Current<br>Value of<br>Assets on<br>Transaction<br>Date | Net Gain<br>or (Loss) |
| Individual transactions          |                         |                   |                  |                 |   |                  |   |                       |
| * BBH LIMITED DURATION FUND CL I | Mutual Fund             | \$ -              | \$ 3,265,731     | N/A             | N/A   | \$ 3,191,215     | \$ 3,265,731  | \$ 74,516             |
| * BBH INCOME FUND -I             | Mutual Fund             | 3,561,820         | 4,042,514        | N/A             | N/A   | 3,911,820        | 4,042,514   | 130,694               |
| * BBH Money Market Fund          | Money Market Fund       | -                 | 7,345,607        | N/A             | N/A   | -                | -   | N/A                   |

\* Designates party-in-interest.

|   |  |  |
|---|--|--|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><br><b>▶ File as an attachment to Form 5500 or 5500-SF.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection</b> |
|---|--|--|

For calendar plan year 2024 or fiscal plan year beginning 02/01/2024 and ending 06/30/2024

▶ **Round off amounts to nearest dollar.**  
 ▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

|   |   |     |
|---|---|-----|
| <b>A</b> Name of plan<br>WHITEHALL COMPANY LTD. PENSION TRUST   | <b>B</b> Three-digit plan number (PN) ▶   | 001 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>MORRIS HOLDINGS LLC   | <b>D</b> Employer Identification Number (EIN)<br>01-0627727   |     |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |     |

|   |                            |                           |                          |
|---|----------------------------|---------------------------|--------------------------|
| <b>Part I Basic Information</b>   |                            |                           |                          |
| <b>1</b> Enter the valuation date:  | Month <u>02</u>            | Day <u>01</u>             | Year <u>2024</u>         |
| <b>2</b> Assets:  |                            |                           |                          |
| <b>a</b> Market value .....   | <b>2a</b>                  | 11,253,492                |                          |
| <b>b</b> Actuarial value .....  | <b>2b</b>                  | 11,253,492                |                          |
| <b>3</b> Funding target/participant count breakdown   | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment .....   | 149                        | 10,296,112                | 10,296,112               |
| <b>b</b> For terminated vested participants .....   | 31                         | 1,744,084                 | 1,744,084                |
| <b>c</b> For active participants .....  | 0                          | 0                         | 0                        |
| <b>d</b> Total .....  | 180                        | 12,040,196                | 12,040,196               |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) .....   | <input type="checkbox"/>   |                           |                          |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....   | <b>4a</b>                  |                           |                          |
| <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor ..... | <b>4b</b>                  |                           |                          |
| <b>5</b> Effective interest rate .....  | <b>5</b>                   | 4.97%                     |                          |
| <b>6</b> Target normal cost   |                            |                           |                          |
| <b>a</b> Present value of current plan year accruals .....  | <b>6a</b>                  | 0                         |                          |
| <b>b</b> Expected plan-related expenses .....   | <b>6b</b>                  | 55,177                    |                          |
| <b>c</b> Target normal cost .....   | <b>6c</b>                  | 55,177                    |                          |

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

|                  |   |   |
|------------------|---|---|
| <b>SIGN HERE</b> | Signature of actuary<br><br>BRIAN W. CORBETT, E.A., A.S.A.<br>Type or print name of actuary<br><br>THE ANGELL PENSION GROUP, INC.<br>Firm name<br><br>88 BOYD AVENUE<br><br>EAST PROVIDENCE RI 02914<br>Address of the firm | <u>11/10/2025</u><br>Date<br><br><u>2307664</u><br>Most recent enrollment number<br><br><u>401-438-9250</u><br>Telephone number (including area code) |
|------------------|---|---|

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



|   |  |                        |                        |   |
|---|--|------------------------|------------------------|---|
| <b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b> |  |                        |                        |   |
| <b>21</b> Discount rate:  |  |                        |                        |   |
| <b>a</b> Segment rates:   | 1st segment:<br>4.75 %   | 2nd segment:<br>4.87 % | 3rd segment:<br>5.59 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....                                       |  |                        |                        | <b>21b</b> 4  |
| <b>22</b> Weighted average retirement age .....                                   |  |                        |                        | <b>22</b> 65  |
| <b>23</b> Mortality table(s) (see instructions)                                   | <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |   |

|   |  |  |  |           |
|---|--|--|--|-----------|
| <b>Part VI Miscellaneous Items</b>  |  |  |  |           |
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |  |  |           |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. .... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                     |  |  |  |           |
| <b>26</b> Demographic and benefit information   |  |  |  |           |
| <b>a</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. .... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                            |  |  |  |           |
| <b>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                      |  |  |  |           |
| <b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....   |  |  |  | <b>27</b> |

|   |  |  |  |             |
|---|--|--|--|-------------|
| <b>Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>   |  |  |  |             |
| <b>28</b> Unpaid minimum required contributions for all prior years .....   |  |  |  | <b>28</b> 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... |  |  |  | <b>29</b> 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                   |  |  |  | <b>30</b> 0 |

|  |                     |                    |               |                    |
|--|---------------------|--------------------|---------------|--------------------|
| <b>Part VIII Minimum Required Contribution For Current Year</b>  |                     |                    |               |                    |
| <b>31</b> Target normal cost and excess assets (see instructions):   |                     |                    |               |                    |
| <b>a</b> Target normal cost (line 6c).....   |                     |                    |               | <b>31a</b> 55,177  |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....   |                     |                    |               | <b>31b</b> 0       |
| <b>32</b> Amortization installments:   | Outstanding Balance |                    | Installment   |                    |
| <b>a</b> Net shortfall amortization installment .....  | 856,278             |                    | 35,028        |                    |
| <b>b</b> Waiver amortization installment .....   | 0                   |                    | 0             |                    |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... |                     |                    |               | <b>33</b>          |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....   |                     |                    |               | <b>34</b> 90,205   |
|  | Carryover balance   | Prefunding balance | Total balance |                    |
| <b>35</b> Balances elected for use to offset funding requirement .....   | 0                   | 40,592             | 40,592        |                    |
| <b>36</b> Additional cash requirement (line 34 minus line 35).....   |                     |                    |               | <b>36</b> 49,613   |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....   |                     |                    |               | <b>37</b> 829,564  |
| <b>38</b> Present value of excess contributions for current year (see instructions)  |                     |                    |               |                    |
| <b>a</b> Total (excess, if any, of line 37 over line 36)   |                     |                    |               | <b>38a</b> 779,951 |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....  |                     |                    |               | <b>38b</b> 40,592  |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....  |                     |                    |               | <b>39</b> 0        |
| <b>40</b> Unpaid minimum required contributions for all years .....  |                     |                    |               | <b>40</b> 0        |

|  |  |  |  |  |
|--|--|--|--|--|
| <b>Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>  |  |  |  |  |
| <b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input checked="" type="checkbox"/> 2020 <input type="checkbox"/> 2021 |  |  |  |  |

As indicated on line 22 of the 2024 Schedule SB, the Weighted Average Retirement Age is 65. For the 2024 Plan Year, the Weighted Average Retirement Age is the same as the Normal Retirement Age.

**Whitehall Company, Ltd. Pension Trust**  
**EIN: 01-0627727; Plan Number: 001**  
**2024 Schedule SB, line 19 - Discounted Employer Contributions**

| (1)                  | (2)                              | (3)   | (4a) <u>Applicable Effective Interest Rate</u> (4b) |  | (5)                                  |                  |
|----------------------|----------------------------------|---|---|--|--------------------------------------|------------------|
| Date<br>(MM-DD-YYYY) | Amount paid<br>by<br>employer(s) | Year to which<br>Contribution is<br>Applied | Applicable<br>Effective Interest<br>Rate            | Increased Rate for<br>late quarterly<br>installments | Interest<br>Adjusted<br>Contribution |                  |
| 10/09/24             | 40,592.00                        | 2024  | 4.97%   | 9.97%  | 2                                    | \$38,837         |
| 10/09/24             | 722,711.00                       | 2024  | 4.97%   |  | 4                                    | 699,066          |
| 10/28/24             | 95,000.00                        | 2024  | 4.97%   |  | 4                                    | 91,661           |
| <b>TOTALS:</b>       |                                  |   |   |  |                                      | <b>\$829,564</b> |

Valuation Date:  
2/1/2024

NOTES: footnote before column (5) describes due date for Quarterly Contribution  
 "1" is for 4/15/2024 due date  
 "2" is for 7/15/2024 due date  
 "3" is for 10/15/2024 due date  
 "4" is for 3/15/2025 due date  
 "7" is not subject to Quarterly Contributions

## Appendix A

### Summary of Plan Provisions

|                                   |   |
|-----------------------------------|---|
| <i>Plan Effective Date:</i>       | September 1, 1966   |
| <i>Eligibility Requirements:</i>  | Age: 21<br>Service: One Year  |
| <i>Plan Entry Date:</i>           | An eligible employee will enter the plan on the first day of the plan year nearest the completion of one Year of Service and the attainment of age 21. No additional employees will be allowed into the plan after July 18, 2004.                                 |
| <i>Year of Service:</i>           | 12-consecutive-month computation period in which an employee is credited with 1,000 or more hours of service.   |
|                                   | Eligibility: Computation period commences on employee's date of hire.   |
|                                   | Vesting: Computation period commences on February 1 (Effective August 31, 1976).  |
|                                   | Benefit Accrual: Computation period commences on February 1 (Effective August 31, 1976).  |
| <i>Normal Retirement Date:</i>    | First day of the month coincident with or next following the later of the participant's 65th Birthday and the fifth anniversary of initial plan participation.  |
| <i>Normal Retirement Benefit:</i> | Monthly benefit equal to the lesser of (a) or (b):<br><br>(a) 2% of Average Compensation multiplied by years of credited service, maximum 25,<br><br>(b) A dollar maximum, as adjusted periodically. The limit effective September 1, 2000 was \$18,000 per year. |
| <i>Normal Form of Benefit:</i>    | Life Annuity  |
| <i>Accrued Benefit:</i>           | The Normal Retirement Benefit based on years of Credited Service to date.<br><br>Benefit accruals ceased effective July 18, 2004.   |

**Plan was amended to terminate on June 30, 2024.**

*Early Retirement:* None.

*Death Benefit:* The spouse of a participant or former participant who dies after attainment of a vested benefit will be eligible to receive a pre-retirement surviving spouse benefit, equal to the survivor portion Joint & 50% Survivor annuity, payable at the participant's Normal Retirement Date.

*Disability Benefit:* None.

*Vesting:* Based on Years of Service, subject to the following schedule:

| <u>Years of Service</u> | <u>Vested Percentage</u> |
|-------------------------|--------------------------|
| Less than 5 years       | 0%                       |
| 5 years or more         | 100%                     |

Notwithstanding the above vesting schedule, a participant will become 100% vested upon reaching the Normal Retirement Date.

**SECTION V**  
**AMORTIZATION BASES UNDER SECTION 430 OF THE IRS CODE**

**Shortfall Amortization Bases**

| <u>Description</u>         | <u>Date Base Established</u> | <u>Initial Base</u> | <u>Initial Years</u> | <u>Remaining Years</u> | <u>Present Value of Remaining Payments</u> | <u>*Amortization Amount</u> |
|----------------------------|------------------------------|---------------------|----------------------|------------------------|--|-----------------------------|
| Shortfall                  | 2/1/2024                     | \$ -524,434         | 15                   | 15                     | \$ - 524,434                               | \$ - 19,880                 |
| Shortfall                  | 2/1/2023                     | \$ 1,438,943        | 15                   | 14                     | \$ 1,380,712                               | \$ 54,908                   |
| Subtotal - Shortfall Bases |                              |                     |                      |                        | \$ 856,278                                 | \$ 35,028                   |

**Waiver Amortization Bases**

| <u>Description</u>              | <u>Date Base Established</u> | <u>Initial Base</u> | <u>Initial Years</u> | <u>Remaining Years</u> | <u>Present Value of Remaining Payments</u> | <u>Amortization Amount</u> |
|---------------------------------|------------------------------|---------------------|----------------------|------------------------|--|----------------------------|
| Subtotal - Waiver Bases         |                              |                     |                      |                        | \$ 0                                       | \$ 0                       |
| <b>Total Amortization Bases</b> |                              |                     |                      |                        | <b>\$ 856,278</b>                          | <b>\$ 35,028</b>           |

\*Adjusted for short plan year ending June 30, 2024.

## Changes In Actuarial Methods

Automatic approval under IRS Regulation 1.430(a)-(1)(b)(5) for short plan year as a result of plan termination.