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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

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. . . . . ▶ [ ]

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
THE MANITOWOC COMPANY, INC. PENSION PLAN

1b Three-digit plan number (PN) ▶ 022

1c Effective date of plan 11/01/1963

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

11270 WEST PARK PLACE
SUITE 1000
MILWAUKEE, WI 53224

2b Employer Identification Number (EIN) 39-0448110

2c Plan Sponsor's telephone number 414-760-4600

2d Business code (see instructions) 333100

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/07/2026	BONNY RYAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	1589
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	242
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	213
b	Retired or separated participants receiving benefits	**6b**	835
c	Other retired or separated participants entitled to future benefits	**6c**	348
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1396
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	177
f	Total. Add lines **6d** and **6e**.	**6f**	1573
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1B 3H 1I

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) [ ]	Insurance	**(1)** [ ]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(4)** [ ]	General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE 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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **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.

A Name of plan
THE MANITOWOC COMPANY, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 022

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
THE MANITOWOC COMPANY, INC.

D Employer Identification Number (EIN)
39-0448110

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

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	84975352
b Actuarial value	**2b**	83454953

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	955	73434807	73434807
b For terminated vested participants	392	13897550	13897550
c For active participants	242	10559205	10868266
d Total	1589	97891562	98200623

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

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.33 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	1220000
c Target normal cost	**6c**	1220000

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

09/29/2026
Date

RACHEL A. BATTAH
Type or print name of actuary

26-06672
Most recent enrollment number

MERCER
Firm name

614-227-5542
Telephone number (including area code)

325 JOHN H. MCCONNELL BLVD.
SUITE 350
COLUMBUS, OH 43215
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	1716446
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	1716446
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 5.61 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		1724705
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.05 %		417
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		96293
c	Total available at beginning of current plan year to add to prefunding balance		1821415
d	Portion of (c) to be added to prefunding balance		1821415
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	1821415

Part III Funding Percentages

14	Funding target attainment percentage	14	83.12 %
15	Adjusted funding target attainment percentage	15	82.87 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	88.64 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/15/2026	603000	0			
04/14/2026	1091000	0			
07/14/2026	550000	0			
09/14/2026	550000	0			
			Totals ► 18(b)	2794000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	2603519

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

	1st segment:	2nd segment:	3rd segment:	
a Segment rates:	5.07 %	5.31 %	5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	62

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	1220000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	16567085	1667119
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	2887119

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	1821415	1821415

36 Additional cash requirement (line 34 minus line 35)	**36**	1065704
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	2603519

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	1537815
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	1537815
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

41 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. ☐ 2019 ☒ 2020 ☐ 2021

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
THE MANITOWOC COMPANY, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 022

C Plan sponsor's name as shown on line 2a of Form 5500
THE MANITOWOC COMPANY, INC.

D Employer Identification Number (EIN)
39-0448110

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

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

MERCER

13-2834414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	354093	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FIDELITY INSTITUTIONAL ASSET MANAGE

20-1733361

(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?
51	NONE	314282	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MIDWEST INSTITUTIONAL TRUST COMPANY

93-1799133

(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	NONE	47124	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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)

LOCKTON COMPANIES, LLC

20-3354970

(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?
23	NONE	15950	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WIPFLI LLP

39-0758449

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	10600	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
THE MANITOWOC COMPANY, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 022

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
THE MANITOWOC COMPANY, INC.

D Employer Identification Number (EIN)
39-0448110

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM SELECT CANADA EQ COMM PL

b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-4659714-101	C	1596713

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM SEL EMERGING MKT EQ CO PL

b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-4659714-100	C	2055613

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM LONG DURATION COMM POOL

b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-4659714-053	C	14009013

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM REIT COMMINGLED POOL

b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-4659714-005	C	1268684

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM EMERGING MKT DEBT COMM PL

b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-4659714-022	C	2844934

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM SEL INT SM CP CO PL CL A

b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-4659714-036	C	1578041

a Name of MTIA, CCT, PSA, or 103-12 IE: SPARTAN 500 INDEX POOL

b Name of sponsor of entity listed in (a): GEODE CAPITAL MANAGEMENT TRUST COMPANY, LLC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
82-6293122-001	C	15461437

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM LONG CORPA OR BETTER COPL

b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY

c EIN-PN 20-4659714-103	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13974134

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM SELECT INTL EQUITY CO PL

b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY

c EIN-PN 20-4659714-021	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3994100

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM LONG US TREASURY STRIPS

b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY

c EIN-PN 20-4659714-120	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8655225

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM EMERGING MKT COMM POOL

b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY

c EIN-PN 20-4659714-032	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2046839

a Name of MTIA, CCT, PSA, or 103-12 IE: SPARTAN WORLD MINIMUM VOLATIL INDEX

b Name of sponsor of entity listed in (a): GEODE CAPITAL MANAGEMENT TRUST COMPANY, LLC

c EIN-PN 82-6293122-016	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10392896

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY LARGE CAP GROWTH INDEX FUN

b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY

c EIN-PN 81-2035458-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 178455

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY SELECT GOLD PORTFOLIO

b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY

c EIN-PN 04-2959665-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 600284

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY INTERNATIONAL VALUE FUND

b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY

c EIN-PN 20-4496410-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1993882

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY OVERSEAS K FUND

b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY

c EIN-PN 04-2850003-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1991221

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM SMALL/MID CAP OPPOR POOL

b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY

c EIN-PN 20-4659714-210	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2151697

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
THE MANITOWOC COMPANY, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 022

C Plan sponsor's name as shown on line 2a of Form 5500
THE MANITOWOC COMPANY, INC.

D Employer Identification Number (EIN)
39-0448110

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2648000	2794000
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	665224	605
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	57080	708569
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	81654258	84793168
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	0	0
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
1e Buildings and other property used in plan operation	1e	0	0
1f Total assets (add all amounts in lines 1a through 1e)	1f	85024562	88296342
Liabilities			
1g Benefit claims payable	1g	0	0
1h Operating payables	1h	0	0
1i Acquisition indebtedness	1i	0	0
1j Other liabilities	1j	0	0
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	85024562	88296342

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	2805536	
(B) Participants	2a(1)(B)	0	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2805536
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	145356	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		145356
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		9577924
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		0
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		12528816
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	7662782	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		7662782
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	15950	
(3) Recordkeeping fees	2i(3)	0	
(4) IQPA audit fees	2i(4)	10600	
(5) Investment advisory and investment management fees	2i(5)	314282	
(6) Bank or trust company trustee/custodial fees	2i(6)	47124	
(7) Actuarial fees	2i(7)	354093	
(8) Legal fees	2i(8)	889	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	851316	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		1594254
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		9257036
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		3271780
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

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) [X] 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) [X] 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: WIPFLI, LLP **(2)** EIN: 41-2899048

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

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

Part IV Compliance Questions

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

During the plan year:

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

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 591789.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
THE MANITOWOC COMPANY, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 022

C Plan sponsor's name as shown on line 2a of Form 5500
THE MANITOWOC COMPANY, INC.

D Employer Identification Number (EIN)
39-0448110

Part I Distributions

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

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

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

EIN(s): 39-6436442

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 0

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that (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:

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

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

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Public Equity: 52.3 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 42.9 %
High-Yield Debt: 3.3 % Real Assets: 0.7 % Cash or Cash Equivalents: 0.8 % Other: 0.0 %

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_____.

WIPFLI

The Manitowoc Company, Inc. Pension Plan

Financial Statements and Supplemental Schedules

Years Ended December 31, 2025 and 2024

WIPFLI

Independent Auditor's Report

To the Plan Administrator
The Manitowoc Company, Inc. Pension Plan

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

We have performed audits of the accompanying financial statements of The Manitowoc Company, Inc. Pension Plan, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of January 1, 2025, and the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2025 and 2024, stating that the certified investment information, as described in Note 5 to the financial statements, is complete and accurate.

Opinion

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

- The amounts and disclosures in the financial statements referred to above, 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 (GAAP).

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

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Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of The Manitowoc Company, Inc. Pension Plan's internal control. Accordingly, no such opinion is expressed.

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- 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 Manitowoc Company, Inc. Pension Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as December 31, 2025, and Schedule H, Line 4j - Schedule of Reportable Transactions for the year ended December 31, 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 audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. 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.

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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).

Wipfli LLP

Wipfli LLP

Madison, Wisconsin
September 16, 2026

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The Manitowoc Company, Inc. Pension Plan

Statements of Net Assets Available for Benefits

December 31,	2025	2024
Assets:		
Investments, at fair value	$ 85,501,737	$ 81,711,338
Receivables:		
Company contributions	2,794,000	2,648,000
Pending trade	-	665,000
Interest	605	224
Total receivables	2,794,605	3,313,224
Net assets available for benefits	$ 88,296,342	$ 85,024,562

See accompanying notes to financial statements

The Manitowoc Company, Inc. Pension Plan
Statements of Changes in Net Assets Available for Benefits

Years Ended December 31,	2025	2024
Additions:		
Investment income:		
Net appreciation in fair value of investments	$ 9,577,924	$ 4,796,498
Interest and dividends	145,356	51,331
Total investment income	9,723,280	4,847,829
Less - Investment expenses	314,282	319,034
Net investment income	9,408,998	4,528,795
Company contributions	2,805,536	2,648,000
Total additions	12,214,534	7,176,795
Deductions:		
Benefits paid to participants	7,662,782	7,527,673
Administrative expenses	1,279,972	1,313,938
Total deductions	8,942,754	8,841,611
Net change	3,271,780	(1,664,816)
Net assets available for benefits at beginning of year	85,024,562	86,689,378
Net assets available for benefits at end of year	$ 88,296,342	$ 85,024,562

See accompanying notes to financial statements

The Manitowoc Company, Inc. Pension Plan

Statement of Accumulated Plan Benefits

January 1,	2025
Vested benefits:	
Participants currently receiving payments	$ 72,660,447
Other participants	24,312,691
Total vested benefits	96,973,138
Nonvested benefits	307,963
Total actuarial present value of accumulated plan benefits	$ 97,281,101

See accompanying notes to financial statements

The Manitowoc Company, Inc. Pension Plan
Statement of Changes in Accumulated Plan Benefits

Year Ended January 1,	2025
Actuarial present value of accumulated plan benefits at beginning of year	$ 104,644,505
Increase (decrease) during the year attributable to:	
Increase for interest due to the decrease in the discount period	4,917,727
Benefits paid	(7,527,673)
Benefits accumulated and gains	(56,301)
Change in actuarial assumptions *	(4,697,157)
Actuarial present value of accumulated plan benefits at end of year	$ 97,281,101

* The change in actuarial assumptions was due to the change in interest rate from 4.89% to 5.44%.

See accompanying notes to financial statements

The Manitowoc Company, Inc. Pension Plan
Notes to Financial Statements

Note 1: Description of Plan

The following description of The Manitowoc Company, Inc. Pension Plan (the "Plan") is provided for general information only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions. The Manitowoc Company, Inc. (the "Company") is the sponsor of the Plan and is also designated as the Plan Administrator.

General

The Plan is a noncontributory, defined benefit plan covering certain employee groups as defined by the Plan and is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

The Plan is administered by the Company's Retirement Committee (the "Committee"). The Committee has overall responsibility for the operation and administration of the Plan. The Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance, and reports to the Board of Directors.

Eligibility

The Plan covers certain employee groups as defined by the Plan. The Plan is frozen, which prohibits admission of new participants.

Funding Policy

The Plan's funding policy is for the Company to contribute an amount that will meet or exceed the annual ERISA minimum funding requirement. For the 2025 and 2024 Plan years, the Company contributed $2,805,536 and $2,648,000, respectively. In both years, these contributions exceeded the minimum funding requirements of ERISA.

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provision set forth in ERISA.

Vesting

All participants are fully vested in their respective benefits (except for a portion of the disability benefit, which is only paid upon a contingent event and considered non-vested).

Note 1: Description of Plan (Continued)

Pension Benefits

The Plan provides for benefit payments under the following circumstances:

(a) For normal retirement as defined for the specific groups covered by the Plan.
(b) For early retirement at minimum ages defined for the specific groups covered by the Plan.
(c) For disability retirement, participants may receive a disability benefit if they meet certain criteria as outlined in the Plan document.
(d) For death of participant with minimum service as defined for the specific groups covered by the Plan.

The monthly pension benefit allows for various calculations depending on years of service, age of participant, and group for which participant was employed. Participants should refer to the Plan document for a more complete description of various monthly calculations. The Plan allows for various forms of pension payments, including life pension annuities and joint and survivor pension annuities.

Note 2: Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP").

Use of Estimates

The preparation of the accompanying financial statements in accordance with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and 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 statements, and changes therein. Actual results may differ from these estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Committee determines the Plan's valuation policies utilizing information provided by its investment advisors and trustee. See Note 4 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 in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payments of Benefits

Benefit payments to participants or their beneficiaries are recorded upon distribution.

Note 2: Summary of Significant Accounting Policies (Continued)

Administrative and Investment 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. Substantially all administrative and audit expenses incurred in conjunction with the Plan are paid out of Plan assets and included in administrative expenses. Investment management fees paid directly by the Plan are reflected as investment expenses and included in net investment income.

Subsequent Events

The Plan has evaluated subsequent events through September 16, 2026, which is 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 employees 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 payable under all circumstances are included to the extent they are deemed attributable to employee service rendered to the valuation date, which is January 1, 2025.

The actuarial present value of accumulated plan benefits has been determined by an independent actuary and is that amount which 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 death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuation as of January 1 were as follows:

	2025
Interest rate	5.44%
Life expectancy	Non-annuitant - Pri-2012 with scale MMP-2021 (mortality improvement projection scale) Annuitant - MILES 2010 with scale MMP-2021 (mortality improvement projection scale)
Benefit commencement age for terminated vested	Age 65

Note 3: Actuarial Present Value of Accumulated Plan Benefits (Continued)

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

Note 4: Fair Value Measurements

GAAP establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority level. Level 2 inputs consist of observable inputs other than quoted prices for identical assets. Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they provide the most reliable evidence of fair value. Level 2 inputs are used for investments for which Level 1 inputs were not available. Level 3 inputs would only be used if Level 1 or Level 2 inputs were not available.

Following is a description of the valuation methodologies for assets measured at fair value. There have been no changes in the methodologies used as of December 31, 2025 and 2024.

Commingled pool funds: Valued at the net asset value ("NAV") of units held by the Plan at year end provided by the administrator of the fund. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of units outstanding. The NAV's unit price is quoted on a private market that is not active; however, the unit price is based on the underlying investments that are traded on an active market. Participant transactions (purchases and sales) may occur daily, and there are no restrictions as to the redemption of these funds or unfunded commitments at December 31, 2025 and 2024.

Money market fund: Valued using $1 for the NAV. The NAV is a quoted price in an active market.

The following tables set forth by level, within the fair value hierarchy, the Plan's investment assets at fair value as of December 31, 2025 and 2024. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement:

	Assets at Fair Value as of December 31, 2025			
	Level 1	Level 2	Level 3	Total
Investment asset in the fair value hierarchy - Money market fund	$ 708,569	$ -	$ -	$ 708,569
Investment assets measured at NAV				84,793,168
Total investment assets at fair value	$ 708,569	$ -	$ -	$ 85,501,737

Note 4: Fair Value Measurements (Continued)

	Assets at Fair Value as of December 31, 2024			
	Level 1	Level 2	Level 3	Total
Investment asset in the fair value hierarchy - Money market fund	$ 57,080	$ -	$ -	$ 57,080
Investment assets measured at NAV				81,654,258
Total investment assets at fair value	$ 57,080	$ -	$ -	$ 81,711,338

Note 5: Information Prepared and Certified by the Trustee

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Certain information disclosed in the accompanying financial statements and supplemental schedules, including investments of the Plan as shown in the Statements of Net Assets Available for Benefits and investment income as shown in the Statements of Changes in Net Assets Available for Benefits was obtained or derived from information supplied to the Plan Administrator and certified as complete and accurate by Midwest Institutional Trust Company, the trustee of the Plan.

Note 6: Plan Termination

In the event of termination, the Plan's assets are to be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

(a) Annuity benefits that former employees or their beneficiaries have been receiving for at least three years or that employees eligible to retire for the three-year period ending on the termination date 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 the Plan's provisions in effect at any time during the five years preceding plan termination.

(b) Other vested benefits insured by the Pension Benefit Guaranty Corporation ("PBGC"), a U.S. government agency, up to the applicable limitations (discussed below).

(c) All other vested benefits (that is, vested benefits not insured by the PBGC).

(d) All other benefits.

Note 6: Plan Termination (Continued)

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 survivors' 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.

Note 7: Party-in-Interest Transactions

Certain plan investments are managed by Fidelity Institutional Asset Management ("FIAM"), the Plan's investment advisor. Additionally, as described in Note 2, the Plan paid certain expenses related to plan operations and investment activity to various service providers. These transactions qualify as party-in-interest transactions. These transactions are not, however, considered prohibited transactions under 29 CFR 408(b) of the ERISA regulations.

Note 8: Tax Status

The Internal Revenue Service ("IRS") has determined and informed the Company by a letter dated July 14, 2017, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). Although the Plan has been amended since receiving the IRS determination letter, the Plan Administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC, and therefore believes that the Plan is qualified, and the related trust is tax exempt.

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

Note 9: 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 values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

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

Supplemental Schedules

The Manitowoc Company, Inc. Pension Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

EIN #39-0448110 Plan #022

December 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Government Money Market Fund	Money Market - 708,568.51 shs	$ 708,569	$ 708,569
*	FIAM Emerging Market Debt Fund	Commingled pool fund - 33,671,838 shs	2,443,623	2,844,934
*	FIAM Emerging Market Fund	Commingled pool fund - 27,106.863 shs	1,434,734	2,046,839
*	FIAM Small/Mid Cap Opportunities Fund	Commingled pool fund - 140,817.844 shs	2,084,596	2,151,697
*	FIAM Long Corporate A or Better Fund	Commingled pool fund - 530,529.024 shs	14,168,513	13,974,134
*	FIAM Long Duration Fund	Commingled pool fund - 552,623.793 shs	14,369,255	14,009,013
*	FIAM Long US Treasury STRIPS Fund	Commingled pool fund - 96,372.62 shs	9,577,039	8,655,225
*	FIAM REIT Fund	Commingled pool fund - 10,533.739 shs	1,251,951	1,268,684
*	FIAM Select Canada Equity Fund	Commingled pool fund - 25,641.776 shs	1,256,217	1,596,713
*	FIAM Select Emerging Market Equity Fund	Commingled pool fund - 43,212.392 shs	1,513,905	2,055,613
*	FIAM Select International Equity Fund	Commingled pool fund - 11,214.026 shs	3,521,501	3,994,100
*	FIAM Select International Small Cap Fund	Commingled pool fund - 15,430.147 shs	1,426,934	1,578,041
*	Fidelity Large Cap Growth Index Fund	Commingled pool fund - 8,621.015 shs	178,455	178,455
*	Fidelity Select Gold Portfolio Fund	Commingled pool fund - 10,235.016 shs	570,400	600,284
*	Fidelity International Value Fund	Commingled pool fund - 141,209.751 shs	1,945,962	1,993,882
*	Fidelity Overseas Fund	Commingled pool fund - 27,814.239 shs	2,066,295	1,991,221
*	Spartan World Minimum Volatility Index Fund	Commingled pool fund - 87,130.247 shs	9,165,004	10,392,896
*	Spartan 500 Index Fund	Commingled pool fund - 47,525.397 shs	10,219,305	15,461,437
	Totals		$ 77,902,258	$ 85,501,737

* Denotes party-in-interest.

This schedule has been derived from information certified as complete and accurate by Midwest Institutional Trust Company, trustee of the Plan.

See Independent Auditor's Report.

The Manitowoc Company, Inc. Pension Plan

Schedule H, Line 4j - Schedule of Reportable Transactions

EIN #39-0448110 Plan #022

Year Ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Fidelity Institutional Asset Management	FIAM Select Canada Equity Pool Fund	N/A	4,581,211	N/A	-	3,953,769	4,581,211	627,442
Fidelity Institutional Asset Management	FIAM Select Canada Equity Pool Fund	2,523,930	N/A	N/A	-	2,523,930	2,523,930	-
Fidelity Institutional Asset Management	FIAM Long Duration Pool Fund	N/A	3,567,079	N/A	-	3,746,081	3,567,079	(179,002)
Fidelity Institutional Asset Management	FIAM Long Duration Pool Fund	3,092,537	N/A	N/A	-	3,092,537	3,092,537	-
Geode Capital Management	Spartan 500 Index Pool	N/A	6,521,921	N/A	-	4,378,925	6,521,921	2,142,996
Geode Capital Management	Spartan 500 Index Pool	4,827,417	N/A	N/A	-	4,827,417	4,827,417	-
Fidelity Institutional Asset Management	FIAM Long Corporate A or Better Pool Fund	N/A	3,188,639	N/A	-	3,291,309	3,188,639	(102,670)
Fidelity Institutional Asset Management	FIAM Long Corporate A or Better Pool Fund	2,758,886	N/A	N/A	-	2,758,886	2,758,886	-
Fidelity Institutional Asset Management	FIAM Long US Treasury STRIPS Pool Fund	N/A	4,668,247	N/A	-	5,220,920	4,668,247	(552,673)
Fidelity Institutional Asset Management	FIAM Long US Treasury STRIPS Pool Fund	4,583,588	N/A	N/A	-	4,583,588	4,583,588	-
Geode Capital Management	Spartan World Minimum Volatility Index Pool Fund	N/A	7,256,928	N/A	-	6,546,997	7,256,928	709,931
Geode Capital Management	Spartan World Minimum Volatility Index Pool Fund	2,296,676	N/A	N/A	-	2,296,676	2,296,676	-
Fidelity Institutional Asset Management	FIAM REIT Commingled Pool Fund	N/A	3,994,732	N/A	-	3,731,029	3,994,732	263,703
Fidelity Institutional Asset Management	FIAM REIT Commingled Pool Fund	2,871,122	N/A	N/A	-	2,871,122	2,871,122	-
Fidelity Institutional Asset Management	FIAM Select International Small Cap Commingled Pool Class A Fund	N/A	2,543,515	N/A	-	2,390,062	2,543,515	153,453
Fidelity Institutional Asset Management	FIAM Select International Small Cap Commingled Pool Class A Fund	3,816,995	N/A	N/A	-	3,816,995	3,816,995	-
Fidelity Institutional Asset Management	FIAM International Growth Commingled Pool Fund	N/A	4,498,389	N/A	-	3,914,753	4,498,389	583,636
Fidelity Institutional Asset Management	FIAM International Growth Commingled Pool Fund	3,362,477	N/A	N/A	-	3,362,477	3,362,477	-
Fidelity Institutional Asset Management	FIAM Select International Equity Commingled Pool Fund	N/A	2,430,725	N/A	-	2,149,222	2,430,725	281,503
Fidelity Institutional Asset Management	FIAM Select International Equity Commingled Pool Fund	5,038,916	N/A	N/A	-	5,038,916	5,038,916	-
Fidelity Institutional Asset Management	FIAM Small/Mid Cap Opportunities Pool - Class A Fund	N/A	4,415,353	N/A	-	4,519,707	4,415,353	(104,354)
Fidelity Institutional Asset Management	FIAM Small/Mid Cap Opportunities Pool - Class A Fund	3,889,445	N/A	N/A	-	3,889,445	3,889,445	-

This schedule has been derived from information certified as complete and accurate by Midwest Institutional Trust Company, trustee of the Plan.

See Independent Auditor's Report.

Schedule SB, line 26a — Schedule of Active Participant Data

Attained age	Years of credited service										
	Under 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & up	Total
Under 25											
25–29											
30–34											
35–39											
40–44											
45–49		2	16								18
50–54			31	14							45
55–59		2	17	49	15						83
60–64		1	12	31	12	9	1				66
65–69			3	7		9	5				24
70 & up							3	2	1		6
Total		5	79	101	27	18	9	2	1		242

In each cell, the number is the count of active participants for each age/service combination

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Actuarial assumptions for January 1, 2025 funding valuation

Discount rate sponsor elections			
• Segment rates or full yield curve	Segment		
• Look-back months	4		
	Stabilized	**Nonstabilized**	**PBGC**
• First 5 years	5.07%	5.07%	4.65%
• Next 15 years	5.31%	5.33%	5.28%
• Over 20 years	5.50%	5.36%	5.63%
Mortality sponsor elections			
• All participants	Section 430(h)(3) prescribed separate generational annuitant and non-annuitant mortality tables as outlined in IRS Notice 2024-42. These tables are based on the Pri-2012 mortality tables, projected with generational mortality improvement scale MP-2021 with IRS-developed adjustments.		
Other economic assumptions			
• Salary increases	Not applicable		
• Flat-dollar benefit increases	Not applicable		
• Social Security wage base	Not applicable		
• Inflation	Not applicable		
• Expected investment return	5.93% for fiscal year ending December 31, 2023, 5.78% for fiscal year ending December 31, 2024 and 6.20% for fiscal year ending December 31, 2025		
• Expenses	$1,220,000 added to current year normal cost		

Demographic assumptions	
• Withdrawal	3.00% at all ages prior to early retirement eligibility.
• Disability incidence	None.
• Retirement age	

Attained age	Percentage
55-58	3.00%
59-60	9.00%
61-64	20.00%
65-69	50.00%
70	100.00%

• Benefit commencement age for	
— Future vested deferred	64
— Current vested deferred	64, or attained age age if later

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

• Spouse assumptions	**Male participants**		**Female participants**	
— Percentage married	90%		90%	
— Spouse age difference	2 years younger		2 years older	
Form of payment	**Lump sum**	**Single life**	**50% J&S**	**100%J&S**
• Active retirements	0%	30%	30%	40%
• Future vested deferred	0%	30%	30%	40%
• Future deaths	0%	0%	100%	0%
• Current vested deferred	0%	40%	25%	35%
Unpredictable contingent event assumptions	Not applicable			

Rationale for economic assumptions

- **Expenses** – Determined based on 2024 administrative expenses paid by the trust, adjusted as appropriate for the current year's expectations of PBGC premiums and special events, rounded to the nearest $10,000.
- **Interest rates for funding valuation** – As prescribed by the IRS.
- **Expected investment return for funding** – The expected investment return for funding is based on the median (50th percentile) simulated investment return using capital market assumptions published in Mercer Investment LLC's *Capital Market Outlook* (up to 6 months prior to the valuation date) for the plan's target asset mix, net of an adjustment for investment expenses (dependent upon asset size and allocation) assumed to be paid from plan assets. The expected investment return will not be greater than the 3rd segment rate on a stabilized basis.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Rationale for demographic assumptions

- **Withdrawal rates** – Termination rates were developed based on an experience study undertaken in 2020 reflecting actual experience from 2015 through 2019.
- **Retirement rates** – Retirement rates were developed based on an experience study undertaken in 2020 reflecting actual experience from 2015 through 2019.
- **Benefit commencement age for vested deferred** – The assumptions regarding benefit commencement age are based on an experience study undertaken in 2020 reflecting actual experience from 2015 through 2019.
- **Spouse assumptions** – The assumptions regarding percent married/spouse age difference at benefit commencement are based on an experience study undertaken in 2020 reflecting actual experience from 2015 through 2019.
- **Form of payment** – The optional payment elections are based on an experience study undertaken in 2020 reflecting actual experience from 2015 through 2019.
- **Mortality for funding valuation** – As prescribed by the IRS.

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Actuarial methods

Asset methods

The asset valuation method is an average of the adjusted market value for each year during the last 2 years preceding the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110% and no less than 90% of the fair market value, as defined in IRC Section 430.

A characteristic of this asset method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than the market value.

Participant methods

Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan sponsor provides us with data on all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break in service on the valuation date are treated as terminated participants.
- **Insurance contracts**: The plan does not have any insurance contracts.

Minimum funding methods

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual is the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.
- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

The Manitowoc Company, Inc. Pension Plan

Schedule H, Line 4j - Schedule of Reportable Transactions

EIN #39-0448110 Plan #022

Year Ended December 31, 2025

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Fidelity Institutional Asset Management	FIAM Select Canada Equity Pool Fund	N/A	4,581,211	N/A	-	3,953,769	4,581,211	627,442
Fidelity Institutional Asset Management	FIAM Select Canada Equity Pool Fund	2,523,930	N/A	N/A	-	2,523,930	2,523,930	-
Fidelity Institutional Asset Management	FIAM Long Duration Pool Fund	N/A	3,567,079	N/A	-	3,746,081	3,567,079	(179,002)
Fidelity Institutional Asset Management	FIAM Long Duration Pool Fund	3,092,537	N/A	N/A	-	3,092,537	3,092,537	-
Geode Capital Management	Spartan 500 Index Pool	N/A	6,521,921	N/A	-	4,378,925	6,521,921	2,142,996
Geode Capital Management	Spartan 500 Index Pool	4,827,417	N/A	N/A	-	4,827,417	4,827,417	-
Fidelity Institutional Asset Management	FIAM Long Corporate A or Better Pool Fund	N/A	3,188,639	N/A	-	3,291,309	3,188,639	(102,670)
Fidelity Institutional Asset Management	FIAM Long Corporate A or Better Pool Fund	2,758,886	N/A	N/A	-	2,758,886	2,758,886	-
Fidelity Institutional Asset Management	FIAM Long US Treasury STRIPS Pool Fund	N/A	4,668,247	N/A	-	5,220,920	4,668,247	(552,673)
Fidelity Institutional Asset Management	FIAM Long US Treasury STRIPS Pool Fund	4,583,588	N/A	N/A	-	4,583,588	4,583,588	-
Geode Capital Management	Spartan World Minimum Volatility Index Pool Fund	N/A	7,256,928	N/A	-	6,546,997	7,256,928	709,931
Geode Capital Management	Spartan World Minimum Volatility Index Pool Fund	2,296,676	N/A	N/A	-	2,296,676	2,296,676	-
Fidelity Institutional Asset Management	FIAM REIT Commingled Pool Fund	N/A	3,994,732	N/A	-	3,731,029	3,994,732	263,703
Fidelity Institutional Asset Management	FIAM REIT Commingled Pool Fund	2,871,122	N/A	N/A	-	2,871,122	2,871,122	-
Fidelity Institutional Asset Management	FIAM Select International Small Cap Commingled Pool Class A Fund	N/A	2,543,515	N/A	-	2,390,062	2,543,515	153,453
Fidelity Institutional Asset Management	FIAM Select International Small Cap Commingled Pool Class A Fund	3,816,995	N/A	N/A	-	3,816,995	3,816,995	-
Fidelity Institutional Asset Management	FIAM International Growth Commingled Pool Fund	N/A	4,498,389	N/A	-	3,914,753	4,498,389	583,636
Fidelity Institutional Asset Management	FIAM International Growth Commingled Pool Fund	3,362,477	N/A	N/A	-	3,362,477	3,362,477	-
Fidelity Institutional Asset Management	FIAM Select International Equity Commingled Pool Fund	N/A	2,430,725	N/A	-	2,149,222	2,430,725	281,503
Fidelity Institutional Asset Management	FIAM Select International Equity Commingled Pool Fund	5,038,916	N/A	N/A	-	5,038,916	5,038,916	-
Fidelity Institutional Asset Management	FIAM Small/Mid Cap Opportunities Pool - Class A Fund	N/A	4,415,353	N/A	-	4,519,707	4,415,353	(104,354)
Fidelity Institutional Asset Management	FIAM Small/Mid Cap Opportunities Pool - Class A Fund	3,889,445	N/A	N/A	-	3,889,445	3,889,445	-

This schedule has been derived from information certified as complete and accurate by Midwest Institutional Trust Company, trustee of the Plan.

See Independent Auditor's Report.

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

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **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.

A Name of plan
THE MANITOWOC COMPANY, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 022

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
THE MANITOWOC COMPANY, INC.

D Employer Identification Number (EIN)
39-0448110

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

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	84,975,352
b Actuarial value	**2b**	83,454,953

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	955	73,434,807	73,434,807
b For terminated vested participants	392	13,897,550	13,897,550
c For active participants	242	10,559,205	10,868,266
d Total	1,589	97,891,562	98,200,623

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

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.33%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	1,220,000
c Target normal cost	**6c**	1,220,000

Statement by Enrolled Actuary

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

SIGN HERE

Rachel A. Battah RAB — Signature of actuary

09/29/2026 — Date

RACHEL A. BATTAH — Type or print name of actuary

2606672 — Most recent enrollment number

MERCER — Firm name

614-227-5542 — Telephone number (including area code)

325 JOHN H. MCCONNELL BLVD.
SUITE 350
COLUMBUS OH 43215
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	1,716,446
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	1,716,446
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 5.61%	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		1,724,705
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.05%		417
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		96,293
	c Total available at beginning of current plan year to add to prefunding balance		1,821,415
	d Portion of (c) to be added to prefunding balance		1,821,415
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	1,821,415

Part III Funding Percentages

14	Funding target attainment percentage	14	83.12%
15	Adjusted funding target attainment percentage	15	82.87%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	88.64%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/15/2026	603,000	0			
04/14/2026	1,091,000	0			
07/14/2026	550,000	0			
09/14/2026	550,000	0			
			Totals ► 18(b)	2,794,000	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	2,603,519

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.07 %	5.31 %	5.50%	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	62

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... ☒ Yes ☐ No

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	1,220,000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	16,567,085	1,667,119
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	2,887,119

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	1,821,415	1,821,415

36 Additional cash requirement (line 34 minus line 35)	**36**	1,065,704
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	2,603,519

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	1,537,815
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	1,537,815
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

41 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. ☐ 2019 ☒ 2020 ☐ 2021

Schedule SB, line 22 – Description of Weighted Average Retirement Age

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 62.

(A) Retirement age	(B) Retirement Percent	(C) Lx	(D) Number of employees expected to retire (B) x (C)	(E) (A) x (D)
55	3.00%	10,000	300	16,500
56	3.00%	9,700	291	16,296
57	3.00%	9,409	282	16,089
58	3.00%	9,127	274	15,881
59	9.00%	8,853	797	47,009
60	9.00%	8,056	725	43,503
61	20.00%	7,331	1,466	89,440
62	20.00%	5,865	1,173	72,725
63	20.00%	4,692	938	59,118
64	20.00%	3,754	751	48,045
65	50.00%	3,003	1,501	97,592
66	50.00%	1,501	751	49,547
67	50.00%	751	375	25,149
68	50.00%	375	188	12,762
69	50.00%	188	94	6,475
70	100.00%	94	94	6,569
Total			10,000	622,698
Average				62.27

2025 Form 5500 - Schedule SB

Plan: The Manitowoc Company, Inc. Pension Plan
EIN/PN: 39-0448110/022
Valuation Date: 01/01/2025

Schedule SB, line 26b - Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	288,093	494,655	7,423,466	8,206,214
2026	401,071	545,323	7,257,868	8,204,262
2027	501,706	636,898	7,077,788	8,216,392
2028	581,735	785,749	6,864,517	8,232,001
2029	647,206	860,494	6,652,732	8,160,432
2030	697,938	922,619	6,429,463	8,050,020
2031	745,377	977,822	6,193,327	7,916,526
2032	784,767	1,027,436	5,942,421	7,754,624
2033	816,619	1,071,383	5,681,207	7,569,209
2034	839,479	1,088,574	5,409,425	7,337,478
2035	855,711	1,108,071	5,127,172	7,090,954
2036	866,020	1,102,389	4,835,518	6,803,927
2037	869,212	1,090,582	4,533,795	6,493,589
2038	867,338	1,081,620	4,227,504	6,176,462
2039	861,166	1,063,889	3,916,879	5,841,934
2040	852,149	1,056,188	3,604,310	5,512,647
2041	838,853	1,039,005	3,292,479	5,170,337
2042	821,427	1,019,119	2,984,269	4,824,815
2043	800,661	989,635	2,682,671	4,472,967
2044	777,544	958,237	2,390,677	4,126,458
2045	752,456	924,894	2,111,172	3,788,522
2046	725,669	889,601	1,846,825	3,462,095
2047	697,227	852,383	1,599,941	3,149,551
2048	667,308	813,292	1,372,357	2,852,957
2049	636,016	772,414	1,165,375	2,573,805
2050	603,469	729,882	979,703	2,313,054
2051	569,793	685,884	815,448	2,071,125
2052	535,153	640,663	672,157	1,847,973
2053	499,760	594,520	548,893	1,643,173
2054	463,865	547,822	444,325	1,456,012
2055	427,746	500,999	356,836	1,285,581
2056	391,705	454,528	284,611	1,130,844
2057	356,054	408,913	225,758	990,725
2058	321,112	364,661	178,395	864,168
2059	287,197	322,251	140,725	750,173
2060	254,621	282,117	111,093	647,831
2061	223,669	244,635	88,013	556,317
2062	194,599	210,091	70,194	474,884
2063	167,623	178,680	56,541	402,844
2064	142,896	150,496	46,136	339,528
2065	120,516	125,539	38,233	284,288
2066	100,517	103,726	32,229	236,472
2067	82,878	84,902	27,643	195,423
2068	67,525	68,861	24,105	160,491
2069	54,341	55,355	21,329	131,025
2070	43,176	44,118	19,106	106,400
2071	33,852	34,874	17,279	86,005
2072	26,180	27,356	15,733	69,269
2073	19,962	21,306	14,389	55,657
2074	14,999	16,489	13,187	44,675

Schedule SB, Line 15 - Reconciliation of Difference Between Valuation Results and Amounts Used to Calculate AFTAP

The AFTAP of 82.87% was certified for the 2025 plan year on March 31, 2025.

The following chart shows a comparison of the 2025 certified AFTAP and the FTAP shown on the 2025 Schedule SB, line 14.

	Final certified AFTAP	Schedule SB Line 14 FTAP	Difference (explained below)
1. Adjusted plan assets			
a. Actuarial value of plan assets	$ 81,385,305	$ 83,454,953	$2,069,648: This difference is due to the plan year 2024 receivable contributions made on April 11, 2025, July 14, 2025 and September 9, 2025.
b. Credit balances subtracted	0	1,821,415	$1,821,415: Prefunding balance as of January 1, 2025 was created on April 14, 2025, July 14, 2025, and September 9, 2025 after the AFTAP was certified.
c. Annuity purchases for non-HCEs in prior two plan years	0	0	
d. Earmarked contributions during plan year	0	0	
e. Adjusted plan assets: *(a.) – (b.) + (c.) + (d.)*	$ 81,385,305	$ 81,633,538	$248,233
2. Adjusted funding target			
a. Funding target	$ 98,200,623	$ 98,200,623	
b. Funding target increases not already reflected in (a.) due to amendments, UCEBs, etc.	0	0	
c. Annuity purchases for non-HCEs in prior two plan years	0	0	
d. Adjusted funding target: (a.) + (b.) + (c.)	$ 98,200,623	$ 98,200,623	
3. 2025 AFTAP/FTAP: (1.e.) ÷ (2.d.)	82.87%	83.12%	0.25%

Schedule SB, Part V — Summary of Plan Provisions

Summary of major plan provisions

Status of the plan	The plan is frozen to benefit accruals and plan participation
Significant events that occurred during the year	None
Maximum benefits	Annual benefits may not exceed the limits in IRC section 415. The limit is indexed annually. For 2025, the limit is $280,000.
Component Plan	**Grove – Hourly**
Effective date	January 1, 1986; most recently amended effective January 1, 2011.
Employee	Any hourly worker of the Employer who is not included in a unit of employees covered by a collective bargaining agreement where retirement benefits were the subject of good faith bargaining, unless such agreement specifically provides for participation in the Plan. Leased employees are excluded.
Participation date	First of the month coincident with or following the completion of one year of Eligibility Service (1,000 hours worked in the first 12 months of employment or any subsequent calendar year) and age 21. Participation is frozen as of December 31, 2002.
Participant	Eligible employees participate following the completion of one (1) year of Credited Service.
Hour of service	An hour for which the employee is either directly or indirectly compensated for the performance of duties, vacation, holiday, illness, incapacity, disability, layoff, jury duty, military duty or leave of absence, or for which back pay is agreed to by the Employer. Hours are applied to the year in which duties are performed. No more than 501 hours are applied to any single continuous period in which no duties are performed.
Vesting service	One year for each calendar year in which 1,000 hours are worked.
Credited service	Years and completed months while employed. Credited service is frozen as of December 31, 2002.
Accrued benefit	The monthly benefit payable is equal to the benefit multiplier in effect on the date of termination multiplied by Years of Credited Service, minus the benefit calculated as of December 31, 1985 and provided for by an annuity contract.

Termination Date		
After	On or Before	Benefit Multiplier
1/1/1987	1/1/1989	$13.00
1/1/1989	1/1/1991	14.00
1/1/1991	1/1/1992	17.00
1/1/1992	1/1/1995	18.00
1/1/1995	1/1/1996	19.00
1/1/1996	10/1/1997	21.00
10/1/1997	1/1/2000	22.00
1/1/2000	3/30/2001	24.00
3/30/2001	12/31/2002	25.00

Schedule SB, Part V — Summary of Plan Provisions

	Benefits were frozen effective January 1, 2003.
Normal retirement date	The first day of the calendar month that coincides with, or follows the attainment of age 65 or, if later, the earlier of the completion of five years of Vesting Service or the fifth anniversary of the Participation Date.
Normal retirement benefit	On retirement after age 65, a monthly benefit determined at date of termination equal to the Accrued Benefit. Standard form of benefit is a life annuity. Benefit for a married participant is a 50% joint and survivor annuity option.
Early retirement benefit	Payable as of the first day of any calendar month after termination with at least 10 years of vesting service and after age 55. The monthly benefit payable is the Normal Retirement Benefit reduced by 5/12% for each month by which the commencement date precedes the Normal Retirement Date.
Deferred vested retirement	At termination of employment after five years of Vesting Service, a monthly benefit determined at date of termination equal to the Accrued Benefit. The monthly benefit is payable as early as age 55 if the participant had at least 10 years of vesting service, and is reduced in the same manner as the Early Retirement Benefit.
Death benefit	Upon death with a vested benefit, the surviving spouse of a married participant shall be entitled to a life annuity equal to 50% of the joint and survivor benefit payable to the participant as of that date.
Forms of payment	For a single participant, the standard form of benefit is a life annuity. For a married participant, the standard form of benefit is a 50% joint and survivor annuity. Optional forms of payment also include a 10 year certain and life annuity and a 66 2/3%, 75% or 100% joint and survivor benefit for spouses and a 50%, 66 2/3%, 75% or 100% joint and survivor benefit for non-spouses.
Payment of pension	For Normal, Early, or Disability Retirees, monthly benefit payable in the form of a 50% Surviving Spouse Annuity. The 50% will be reduced 1/2% for each year in excess of five that the spouse is younger than the Participant.
Optional form conversion factors	Mortality Table – 1983 GAM mortality table (50% male/50% female) Interest Rate – 6.0%.

Schedule SB, Part V — Summary of Plan Provisions

Component Plan	Grove – Salaried
Effective date	December 1, 1986; most recently amended effective January 1, 2011.
Employee	Any salaried worker of the Employer who is not included in a unit of employees covered by a collective bargaining agreement where retirement benefits were the subject of good faith bargaining, unless such agreement specifically provides for participation in the Plan. Leased employees are excluded.
Participation date	First of the month coincident with or following completion of one year of Eligibility Service (1,000 hours worked in the first 12 months of employment or any subsequent calendar year) and age 21. Participation is frozen as of December 31, 2002.
Hour of service	An hour for which the employee is either directly or indirectly compensated for the performance of duties, vacation, holiday, illness, incapacity, disability, layoff, jury duty, military duty or leave of absence, or for which back pay is agreed to by the Employer. Hours are applied to the year in which duties are performed. No more than 501 hours are applied to any single continuous period in which no duties are performed.
Vesting service	One year for each calendar year in which 1,000 hours are worked.
Credited service	Years and completed months while employed. Credited service is frozen as of December 31, 2002.
Annual earnings	Annual rate of base pay as of date of hire or January 1, excluding bonuses, overtime, commissions, life insurance premiums, relocation allowance, deferred compensation (except under Code Section 401(k) or 125), and incentive plan, stock option plan, stock appreciation rights plan, or stock purchase plan compensation.
Final average earnings	The average of the three highest consecutive Annual Earnings of the last 10 immediately preceding termination or retirement. Final average earnings were frozen as of December 31, 2002.
Accrued benefit	Prior to October 1, 1997, the annual Accrued Benefit equals .9% of Final Average Earnings multiplied by Credited Service plus .6% of Final Average Earnings in excess of covered compensation multiplied by Credited Service up to 35 years, minus the benefit calculated as of December 31, 1985 and provided for by an annuity contract. On or after October 1, 1997, the annual Accrued Benefit equals 1% of Final Average Earnings multiplied by Credited Service plus .65% of Final Average Earnings in excess of covered compensation multiplied by Credited Service up to 35 years, minus the benefit calculated as of December 31, 1985 and provided for by an annuity contract. In no case will the Salaried plan benefit be smaller than the benefit that would have been accrued under the Hourly plan. Benefits were frozen effective December 31, 2002.
Normal retirement date	The first day of the calendar month that coincides with, or follows the attainment of age 65 or, if later, the earlier of the completion of five years of Vesting Service or the fifth anniversary of the Participation Date.

Schedule SB, Part V — Summary of Plan Provisions

Normal retirement benefit	On retirement after age 65, a monthly benefit determined at date of termination equal to the Accrued Benefit. Standard form of benefit is a life annuity. Benefit for a married participant is a 50% joint and survivor annuity option
Early retirement benefit	Payable as of the first day of any calendar month after termination with at least 10 years of vesting service and after age 55. The monthly benefit payable is the Normal Retirement Benefit reduced by 5/12% for each of the months by which the commencement date precedes the Normal Retirement Date.
Deferred vested retirement	At termination of employment after five years of Vesting Service, a monthly benefit determined at date of termination equal to the Accrued Benefit. The monthly benefit is payable as early as age 55 if the participant had at least 10 years of vesting service, and is reduced in the same manner as the Early Retirement Benefit.
Death benefit	Upon death with a vested benefit, the surviving spouse of a married participant shall be entitled to a life annuity equal to 50% of the joint and survivor benefit payable to the participant as of that date.
Forms of payment	For a single participant, the standard form of benefit is a life annuity. For a married participant, the standard form of benefit is a 50% joint and survivor annuity. Optional forms of payment also include a 10 year certain and life annuity and a 66 2/3%, 75% or 100% joint and survivor benefit for spouses and a 50%, 66 2/3%, 75% or 100% joint and survivor benefit for non-spouses.
Optional form conversion factors	Mortality Table – 1983 GAM mortality table (50% male/50% female) Interest Rate – 6.0%.

Schedule SB, Part V — Summary of Plan Provisions

Component Plan	Marinette Marine
Effective date	December 1, 1986; most recently amended effective January 1, 2011.
Employee	Any worker of the Employer who is not included in a unit of employees covered by a collective bargaining agreement where retirement benefits were the subject of good faith bargaining, unless such agreement specifically provides for participation in the Plan.
Participation date	December 1 or June 1 coincident with or next following the completion of one year of Eligibility Service (1,000 hours worked in the first 12 months after hire or any subsequent 12-month period beginning on an anniversary of the hire date). Participation is frozen as of December 31, 2000.
Hour of service	An hour for which the employee is either directly or indirectly compensated for the performance of duties, vacation, holiday, illness, incapacity, disability, layoff, jury duty, military duty or leave of absence, or for which back pay is agreed to by the Employer. Hours are applied to the year in which duties are performed. No more than 501 hours are applied to any single continuous period in which no duties are performed.
Vesting service	One year for each calendar year in which 1,000 hours are worked.
Benefit service	One year for each calendar year in which 1,000 hours are worked. In any year of hire or termination in which less than 1,000 hours are worked, fractional credit will be earned based upon the hours worked divided by 1,000. Benefit service is frozen as of December 31, 2000.
Compensation	The total amount paid to an employee in a calendar year, excluding bonuses and commissions, and including amounts deferred under Code Sections 401(k) and 125.
Monthly plan compensation	One-twelfth of the average of the highest five consecutive calendar years of compensation. Monthly plan compensation was frozen as of December 21, 2000.
Accrued benefit	The monthly amount payable is equal to 2.4% of Monthly Plan Compensation determined as of 1/31/1992 times Benefit Service as of that date, plus the product of years of Benefit Service after 1/31/1992 (subject to a maximum of 25 years minus the years determined as of 1/31/1992) and the total of 1.5% of Monthly Plan Compensation plus .65% of Monthly Plan Compensation in excess of covered compensation. Benefits were frozen as of December 31, 2000.
Normal retirement date	The first day of the calendar month that follows the attainment of age 65 and five years of participation.
Normal retirement benefit	On retirement after age 65, a monthly benefit determined at date of termination equal to the Accrued Benefit. Standard form of benefit is a life annuity. Benefit for a married participant is a 50% joint and survivor annuity option.
Early retirement benefit	Payable as of the first day of any calendar month after termination with at least five years of vesting and after age 55. The monthly benefit payable is the Normal Retirement Benefit reduced by 5/12% for each month of early commencement.
Deferred vested retirement	At termination of employment after five years of Vesting Service, a monthly benefit determined at date of termination equal to the Accrued Benefit. The monthly benefit payable is reduced in the same manner as the Early Retirement Benefit.

Schedule SB, Part V — Summary of Plan Provisions

Death benefit	Upon death with a vested benefit, the surviving spouse of a married participant shall be entitled to a life annuity equal to 50% of the joint and survivor benefit payable to the participant as of that date. If the participant had been eligible for Normal Retirement on the date of death, the joint and survivor percentage increases to 100%. If an unmarried participant dies after becoming eligible for Normal Retirement, a death benefit equal to the guaranteed payments of the life and 180 payments guaranteed benefit option.
Forms of payment	For a single participant, the standard form of benefit is a life annuity. For a married participant, the standard form of benefit is a 50% joint and survivor annuity. Optional forms of payment also include a 10-or 15-year certain and life annuity and a 75% and 100% joint and survivor annuity.
Optional form conversion factors	Mortality Table – 1983 GAM mortality table (50% male/50% female) Interest Rate – 6.0%.

Schedule SB, Part V — Summary of Plan Provisions

Component Plan	**National Crane – Bargaining**
Effective date	October 1, 1976; most recently amended effective January 1, 2011.
Employee	Any bargaining unit employee at the Waverly Plant or production employee at the Nebraska Sales and Service Division of the Lincoln Plant. Leased employees are excluded.
Participation date	First of the month coincident with or following the completion of one year of employment and age 21.
Hour of service	An hour for which the employee is either directly or indirectly compensated for the performance of duties, vacation, holiday, illness, incapacity, disability, layoff, jury duty, military duty or leave of absence. Hours are applied to the year in which duties are performed. No more than 501 hours are applied to any single continuous period in which no duties are performed.
Vesting service	Period of employment with the employer.
Benefit service	One year of benefit service credit is accrued for each calendar year with at least 2,000 hours. In calendar years with less than 2,000 credit hours, partial credit is based on the table below. Benefit service calculation was different for partial years prior to January 1, 1984. Benefit service is frozen as of December 31, 2008.

Hours of Service	Benefit Service
1,801 or more	1.0
1,601 to 1,800	0.9
1,401 to 1,600	0.8
1,201 to 1,400	0.7
1,001 to 1,200	0.6
1,000	0.5
Less than 1,000	0.0

Accrued benefit

The monthly amount of normal annuity payable to a participant commencing on his normal annuity commencement date will be equal to:

- on and after October 1, 1992, and prior to October 1, 1993, $15.00 times the participant's benefit service to a maximum of 30 years,
- on and after October 1, 1993, and prior to October 1, 1994, $16.00 times the participant's benefit service to a maximum of 30 years,
- on or after October 1, 1994, and prior to October 1, 1995, $17.50 times the participant's benefit service to a maximum of 30 years,
- on and after October 1, 1995, and prior to October 1, 1996, $18.50 times the participant's benefit service to a maximum of 30 years,
- on and after October 1, 1996, and prior to October 1, 1997, $20.00 times the participant's benefit service to a maximum of 30 years,
- on or after October 1, 1997, and prior to October 1, 1998, $21.50 times the participant's benefit service to a maximum of 30 years,
- on and after October 1, 1998, and prior to October 1, 1999, $23.00 times the participant's benefit service to a maximum of 30 years,
- on or after October 1, 1999, and prior to October 1, 2000, $24.00 times the participant's benefit service to a maximum of 30 years,
- on or after October 1, 2000, and prior to October 1, 2001, $25.00 times the participant's benefit service to a maximum of 30 years,

Schedule SB, Part V — Summary of Plan Provisions

	• on or after October 1, 2001, $26.00 times the participant's benefit service to a maximum of 30 years. Service cap was changed to 35 years.
Normal retirement date	The first day of the calendar month that coincides with or, otherwise, that next follows the later of (1) his 65th birthday and (2) his effective date of participation in the Plan.
Normal retirement benefit	On retirement after age 65, a monthly benefit determined at date of termination equal to the Accrued Benefit. Standard form of benefit is a life annuity. Benefit for a married participant is a 50% joint and survivor annuity option.
Early retirement benefit	Payable as of the first day of any calendar month after termination of employment with at least 15 years of benefit service and within the 10-year period immediately preceding the normal retirement date. The normal retirement benefit is payable and is reduced by 5/12% for each month by which the early retirement date precedes the normal retirement date.
Deferred vested retirement	At termination of employment after five years of Vesting Service, a monthly benefit determined at date of termination equal to the Accrued Benefit. The monthly benefit payable is the Normal Retirement Benefit reduced ½% for each month of early commencement.
Disability retirement benefit	On termination of active work because of total and permanent disability and entitlement to receive disability payments from Social Security, the Accrued Benefit payable at Normal Retirement Date.
Death benefit	Upon death with a vested benefit, the surviving spouse of a married participant shall be entitled to a life annuity equal to 50% of the joint and survivor benefit payable to the participant as of that date.
Forms of payment	For a single participant, the standard form of benefit is a life annuity. For a married participant, the standard form of benefit is a 50% joint and survivor annuity with pop-up. Optional forms of payment also include a 10 or 15 year certain and life annuity and a level income annuity and a 50%, 66 2/3%, 75% and 100% joint and survivor annuity.
Optional form conversion factors	Mortality Table – 1983 GAM mortality table (50% male/50% female) Interest Rate – 6.0%.

Schedule SB, Part V — Summary of Plan Provisions

Component Plan	**National Crane – Non-Bargaining**
Effective date	October 1, 1966; most recently amended effective January 1, 2011.
Employee	Any non-bargaining employee at the Waverly Plant or non-production employee at the Nebraska Sales and Service Division at the Lincoln Plant. Leased employees are excluded.
Participation date	First of the month coincident with or following the completion of one year of employment and age 21.
Hour of service	An hour for which the employee is either directly or indirectly compensated for the performance of duties, vacation, holiday, illness, incapacity, disability, layoff, jury duty, military duty or leave of absence. Hours are applied to the year in which duties are performed. No more than 501 hours are applied to any single continuous period in which no duties are performed.
Vesting service	Period of employment with the employer.
Benefit service	The sum of the calendar years in which the employee has been credited with at least 1,000 hours of service. Any participant who was employed as of January 1, 1979 will also receive a year of service in any year service starts or stops if during such year he or she is credited with hours of service at a rate of at least 1,000 per year. Benefit service is frozen as of December 31, 2008.
Earnings	W-2 earnings, including overtime and shift differentials but excluding bonuses and other non-recurring compensation.
Average earnings	The average of the first five calendar years of Earnings of the last 10, or of all Earnings if less than 10, immediately preceding termination or retirement.
Accrued benefit	The monthly amount payable is equal to 1.85% of the Average Earnings, plus 0.6% of the Average Earnings in excess of 10,000 times benefit service limited to 20 years.
Normal retirement date	The first day of the calendar month that coincides with, or follows the attainment of age 65 or, if later, the Participation Date.
Normal retirement benefit	On retirement after age 65, a monthly benefit determined at date of termination equal to the Accrued Benefit. Standard form of benefit is a life annuity. Benefit for a married participant is a 50% joint and survivor annuity option.
Early retirement benefit	Payable as of the first day of any calendar month after termination with at least 15 years of benefit service and within the 10-year period immediately preceding the Normal Retirement Date. The monthly benefit payable is the greatest of the (a) the actuarial equivalent of the Normal Retirement Benefit or (b) the normal retirement benefit reduced by 5/12% for each month by which the early retirement date precedes the normal retirement date.
Deferred vested retirement	At termination of employment after five years of Vesting Service, a monthly benefit determined at date of termination equal to the Accrued Benefit. The monthly benefit payable is the Normal Retirement Benefit reduced $^1/_2$% for each month of early commencement.
Disability retirement	On termination due to total and permanent disability and entitlement to receive disability benefits from Social Security, the Accrued Benefit payable at the Normal Retirement Date.
Death benefit	Upon death with a vested benefit, the surviving spouse of a married participant shall be entitled to a life annuity equal to 50% of the joint and survivor benefit payable to the participant as of that date.

Schedule SB, Part V — Summary of Plan Provisions

Forms of payment	For a single participant, the standard form of benefit is a life annuity. For a married participant, the standard form of benefit is a 50% joint and survivor annuity with pop-up. Optional forms of payment also include a 10 or 15 year certain and life annuity and a level income annuity and a 50%, 66 2/3%, 75% and 100% joint and survivor annuity
Optional form conversion factors	Mortality Table – 1983 GAM mortality table (50% male/50% female) Interest Rate – 6.0%.

Benefits included or excluded

Unless noted below, all benefits provided by the plan, as restated and amended through January 1, 2016, are included in this valuation.

- **Most recent plan amendments included:** Amendments adopted after the valuation date or effective after the current plan year are excluded from the valuation.
- **Plan amendments excluded:** None
- **Late retirement increases:**
  - *Active participants:* Current active participants over normal retirement age are valued including the late retirement actuarial increase.
  - *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase.
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

Plan provisions specific to funding

Additional benefits included or excluded

- **IRC Section 436 benefit restrictions:**
  - *Unpredictable contingent event benefits:* This valuation excludes restricted contingent event benefits that occurred before the valuation date but includes contingent event benefits which are expected to occur on or after the valuation date regardless of anticipated funding-based limitations.
  - *Plan amendments:* See above.

  - *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
  - *Benefit accruals:* The plan's funding target does not reflect any limitation on benefit accruals.

- **Scheduled benefit increases:** Scheduled benefit increases effective after the end of the current plan year are excluded from minimum funding requirements.
- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.

Plan provision changes since prior valuation

Maximum benefit amounts under IRS rules were updated from 2024 to 2025.

The Manitowoc Company, Inc. Pension Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

EIN #39-0448110 Plan #022

December 31, 2025

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	Government Money Market Fund	Money Market - 708,568.51 shs	$ 708,569	$ 708,569
*	FIAM Emerging Market Debt Fund	Commingled pool fund - 33,671,838 shs	2,443,623	2,844,934
*	FIAM Emerging Market Fund	Commingled pool fund - 27,106.863 shs	1,434,734	2,046,839
*	FIAM Small/Mid Cap Opportunities Fund	Commingled pool fund - 140,817.844 shs	2,084,596	2,151,697
*	FIAM Long Corporate A or Better Fund	Commingled pool fund - 530,529.024 shs	14,168,513	13,974,134
*	FIAM Long Duration Fund	Commingled pool fund - 552,623.793 shs	14,369,255	14,009,013
*	FIAM Long US Treasury STRIPS Fund	Commingled pool fund - 96,372.62 shs	9,577,039	8,655,225
*	FIAM REIT Fund	Commingled pool fund - 10,533.739 shs	1,251,951	1,268,684
*	FIAM Select Canada Equity Fund	Commingled pool fund - 25,641.776 shs	1,256,217	1,596,713
*	FIAM Select Emerging Market Equity Fund	Commingled pool fund - 43,212.392 shs	1,513,905	2,055,613
*	FIAM Select International Equity Fund	Commingled pool fund - 11,214.026 shs	3,521,501	3,994,100
*	FIAM Select International Small Cap Fund	Commingled pool fund - 15,430.147 shs	1,426,934	1,578,041
*	Fidelity Large Cap Growth Index Fund	Commingled pool fund - 8,621.015 shs	178,455	178,455
*	Fidelity Select Gold Portfolio Fund	Commingled pool fund - 10,235.016 shs	570,400	600,284
*	Fidelity International Value Fund	Commingled pool fund - 141,209.751 shs	1,945,962	1,993,882
*	Fidelity Overseas Fund	Commingled pool fund - 27,814.239 shs	2,066,295	1,991,221
*	Spartan World Minimum Volatility Index Fund	Commingled pool fund - 87,130.247 shs	9,165,004	10,392,896
*	Spartan 500 Index Fund	Commingled pool fund - 47,525.397 shs	10,219,305	15,461,437
	Totals		$ 77,902,258	$ 85,501,737

* Denotes party-in-interest.

This schedule has been derived from information certified as complete and accurate by Midwest Institutional Trust Company, trustee of the Plan.

See Independent Auditor's Report.

Schedule SB, line 32 — Schedule of Amortization Bases

The total shortfall amortization charge is the sum of the individual shortfall amortization installments for each plan year since the IRC Section 430 changes made by ARPA took effect for the plan. Although an individual shortfall amortization installment can be negative, the combined shortfall amortization charge cannot be less than $0.

Shortfall bases					
Year established		**Outstanding balance**	**Years remaining**		**2025 Installment**
2023	$	14,532,871	13	$	1,493,627
2024	$	(3,666,294)	14	$	(358,026)
2025	$	5,700,508	15	$	531,518
Total		$16,567,085			$1,667,119

Schedule SB, line 24 — Change in Actuarial Assumptions

- The expected rate of return on assets changed from 5.78% in 2024 to 6.20% in 2025 to better reflect expectations for the year.
- The expected expenses added to the normal cost changed from $1,330,000 to $1,220,000 to better reflect expectations for the year.