

Form 5500

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110  
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 05/01/2024 and ending 04/30/2025

- A This return/report is for: [ ] a multiemployer plan [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [x] a single-employer plan [ ] a DFE (specify) \_\_\_\_
B This return/report is: [ ] the first return/report [ ] the final return/report [ ] an amended return/report [ ] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. [x]
D Check box if filing under: [x] Form 5558 [ ] automatic extension [ ] the DFVC program [ ] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan: PENSION PLAN FOR HOLLISTER-WHITNEY ELEVATOR CORPORATION UNION EMPLOYEES
1b Three-digit plan number (PN): 002
1c Effective date of plan: 05/01/1995
2a Plan sponsor's name (employer, if for a single-employer plan): HOLLISTER-WHITNEY ELEVATOR CO. LLC
2b Employer Identification Number (EIN): 82-1718739
2c Plan Sponsor's telephone number: 718-292-9000
2d Business code (see instructions): 332900

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

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

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

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	339
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	175
	<b>6a(2)</b>	177
	<b>6b</b>	77
	<b>6c</b>	76
	<b>6d</b>	330
	<b>6e</b>	12
	<b>6f</b>	342
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		7
<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:  
1B

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

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

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

**a Pension Schedules**

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

**b General Schedules**

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

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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> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  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).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning 05/01/2024 and ending 04/30/2025

▶ **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 <u>PENSION PLAN FOR HOLLISTER-WHITNEY ELEVATOR CORPORATION UNION EMPLOYEES</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>002</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>HOLLISTER-WHITNEY ELEVATOR CO. LLC</u>	<b>D</b> Employer Identification Number (EIN) <u>82-1718739</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>05</u> Day <u>01</u> Year <u>2024</u>		
<b>2</b> Assets:			
<b>a</b> Market value .....	<b>2a</b>	<u>9989052</u>	
<b>b</b> Actuarial value .....	<b>2b</b>	<u>9925964</u>	
<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 .....	<u>85</u>	<u>5494129</u>	<u>5494129</u>
<b>b</b> For terminated vested participants .....	<u>82</u>	<u>1652851</u>	<u>1652851</u>
<b>c</b> For active participants .....	<u>183</u>	<u>4797318</u>	<u>4837761</u>
<b>d</b> Total .....	<u>350</u>	<u>11944298</u>	<u>11984741</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>5.41</u> %	
<b>6</b> Target normal cost			
<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>344429</u>	
<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>10000</u>	
<b>c</b> Target normal cost .....	<b>6c</b>	<u>354429</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>  <u>AARON ROTHSTEIN</u> Signature of actuary  <u>BUCK GLOBAL, LLC</u> Type or print name of actuary  <u>200 JEFFERSON PARK, 2ND FLOOR</u> <u>WHIPPANY, NJ 07981</u> Firm name  Address of the firm	<u>02/12/2026</u> Date  <u>23-08414</u> Most recent enrollment number  <u>201-902-2913</u> Telephone number (including area code)
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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	0
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	0
<b>10</b>	Interest on line 9 using prior year's actual return of <u>9.66</u> % .....	0	0
<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) .....		69
<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>5.38</u> % .....		4
<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 .....		73
<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	0

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	82.82 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	82.82 %
<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>	84.33 %
<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		
08/14/2024	128000	0					
11/14/2024	128000	0					
02/14/2025	128000	0					
05/15/2025	126000	0					
01/15/2026	74000	0					
			<b>Totals ▶</b>	<b>18(b)</b>	584000	<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>	560174

**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

<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: 4.84 %	2nd segment: 5.24 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code) .....				<b>21b</b> 0
<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 type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> Yes <input 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> 354429
<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 .....	2058777		204918	
<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> 559347
	Carryover balance	Prefunding balance	Total balance	
<b>35</b> Balances elected for use to offset funding requirement .....			0	
<b>36</b> Additional cash requirement (line 34 minus line 35) .....				<b>36</b> 559347
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....				<b>37</b> 560174
<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> 827
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....				<b>38b</b> 0
<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 checked="" type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021				

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **05/01/2024** and ending **04/30/2025**

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

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**31-0841368**

**(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)

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31-0841368

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	NONE	10000	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>05/01/2024</b> and ending <b>04/30/2025</b>	
<b>A</b> Name of plan <b>PENSION PLAN FOR HOLLISTER-WHITNEY ELEVATOR CORPORATION UNION EMPLOYEES</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>HOLLISTER-WHITNEY ELEVATOR CO. LLC</b>	<b>D</b> Employer Identification Number (EIN) <b>82-1718739</b>

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

		(a) Beginning of Year	(b) End of Year
<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>	203000	200000
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	344	267
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<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>	9789314	10753744
<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>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	9992658	10954011
<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>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	0	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	9992658	10954011

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	584000	
<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>		584000
<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>		
<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>		0
<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>	267512	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
<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>		
<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>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts .....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts .....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities .....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	2b(10)		617302
<b>c</b> Other income .....	2c		4
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	2d		1468818

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	497465	
(2) To insurance carriers for the provision of benefits .....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3) .....	2e(4)		497465
<b>f</b> Corrective distributions (see instructions) .....	2f		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	2g		
<b>h</b> Interest expense.....	2h		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	2i(1)		
(2) Contract administrator fees .....	2i(2)		
(3) Recordkeeping fees .....	2i(3)		
(4) IQPA audit fees .....	2i(4)		
(5) Investment advisory and investment management fees .....	2i(5)		
(6) Bank or trust company trustee/custodial fees .....	2i(6)	10000	
(7) Actuarial fees .....	2i(7)		
(8) Legal fees .....	2i(8)		
(9) Valuation/appraisal fees .....	2i(9)		
(10) Other trustee fees and expenses .....	2i(10)		
(11) Other expenses.....	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)		10000
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	2j		507465

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d.....	2k		961353
<b>l</b> Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan .....	2l(2)		

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **ROGOFF & COMPANY PC**

(2) EIN: **13-2688836**

**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 \_\_\_\_\_.

**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 566900.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 05/01/2024 and ending 04/30/2025

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

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
---	---	---

**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): 31-0841368

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

<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	3	0
--	---	---

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

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

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

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

**If you completed line 6c, skip lines 8 and 9.**

**7** Will the minimum funding amount reported on line 6c be met by the funding deadline? .....  Yes  No  N/A

**8** If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? .....  Yes  No  N/A

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

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

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

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

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part VII IRS Compliance Questions**

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

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

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

**Pension Plan for Hollister-Whitney Elevator  
Corporation Union Employees**

Financial Statements

April 30, 2025 and 2024

## **Pension Plan for Hollister-Whitney Elevator Corporation Union Employees**

### **Financial Statements**

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Independent Auditor's Report

To the Trustees, Plan Participants and Plan Administrator of the  
Pension Plan for Hollister-Whitney Elevator Corporation Union Employees

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

We have performed audits of the financial statements of the Pension Plan for Hollister-Whitney Elevator Corporation Union Employees (the "Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of April 30, 2025 and 2024, and the related statement of changes in net assets available for benefits for the year April 30, 2025, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audit of the April 30, 2025 financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audit need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certification from a qualified institution as of and for the years ended April 30, 2025 and 2024, stating that the certified investment information, as described in Note 10 to the financial statements, is complete and accurate.

**Opinion**

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

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

**Basis for Opinion**

We conducted our audit 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 Pension Plan for Hollister-Whitney Elevator Corporation Union Employees and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

## **Responsibilities of Management for the Financial Statements**

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

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

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

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

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2024 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if, there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Pension Plan for Hollister-Whitney Elevator Corporation Union Employees' 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 Pension Plan for Hollister-Whitney Elevator Corporation Union Employees' ability to continue as a going concern for a reasonable period of time.

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

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

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

#### **Other Matters – Supplemental Schedules Required by ERISA**

The supplemental schedule of assets (held at end of year) as of April 30, 2025 and the supplemental schedule of reportable transactions for the year ended April 30, 2025 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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



Rogoff & Company, PC  
Certified Public Accountants  
New York, NY  
February 13, 2026

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

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Assets	As at April 30,	
	2025	2024
Investments, at fair value	\$ 10,753,744	\$ 9,789,314
Receivables		
Employer's contribution	200,000	203,000
Accrued interest receivable	267	344
	200,267	203,344
Total receivables		
	10,954,011	9,992,658
Total assets		
Net Assets Available for Benefits	\$ 10,954,011	\$ 9,992,658

The accompanying notes are an integral part of these financial statements

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

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	Year Ended April 30, <u>2025</u>
Additions:	
Investment income:	
Net appreciation in fair value of investments	\$ 617,302
Interest and dividend income	<u>267,516</u>
Total investment income	884,818
Employer contributions	<u>584,000</u>
Total additions	<u>1,468,818</u>
Deductions:	
Benefits paid directly to participants	497,465
Administrative expenses	<u>10,000</u>
Total deductions	<u>507,465</u>
Net increase	961,353
Net assets available for benefits:	
Beginning of year	<u>9,992,658</u>
End of year	<u>\$ 10,954,011</u>

The accompanying notes are an integral part of these financial statements

## Pension Plan for Hollister-Whitney Elevator Corporation Union Employees

Notes to Financial Statements

April 30, 2025 and 2024

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### Note 1. Description of the Plan

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

**General** - The Plan is a defined benefit pension plan providing retirement, disability, and death benefits to all eligible employees of Hollister-Whitney Elevator Corporation (the "Company") in a collective bargaining agreement between the Company and the International Association of Machinists and Aerospace Workers (the "Union"). The entry date for eligible participants shall be the first day of the first and seventh month of the Plan year. The agreement is in effect until December 4, 2026. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA") as amended. The effective date of the Plan is May 1, 1995.

The Plan is administered by the board of trustees. The board of trustees has overall responsibility for the operation and administration of the Plan. The board of trustees determines the appropriateness of the Plan's investment offerings and monitors investment performance.

**Funding Policy** – The Plan's funding policy is for the Company to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. During the Plan's year ended April 30, 2025, the Company made contributions of \$584,000. The Company's contributions exceeded the minimum funding requirements of ERISA.

**Pension Benefits** - Plan participants are eligible for their plan benefit after terminating employment with vested rights. Participants become vested in the Plan upon completion of five years of Vesting Service; a year of Vesting Service is credited in any calendar year in which the participant completes at least 1,000 hours of service. Vested participants are eligible to receive benefit payments from the Plan upon attainment of normal retirement age (65) or the fifth anniversary of Plan participation, if later. Alternatively benefit payments may be received upon attainment of early retirement age (55), completion of 5 years of participation and 1,200 hours of credited service.

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

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

## Pension Plan for Hollister-Whitney Elevator Corporation Union Employees

### Notes to Financial Statements

April 30, 2025 and 2024

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#### Note 1. Description of the Plan (continued)

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

- a) \$ 44.86 multiplied by his Credit Service earned prior to May 1, 1998;
- b) \$ 45.50 multiplied by his Credit Service earned from May 1, 1998 through April 30, 2000;
- c) \$ 46.00 multiplied by his Credit Service earned from May 1, 2000 through April 30, 2002;
- d) \$ 46.50 multiplied by his Credit Service earned from May 1, 2002 through April 30, 2003;
- e) \$ 47.50 multiplied by his Credit Service earned from May 1, 2003 through April 30, 2012;
- f) \$ 48.00 multiplied by his Credit Service earned from May 1, 2012 through April 30, 2017;
- g) \$ 48.50 multiplied by his Credit Service earned from May 1, 2017 through April 30, 2018;
- h) \$ 49.00 multiplied by his Credit Service earned from May 1, 2018 through April 30, 2019;
- i) \$ 49.50 multiplied by his Credit Service earned from May 1, 2019 through April 30, 2020;
- j) \$ 50.00 multiplied by his Credit Service earned from May 1, 2020 through April 30, 2021;
- k) \$ 50.50 multiplied by his Credit Service earned from May 1, 2021 through April 30, 2022;
- l) \$ 51.50 multiplied by his Credit Service earned from May 1, 2022 through April 30, 2023;
- m) \$ 52.50 multiplied by his Credit Service earned from May 1, 2023 through April 30, 2024;
- n) \$ 53.50 multiplied by his Credit Service earned from May 1, 2024 through April 30, 2025;
- o) \$ 54.50 multiplied by his Credit Service earned from May 1, 2025 through April 30, 2026;
- p) \$ 55.50 multiplied by his Credit Service earned on or after May 1, 2026.

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

- a) \$ 17.00 multiplied by his Credit Service earned prior to May 1, 1998;
- b) \$ 17.50 multiplied by his Credit Service earned from May 1, 1998 through April 30, 1999;
- c) \$ 18.00 multiplied by his Credit Service earned from May 1, 1999 through April 30, 2000;
- d) \$ 18.50 multiplied by his Credit Service earned from May 1, 2000 through April 30, 2001;
- e) \$ 19.00 multiplied by his Credit Service earned from May 1, 2001 through April 30, 2002;
- f) \$ 19.50 multiplied by his Credit Service earned from May 1, 2002 through April 30, 2003;
- g) \$ 20.50 multiplied by his Credit Service earned from May 1, 2003 through April 30, 2004;
- h) \$ 22.00 multiplied by his Credit Service earned from May 1, 2004 through April 30, 2005;
- i) \$ 24.00 multiplied by his Credit Service earned from May 1, 2005 through April 30, 2007;
- j) \$ 24.50 multiplied by his Credit Service earned from May 1, 2007 through April 30, 2008;
- k) \$ 25.00 multiplied by his Credit Service earned from May 1, 2008 through April 30, 2009;
- l) \$ 25.50 multiplied by his Credit Service earned from May 1, 2009 through April 30, 2010;
- m) \$ 26.00 multiplied by his Credit Service earned from May 1, 2010 through April 30, 2011;
- n) \$ 26.50 multiplied by his Credit Service earned from May 1, 2011 through April 30, 2012;
- o) \$ 27.00 multiplied by his Credit Service earned from May 1, 2012 through April 30, 2013;
- p) \$ 27.50 multiplied by his Credit Service earned from May 1, 2013 through April 30, 2014;
- q) \$ 28.00 multiplied by his Credit Service earned from May 1, 2014 through April 30, 2015;

# Pension Plan for Hollister-Whitney Elevator Corporation Union Employees

## Notes to Financial Statements

April 30, 2025 and 2024

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### Note 1. Description of the Plan (continued)

- r) \$ 28.50 multiplied by his Credit Service earned from May 1, 2015 through April 30, 2016;
- s) \$ 29.00 multiplied by his Credit Service earned from May 1, 2016 through April 30, 2017;
- t) \$ 29.50 multiplied by his Credit Service earned from May 1, 2017 through April 30, 2018;
- u) \$ 30.00 multiplied by his Credit Service earned from May 1, 2018 through April 30, 2019;
- v) \$ 30.50 multiplied by his Credit Service earned from May 1, 2019 through April 30, 2020;
- w) \$ 31.00 multiplied by his Credit Service earned from May 1, 2020 through April 30, 2021;
- x) \$ 31.50 multiplied by his Credit Service earned from May 1, 2021 through April 30, 2022;
- y) \$ 32.50 multiplied by his Credit Service earned from May 1, 2022 through April 30, 2023;
- z) \$ 33.50 multiplied by his Credit Service earned from May 1, 2023 through April 30, 2024;
- aa) \$ 34.50 multiplied by his Credit Service earned from May 1, 2024 through April 30, 2025;
- bb) \$ 35.50 multiplied by his Credit Service earned from May 1, 2025 through April 30, 2026;
- cc) \$ 36.50 multiplied by his Credit Service earned on or after May 1, 2026.

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

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

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

### Note 2. Summary of Significant Accounting Policies

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

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

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

## Pension Plan for Hollister-Whitney Elevator Corporation Union Employees

### Notes to Financial Statements

April 30, 2025 and 2024

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

**Investment Valuation and Income Recognition** – Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's board of trustees determines the Plan's valuation policies utilizing information provided by its investment advisers, custodians, and insurance company. See Note 5 for discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

**Employer Contribution Receivable** – Employer contributions due but not paid at year end are recorded as contributions receivable. Allowance for uncollectible accounts is considered unnecessary and is not provided. As of April 30, 2025, employer contributions receivable was \$200,000. As of April 30, 2024 employer contributions receivable was \$203,000.

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

**Administrative Expenses** – The Plan's expenses are paid either by the Plan or the Company as provided by the Plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation of fair value of investments presented in the accompanying statement of changes in net assets available for benefits.

**Subsequent events** – The Plan has evaluated subsequent events through February 13, 2026, the date the financial statements were available to be issued.

#### Note 3. Actuarial Present Value of Accumulated Plan Benefits

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

The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances — retirement, death, disability, and termination of employment — are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

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

**Pension Plan for Hollister-Whitney Elevator Corporation Union Employees**

Notes to Financial Statements

April 30, 2025 and 2024

**Note 3. Actuarial Present Value of Accumulated Plan Benefits (continued)**

The significant actuarial assumptions used in the valuations as of April 30, 2025 and 2024 are as follows:

*Life expectancy of participants:*

Current Year: Mortality is based on the Pri-2012 Blue Collar Mortality table and projected with Mortality Improvement Scale MP-2021, except for current beneficiaries of deceased participants. For current beneficiaries of deceased participants, mortality is based on the Pri-2012 Blue Collar Contingent Mortality Tables and projected with Mortality Improvement Scale MP-2021.

Prior Year: Mortality is based on the Pri-2012 Total Employee and Retiree Mortality Tables (base year 2012) and projected with Mortality Improvement Scale MP-2021, except for current and future beneficiaries of deceased participants. For current and future beneficiaries of deceased participants, mortality is based on the Pri-2012 Contingent Survivor Mortality Tables and projected with Mortality Improvement Scale MP-2021.

Retirement age assumptions: All employees are assumed to retire at their normal retirement date at age 65 or the fifth anniversary of plan participation if later.

Interest rates used to discount the obligation: Current Year: 7.25%; Prior Year: 8.0%

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of actuarial present value of accumulated plan benefits were made as of May 1, 2025 and 2024. Had the valuations been performed as of April 30, 2025 and 2024, there would be no material differences.

	May 1,	
	2025	2024
	<u>          </u>	<u>          </u>
<b>Actuarial present value of accumulated plan benefits:</b>		
Vested benefits:		
Retired participants and beneficiaries receiving benefits	\$ 4,664,612	\$ 4,399,090
Active participants	3,901,175	3,204,590
Terminated vested participants	1,104,379	1,089,702
	<u>9,670,166</u>	<u>8,693,382</u>
Non-vested benefits	<u>29,122</u>	<u>23,048</u>
<b>Total actuarial present value of accumulated plan benefits</b>	<u>\$ 9,699,288</u>	<u>\$ 8,716,430</u>

## Pension Plan for Hollister-Whitney Elevator Corporation Union Employees

Notes to Financial Statements

April 30, 2025 and 2024

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### Note 3. Actuarial Present Value of Accumulated Plan Benefits (continued)

Changes in the actuarial present value of accumulated plan benefits during the year ended April 30, 2025 are as follows:

	Year Ended April 30, 2025
<b>Actuarial present value of accumulated plan benefits at beginning of year</b>	<u>\$ 8,716,430</u>
Increase (decrease) during the year attributable to:	
Benefits accumulated and other plan experience	26,880
Benefits paid	(497,465)
Interest	677,799
Change in actuarial assumptions	775,644
Net increase	<u>982,858</u>
<b>Actuarial present value of accumulated plan benefits at end of year</b>	<u>\$ 9,699,288</u>

### Note 4. Plan Termination

In the event the Plan terminates, the net assets of the Plan will be 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 Plan termination.
2. Other vested benefits insured by the Pension Benefit Guaranty Corporation (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 non-vested benefits.

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

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

## Pension Plan for Hollister-Whitney Elevator Corporation Union Employees

### Notes to Financial Statements

April 30, 2025 and 2024

#### Note 5. Fair Value Measurements

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

- 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 maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodology used for assets measured at fair value. There have been no changes in the methodology used at April 30, 2025 and 2024.

*Registered investment companies (mutual funds):* Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-ended mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of April 30, 2025 and 2024:

	<i>Fair Value Measurements at April 30, 2025</i>			
	Level 1	Level 2	Level 3	Total
US Bank				
Registered investment companies	\$ 10,578,176	\$ -	\$ -	\$ 10,578,176
Money Market Fund	175,568	-	-	175,568
	<u>\$ 10,753,744</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 10,753,744</u>

## Pension Plan for Hollister-Whitney Elevator Corporation Union Employees

### Notes to Financial Statements

April 30, 2025 and 2024

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

	<i>Fair Value Measurements at April 30, 2024</i>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
US Bank				
Registered investment companies	\$ 9,709,529	\$ -	\$ -	\$ 9,709,529
Money Market Fund	79,785	-	-	79,785
	<u>\$ 9,789,314</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 9,789,314</u>

#### Note 6. Risks and Uncertainties

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

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

#### Note 7. Plan Amendments

There were no amendments during the years ended April 30, 2025 and 2024 which affected the actuarial present value of accumulated plan benefits.

#### Note 8. Tax Status

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

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

# Pension Plan for Hollister-Whitney Elevator Corporation Union Employees

## Notes to Financial Statements

April 30, 2025 and 2024

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### Note 9. Transactions with Parties-In-Interest

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

The Plan administrator believes all these transactions qualify for either statutory or administrative exemption from prohibited transaction rules under ERISA.

### Note 10. Information Prepared and Certified by Custodian

The following investment information was obtained from data provided to the plan administrator and certified as complete and accurate to the trustee of the Plan by US Bank.

	April 30,	
	2025	2024
Investment values certified by custodian	<u>\$ 10,753,744</u>	<u>\$ 9,789,314</u>
Investment income certified by the custodian:		Year ended <u>April 30, 2025</u>
Net increase in fair value of investments		\$ 351,211
Interest and dividend income		\$ 267,516
Realized gains on sale of investments		\$ 266,091

**SUPPLEMENTAL INFORMATION**

**Pension Plan for Hollister-Whitney Elevator Corporation Union Employees**  
**Schedule of Assets Held for Investment Purposes**  
**April 30, 2025**

(a)	(b)	(c)	(d)	(e)
Identity Party	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
		<u>Money Market Fund</u>		
	First American	First American Government Obligations Fund	\$ 175,568	\$ 175,568
		<u>Registered investment companies</u>		
	Baird	Baird Aggregate Bond Fund Inst	732,658	661,668
	BlackRock	BlackRock Strategic Income	565,326	546,145
	Cohen & Steers	Cohen & Steers Instl Realty Shares	340,193	323,559
	Conestoga Capital	Conestoga Small Cap Institutional Class	251,385	256,641
	DWS	DWS RREEF Real Assets	659,107	674,147
	Fidelity	Fidelity Mid Cap Index Fund	880,000	830,597
	GQG Partners	GQG Partners Emerging Markets Equity Fund	359,902	373,966
	Harding Loevner	Harding Loevner International Equity Portfolio	812,610	864,349
	Hartford Schrodgers	Hartford Schrodgers International Multi-Cap Value Fund	634,371	867,267
	Hotchkis & Wiley	Hotchkis & Wiley Small Cap Diversified Value Fund	252,192	244,824
	Metropolitan West	Metropolitan West Total Return Bond Fund Plan	-	-
	PIMCO	PIMCO RAE Emerging Markets Fund Institutional	307,678	373,611
	PGIM	PGIM Global Total Return	-	-
	Vanguard	Vanguard Large Cap Index Fund	1,865,260	2,832,502
	Vanguard	Vanguard Long-Term Bond Index Fund	1,850,890	1,728,900
	Artisan Partners	Artisan High Income Fund	-	-
			<u>9,511,572</u>	<u>10,578,176</u>
			<u>\$9,687,140</u>	<u>\$ 10,753,744</u>

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

**Pension Plan for Hollister-Whitney Elevator Corporation Union Employees**  
**Schedule of Reportable Transactions**  
**April 30, 2025**

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party involved	Description of asset (include interest rate and maturity)	Purchase price	Selling price	Lease Rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
<u>Single Transactions exceeding 5% of Value</u>								
	<u>Fidelity Mid Cap Index Fund</u>	\$ 880,000				\$ 880,000	\$ 880,000	
		<u>\$ 880,000</u>				<u>\$ 880,000</u>	<u>\$ 880,000</u>	
<u>Series of Transactions in same securities exceeding 5% of Value</u>								
	<u>Fidelity Mid Cap Index Fund</u>	\$ 880,000				\$ 880,000	\$ 880,000	
						-		
	<u>First American Government Obligations Fund</u>	753,496				753,496	753,496	
			657,709			657,709	657,709	\$ -
		<u>\$ 1,633,496</u>	<u>\$ 657,709</u>			<u>\$ 2,291,205</u>		

**Pension Plan for Hollister-Whitney Elevator Corporation Union Employees  
 EIN/PN: 82-1718739 / 002**

**Schedule SB, Line 26a – Schedule of Active Participant Data**

Age	Years of Credited Service										Total
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40+	
Under 25	0	4	2	0	0	0	0	0	0	0	6
25 to 29	0	3	2	4	0	0	0	0	0	0	9
30 to 34	0	4	5	8	0	0	0	0	0	0	17
35 to 39	0	5	2	4	1	1	0	0	0	0	13
40 to 44	0	4	8	5	3	2	0	0	0	0	22
45 to 49	1	5	3	4	5	2	5	0	0	0	25
50 to 54	0	6	7	3	2	6	8	0	0	0	32
55 to 59	0	4	4	4	2	4	2	0	1	0	21
60 to 64	0	5	6	5	2	2	2	0	0	0	22
65 to 69	0	1	2	5	1	2	2	1	1	0	15
70+	0	0	0	1	0	0	0	0	0	0	1

# **Pension Plan for Hollister-Whitney Elevator Corporation Union Employees**

## **EIN/PN: 82-1718739 / 002**

### **Schedule SB, Part V – Statement of Actuarial Assumptions**

#### **Funding assumptions selection and rationale**

The following assumptions were selected by the plan's enrolled actuary. The asset valuation method was selected by the plan sponsor with the actuary's advice.

The demographic assumptions – including rates of retirement and withdrawal, frequency of optional payment form election, and marital percentage – are based on an experience study conducted in 2022 covering plan experience from May 1, 2015 through April 30, 2022, as well as the plan sponsor's future expectations. The asset valuation method was selected by the plan sponsor and is an acceptable method under PPA.

The actuary's expected rate of return is based on a review of the investment mix of the plan's assets (approximately 65% Equity, 26% Fixed Income, and 9% Other), the historical and projected returns on the various asset classes in which the plan's assets will be invested, and input from the plan's investment advisors.

#### **Use of Models**

Actuarial Standard of Practice No. 56 ("ASOP 56") provides guidance to actuaries when performing actuarial services with respect to designing, developing, selecting, modifying, using, reviewing, or evaluating models. Gallagher uses third-party software in the performance of annual actuarial valuations and projections. The model is intended to calculate the liabilities associated with the provisions of the plan using data and assumptions as of the measurement date under the funding rules and standards specified in this report. Further, the model applies those funding rules and standards to the liabilities derived and other inputs, such as plan assets and contributions, to generate many of the exhibits found in this report. Gallagher has an extensive review process whereby the results of the liability calculations are checked using detailed sample output, changes from year to year are summarized by source, and significant deviations from expectations are investigated. Other funding outputs are similarly reviewed in detail and at a high level for accuracy, reasonability and consistency with prior results. Gallagher also reviews the model when significant changes are made to the software. The review is performed by experts within the company who are familiar with applicable funding rules as well as the manner in which the model generates its output.

The signing actuary has used economic information and tools provided by Gallagher's Financial Risk Management ("FRM") practice to review the reasonableness of this expected return on assets assumption. A spreadsheet tool created by the FRM team converts averages, standard deviations, and correlations from Gallagher's Capital Markets Assumptions ("CMA") that are used for stochastic forecasting into approximate percentile ranges for the arithmetic and geometric average returns. Percentiles are based on standard matrix multiplication and normal approximations. This simplified model (disclosed here under ASOP 56) ignores inter-period dependence and the skewed nature of single year returns. As such it is intended to suggest possible reasonable ranges for EROA without attempting to predict or select a specific best estimate rate of return. However, it does take into account the duration (horizon) of investment and the approximate allocation of assets in the portfolio to various asset classes with different expected returns, standard deviations, and correlations to other asset classes. Under current calibrations, the EROA tool will tend to show a greater divergence between arithmetic and geometric average returns the higher the standard deviation of portfolio return.

#### **Future actuarial measurements**

Future actuarial measurements may differ significantly from current measurements due to plan experience differing from that anticipated by the actuarial assumptions, changes expected as part of the natural operation of the methodology used for these measurements, and changes in plan provisions, applicable law or regulations. An analysis of the potential range of such future differences is beyond the scope of this report. However, in accordance with ASOP 51, an assessment of risks for the plan related to actuarial assumptions was performed.

**Pension Plan for Hollister-Whitney Elevator Corporation Union Employees  
EIN/PN: 82-1718739 / 002**

**Schedule SB, Part V – Statement of Actuarial Assumptions (continued)**

**Prescribed Funding Assumptions and Methods**

The following assumptions and methods are prescribed by ERISA, as currently amended.

**Interest rates**

	<b>2024 Plan Year</b>	<b>2023 Plan Year</b>
<b>Funding Rates – Constrained*</b>		
First Segment Rate	4.84%	4.75%
Second Segment Rate	5.24%	5.00%
Third Segment Rate	5.59%	5.74%
Effective Interest Rate	5.41%	5.38%
<b>Funding Rates – Unconstrained**</b>		
First Segment Rate	4.84%	2.85%
Second Segment Rate	5.24%	4.02%
Third Segment Rate	5.22%	4.19%
Effective Interest Rate	5.21%	4.09%

\* Used for minimum funding and benefit restriction purposes.

\*\* Used for maximum tax-deduction and ERISA 4010 reporting purposes.

The interest rates used for funding purposes are the Segment Rates with no lookback, constrained in accordance with relevant legislation.

**Mortality**

Mortality tables mandated by applicable law and regulation as specified in IRS Regulation 1.430(h)(3)-1, as amended in the Federal Register on October 20, 2023, in TD 9983, 88 FR 72357, applied on a static basis, using the blended annuitant/non-annuitant table applicable to small plans.

**Actuarial cost method**

The Funding Target is the present value of accrued benefits based on compensation and service to date. The Target Normal Cost is the present value of benefits expected to be accrued during the current plan year, reflecting the effect of expected compensation increases during the year and including expected plan administrative related expenses to be paid from plan assets during the year

# Pension Plan for Hollister-Whitney Elevator Corporation Union Employees

## EIN/PN: 82-1718739 / 002

### Schedule SB, Part V – Statement of Actuarial Assumptions (continued)

#### Non-Prescribed Funding Assumptions and Methods

##### Frequency of optional payment forms

It is assumed that future retirees will elect the following forms of payment:

Payment Form	Assumption
5-year Certain & Life Annuity	45.00%
10-year Certain & Life Annuity	15.00%
50% Joint & Survivor Annuity	20.00%
100% Joint & Survivor Annuity	20.00%

##### Marital percentage

80% of participants are assumed to be married and all spouses are assumed to be the same age as the participant.

##### Retirement rates

For retirement eligible participants in active status, retirement rates are assumed as follows:

Age	Rate
55 - 61	2.50%
62 - 64	20.00%
65 - 69	33.33%
70	100.00%

For participants in deferred vested status, retirement rates are assumed as follows:

Age	Rate
65 - 69	33.33%
70	100.00%

##### Withdrawal rates for active participants not eligible for retirement

Active participants with 0-4 years of vesting service:	20.00%
Active participants with 5 or more years of vesting service:	7.00%

##### Disability rates

None.

# Pension Plan for Hollister-Whitney Elevator Corporation Union Employees

## EIN/PN: 82-1718739 / 002

### Schedule SB, Part V – Statement of Actuarial Assumptions (continued)

#### Non-Prescribed Funding Assumptions and Methods

##### Asset valuation method

The Actuarial Value of Assets is market value as of the valuation date, including the discounted value of accrued contributions, reduced by 2/3 of the gain/(loss) for the immediately preceding plan year and reduced by 1/3 of the gain/(loss) for the plan year before that. The gain/(loss) for each period is determined as the actual return on market value during the period less the expected return on market value based on an assumed earnings rate chosen by the actuary but required by current law and regulation to be not greater than the applicable third Segment Rate. The resulting value is constrained to be within a corridor of 90% to 110% of market value, including discounted receivable contributions.

	Actuary's Assumption	Third Segment Rate	Reflecting Limit
2024 Expected Return	8.00%	5.59%	5.59%
2023 Expected Return	8.00%	5.74%	5.74%
2022 Expected Return	6.50%	5.92%	5.92%

##### Summary of Changes from the May 1, 2023 Valuation

- The interest rates and mortality tables were updated to those applicable to the current year in accordance with the requirements of the Internal Revenue Code and associated regulations. The changes in prescribed assumption changes decreased the Funding Target by \$70,000.

**Pension Plan for Hollister-Whitney Elevator Corporation Union Employees**  
**EIN: 82-1718739 PN: 002**  
**Schedule of Reportable Transactions**  
**April 30, 2025**

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party involved	Description of asset (include interest rate and maturity)	Purchase price	Selling price	Lease Rental	Expense incurred with transaction	Cost of asset	Current value of asset on transaction date	Net gain or (loss)
<u>Single Transactions exceeding 5% of Value</u>								
	<u>Fidelity Mid Cap Index Fund</u>	\$ 880,000				\$ 880,000	\$ 880,000	
		<u>\$ 880,000</u>				<u>\$ 880,000</u>	<u>\$ 880,000</u>	
<u>Series of Transactions in same securities exceeding 5% of Value</u>								
	<u>Fidelity Mid Cap Index Fund</u>	\$ 880,000				\$ 880,000	\$ 880,000	
						-		
	<u>First American Government Obligations Fund</u>	753,496				753,496	753,496	
			657,709			657,709	657,709	\$ -
		<u>\$ 1,633,496</u>	<u>\$ 657,709</u>			<u>\$ 2,291,205</u>		

**SCHEDULE SB  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan  
Actuarial Information**

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

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

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

For calendar plan year 2024 or fiscal plan year beginning 05/01/2024 and ending 04/30/2025

▶ **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 PENSION PLAN FOR HOLLISTER-WHITNEY ELEVATOR CORPORATION UNION EMPLOYEES		<b>B</b> Three-digit plan number (PN) ▶	002
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF HOLLISTER-WHITNEY ELEVATOR CO. LLC		<b>D</b> Employer Identification Number (EIN) 82-1718739	
<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>05</u> Day <u>01</u> Year <u>2024</u>			
<b>2</b> Assets:			
<b>a</b> Market value .....	<b>2a</b>	9,989,052	
<b>b</b> Actuarial value .....	<b>2b</b>	9,925,964	
<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 .....	85	5,494,129	5,494,129
<b>b</b> For terminated vested participants .....	82	1,652,851	1,652,851
<b>c</b> For active participants .....	183	4,797,318	4,837,761
<b>d</b> Total .....	350	11,944,298	11,984,741
<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>	5.41%	
<b>6</b> Target normal cost			
<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	344,429	
<b>b</b> Expected plan-related expenses .....	<b>6b</b>	10,000	
<b>c</b> Target normal cost .....	<b>6c</b>	354,429	

**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>	AARON ROTHSTEIN 	02/12/2026
	Signature of actuary	Date
AARON ROTHSTEIN	Type or print name of actuary	2308414
		Most recent enrollment number
BUCK GLOBAL, LLC	Firm name	201-902-2913
		Telephone number (including area code)
200 Jefferson Park, 2nd Floor		
Whippany NJ 07981		
Address of the firm		

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

**For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.**

**Schedule SB (Form 5500) 2024  
v. 240311**

<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	0
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	0
<b>10</b>	Interest on line 9 using prior year's actual return of <u>9.66%</u> .....	0	0
<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) .....		69
	<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>5.38%</u> .....		4
	<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 .....		73
	<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	0

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	82.82%
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	82.82%
<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>	84.33%
<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		
08/14/2024	128,000	0					
11/14/2024	128,000	0					
02/14/2025	128,000	0					
05/15/2025	126,000	0					
01/15/2026	74,000	0					
			<b>Totals ▶</b>	<b>18(b)</b>	584,000	<b>18(c)</b>	0

<b>19</b>	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>	560,174
<b>20</b>	Quarterly contributions and liquidity shortfalls:		
	<b>a</b> Did the plan have a "funding shortfall" for the prior year? .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	<b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
	<b>c</b> 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

<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: 4.84%	2nd segment: 5.24%	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code).....				<b>21b</b> 0
<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 type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> Yes <input 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> 354,429
<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 .....	2,058,777		204,918	
<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> 559,347
	Carryover balance	Prefunding balance	Total balance	
<b>35</b> Balances elected for use to offset funding requirement .....				0
<b>36</b> Additional cash requirement (line 34 minus line 35).....				<b>36</b> 559,347
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....				<b>37</b> 560,174
<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> 827
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....				<b>38b</b> 0
<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 checked="" type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021				

**Pension Plan for Hollister-Whitney Elevator Corporation Union Employees  
EIN/PN: 82-1718739 / 002**

**Schedule SB, Line 22 – Description of Weighted Average Retirement Age**

This table calculates the weighted average retirement age for all active persons in the plan

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
55	59.1760	0.0244	1.4435	79.3929
56	58.3257	0.0247	1.4422	80.7643
57	63.6113	0.0246	1.5653	89.2211
58	65.6619	0.0243	1.5966	92.6041
59	67.4861	0.0245	1.6513	97.4288
60	68.2869	0.0242	1.6536	99.2181
61	71.8993	0.0241	1.7348	105.8233
62	73.2984	0.1957	14.3414	889.1671
63	61.1999	0.1893	11.5870	729.9804
64	54.5423	0.1942	10.5908	677.8130
65	47.2247	0.3333	15.7400	1,023.0991
66	38.0910	0.3333	12.6957	837.919
67	25.0396	0.3333	8.3457	559.1618
68	19.4362	0.3333	6.4781	440.5105
69	14.7366	0.3333	4.9117	338.9074
70	11.6390	1.0000	<u>11.6390</u>	<u>814.7292</u>
<b>Total</b>			<b>107.4168</b>	<b>6,955.7400</b>

**Weighted Average Retirement Age = 6,955.7400 / 107.4168** **64.75**

**Rounded Weighted Average Retirement Age** **65**

**Note to Column 2:** The Expected Active Headcount for each age includes persons who are eligible to retire and persons who are not eligible to retire at each age.

**Note to Column 3:** At each age, these retirement rates are a weighted average of the rates shown in Attachment to Part V for active participants eligible to retire at the age and zero for all other active participants.

**General note:** The table presents values rounded to fewer significant digits than used in the calculation.

# **Pension Plan for Hollister-Whitney Elevator Corporation Union Employees**

## **EIN/PN: 82-1718739 / 002**

### **Schedule SB, Part V – Summary of Plan Provisions**

#### **Effective date**

The plan originally became effective May 1, 1995 and was last amended effective May 1, 2022.

#### **Eligibility**

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

#### **Credited service**

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

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

#### **Normal Retirement Date**

First of the month following the attainment of age 65 or the fifth anniversary of Plan Participation, if later.

**Pension Plan for Hollister-Whitney Elevator Corporation Union Employees  
EIN/PN: 82-1718739 / 002**

**Schedule SB, Part V – Summary of Plan Provisions (continued)**

**Normal Retirement Benefit**

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

- i. \$44.86 multiplied by his Credited Service earned prior to May 1, 1998;
- ii. \$45.50 multiplied by his Credited Service earned from May 1, 1998 through April 30, 2000;
- iii. \$46.00 multiplied by his Credited Service earned from May 1, 2000 through April 30, 2002;
- iv. \$46.50 multiplied by his Credited Service earned from May 1, 2002 through April 30, 2003;
- v. \$47.50 multiplied by his Credited Service earned from May 1, 2003 through April 30, 2012;
- vi. \$48.00 multiplied by his Credited Service earned from May 1, 2012 through April 30, 2017;
- vii. \$48.50 multiplied by his Credited Service earned from May 1, 2017 through April 30, 2018;
- viii. \$49.00 multiplied by his Credited Service earned from May 1, 2018 through April 30, 2019;
- ix. \$49.50 multiplied by his Credited Service earned from May 1, 2019 through April 30, 2020;
- x. \$50.00 multiplied by his Credited Service earned from May 1, 2020 through April 30, 2021;
- xi. \$50.50 multiplied by his Credited Service earned from May 1, 2021 through April 30, 2022;
- xii. \$51.50 multiplied by his Credited Service earned from May 1, 2022 through April 30, 2023;
- xiii. \$52.50 multiplied by his Credited Service earned from May 1, 2023 through April 30, 2024;
- xiv. \$53.50 multiplied by his Credited Service earned from May 1, 2024 through April 30, 2025;
- xv. \$54.50 multiplied by his Credited Service earned from May 1, 2025 through April 30, 2026;
- xvi. \$55.50 multiplied by his Credited Service earned on or after May 1, 2026

# Pension Plan for Hollister-Whitney Elevator Corporation Union Employees

## EIN/PN: 82-1718739 / 002

### Schedule SB, Part V – Summary of Plan Provisions (continued)

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

- i. \$17.00 multiplied by his Credited Service earned prior to May 1, 1998
- ii. \$17.50 multiplied by his Credited Service earned from May 1, 1998 through April 30, 1999;
- iii. \$18.00 multiplied by his Credited Service earned from May 1, 1999 through April 30, 2000;
- iv. \$18.50 multiplied by his Credited Service earned from May 1, 2000 through April 30, 2001;
- v. \$19.00 multiplied by his Credited Service earned from May 1, 2001 through April 30, 2002;
- vi. \$19.50 multiplied by his Credited Service earned from May 1, 2002 through April 30, 2003;
- vii. \$20.50 multiplied by his Credited Service earned from May 1, 2003 through April 30, 2004;
- viii. \$22.00 multiplied by his Credited Service earned from May 1, 2004 through April 30, 2005;
- ix. \$24.00 multiplied by his Credited Service earned after May 1, 2005 through April 30, 2007;
- x. \$24.50 multiplied by his Credited Service earned from May 1, 2007 through April 30, 2008;
- xi. \$25.00 multiplied by his Credited Service earned from May 1, 2008 through April 30, 2009;
- xii. \$25.50 multiplied by his Credited Service earned from May 1, 2009 through April 30, 2010;
- xiii. \$26.00 multiplied by his Credited Service earned from May 1, 2010 through April 30, 2011;
- xiv. \$26.50 multiplied by his Credited Service earned from May 1, 2011 through April 30, 2012;
- xv. \$27.00 multiplied by his Credited Service earned from May 1, 2012 through April 30, 2013;
- xvi. \$27.50 multiplied by his Credited Service earned from May 1, 2013 through April 30, 2014;
- xvii. \$28.00 multiplied by his Credited Service earned from May 1, 2014 through April 30, 2015;
- xviii. \$28.50 multiplied by his Credited Service earned from May 1, 2015 through April 30, 2016;
- xix. \$29.00 multiplied by his Credited Service earned from May 1, 2016 through April 30, 2017.
- xx. \$29.50 multiplied by his Credited Service earned from May 1, 2017 through April 30, 2018;
- xxi. \$30.00 multiplied by his Credited Service earned from May 1, 2018 through April 30, 2019;
- xxii. \$30.50 multiplied by his Credited Service earned from May 1, 2019 through April 30, 2020;
- xxiii. \$31.00 multiplied by his Credited Service earned from May 1, 2020 through April 30, 2021;
- xxiv. \$31.50 multiplied by his Credited Service earned from May 1, 2021 through April 30, 2022;
- xxv. \$32.50 multiplied by his Credited Service earned from May 1, 2022 through April 30, 2023;
- xxvi. \$33.50 multiplied by his Credited Service earned from May 1, 2023 through April 30, 2024;
- xxvii. \$34.50 multiplied by his Credited Service earned from May 1, 2024 through April 30, 2025;
- xxviii. \$35.50 multiplied by his Credited Service earned from May 1, 2025 through April 30, 2026;
- xxix. \$36.50 multiplied by his Credited Service earned on or after May 1, 2026

#### Early Retirement Benefit

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

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

# **Pension Plan for Hollister-Whitney Elevator Corporation Union Employees**

## **EIN/PN: 82-1718739 / 002**

### **Schedule SB, Part V – Summary of Plan Provisions (continued)**

#### **Accrued Benefit**

Same as Normal Retirement Benefit.

#### **Standard Form of Retirement Benefit**

Life Annuity with five years certain. If the Participant is married, the benefit must be converted to an actuarially equivalent Joint & Survivor Annuity, unless elected otherwise with spousal consent.

#### **Disability Benefits**

Upon retirement due to Total and Permanent Disability, the Actuarial Equivalent of Accrued Benefit is payable.

#### **Pre-Retirement Death Benefits**

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

#### **Termination Benefits**

Upon termination of employment prior to retirement, death, or disability, the vested Accrued Benefit is payable at Normal Retirement Date.

#### **Vesting**

Vested in the accrued benefit based on years of service. 100% after five years of vesting service. A year of vesting service is credited for each Plan Year in which an employee completes at least 1,000 hours of service.

#### **Actuarial Equivalence**

Mortality	1971 Male Group Annuity Mortality Tables
Interest Rate	7.00%

#### **Summary of Changes from the May 1, 2023 Valuation**

None.

**Pension Plan for Hollister-Whitney Elevator Corporation Union Employees**

**EIN: 82-1718739 PN: 002**

**Schedule of Assets Held for Investment Purposes**

**April 30, 2025**

(a)	(b)	(c)	(d)	(e)
Identity Party	Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
		<u>Money Market Fund</u>		
	First American	First American Government Obligations Fund	\$ 175,568	\$ 175,568
		<u>Registered investment companies</u>		
	Baird	Baird Aggregate Bond Fund Inst	732,658	661,668
	BlackRock	BlackRock Strategic Income	565,326	546,145
	Cohen & Steers	Cohen & Steers Instl Realty Shares	340,193	323,559
	Conestoga Capital	Conestoga Small Cap Institutional Class	251,385	256,641
	DWS	DWS RREEF Real Assets	659,107	674,147
	Fidelity	Fidelity Mid Cap Index Fund	880,000	830,597
	GQG Partners	GQG Partners Emerging Markets Equity Fund	359,902	373,966
	Harding Loevner	Harding Loevner International Equity Portfolio	812,610	864,349
	Hartford Schrodgers	Hartford Schrodgers International Multi-Cap Value Fund	634,371	867,267
	Hotchkis & Wiley	Hotchkis & Wiley Small Cap Diversified Value Fund	252,192	244,824
	Metropolitan West	Metropolitan West Total Return Bond Fund Plan	-	-
	PIMCO	PIMCO RAE Emerging Markets Fund Institutional	307,678	373,611
	PGIM	PGIM Global Total Return	-	-
	Vanguard	Vanguard Large Cap Index Fund	1,865,260	2,832,502
	Vanguard	Vanguard Long-Term Bond Index Fund	1,850,890	1,728,900
	Artisan Partners	Artisan High Income Fund	-	-
			<u>9,511,572</u>	<u>10,578,176</u>
			<u>\$9,687,140</u>	<u>\$ 10,753,744</u>

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

**Pension Plan for Hollister-Whitney Elevator Corporation Union Employees  
EIN/PN: 82-1718739 / 002**

**Schedule SB, Line 32 – Schedule of Amortization Bases**

<b>Date Established</b>	<b>Type Of Base</b>	<b>Years Remaining</b>	<b>Shortfall Amortization Installment</b>	<b>Present Value of Remaining Installments as of May 1, 2024</b>
May 1, 2022	Shortfall	13	128,737	1,258,712
May 1, 2023	Shortfall	14	43,492	447,628
May 1, 2024	Shortfall	15	32,689	352,437