

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 2018 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>10/01/2018</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ 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:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)

Part II Basic Plan Information—enter all requested information		
1a Name of plan <u>SCHNEIDER ELECTRIC USA, INC. PENSION PLAN</u>	1b Three-digit plan number (PN) ▶	<u>099</u>
	1c Effective date of plan	<u>03/31/1943</u>
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) <u>SCHNEIDER ELECTRIC HOLDINGS, INC.</u> <u>200 N MARTINGALE ROAD</u> <u>SUITE 1000</u> <u>SCHAUMBURG, IL 60173</u>	2b Employer Identification Number (EIN)	<u>36-4141566</u>
	2c Plan Sponsor's telephone number	<u>847-397-2600</u>
	2d Business code (see instructions)	<u>335900</u>

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.	12/24/2019	KAREN HANSEN
	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

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

Form 5500 (2018)
v. 171027

3a Plan administrator's name and address ☐ Same as Plan Sponsor SCHNEIDER ELECTRIC BENEFITS COMMITTEE 200 N MARTINGALE ROAD SUITE 1000 SCHAUMBURG, IL 60173	3b Administrator's EIN 36-4141566 3c Administrator's telephone number 847-397-2600
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 11294
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 2680 6a(2) 0 6b 0 6c 0 6d 0 6e 0 6f 0 6g 0 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1B 1H 1I 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2018 Form M-1 annual report. If the plan was not required to file the 2018 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 _____

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>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).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2018</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 10/01/2018	
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 SCHNEIDER ELECTRIC USA, INC. PENSION PLAN	B Three-digit plan number (PN) 099
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF SCHNEIDER ELECTRIC HOLDINGS, INC.	D Employer Identification Number (EIN) 36-4141566
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2018			
2	Assets:			
a	Market value	2a	973117921	
b	Actuarial value	2b	973117921	
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	6582	571120753	571120753
b	For terminated vested participants	2048	109457967	109457967
c	For active participants	2672	239356928	243806493
d	Total	11302	919935648	924385213
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	5.65 %	
6	Target normal cost	6	1542729	

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	
STEPHANIE TRAN	08/02/2019
Type or print name of actuary	Date
MERCER	17-07587
Firm name	Most recent enrollment number
99 HIGH STREET BOSTON, MA 02110	617-747-9500
Address of the firm	Telephone number (including area code)

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	30782148
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	17628374
9 Amount remaining (line 7 minus line 8)	0	13153774
10 Interest on line 9 using prior year's actual return of <u>12.41</u> %	0	1632383
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		36757754
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 <u>5.88</u> %		1124808
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		2187681
c Total available at beginning of current plan year to add to prefunding balance		40070243
d Portion of (c) to be added to prefunding balance		0
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	14786157

Part III Funding Percentages

14 Funding target attainment percentage	14	103.67%
15 Adjusted funding target attainment percentage	15	98.27%
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	94.77%
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
Totals ▶			18(b)	0	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	0

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: 3.92%	2nd segment: 5.52%	3rd segment: 6.29%
		☐ N/A, full yield curve used		
b	Applicable month (enter code)	21b	4	
22	Weighted average retirement age	22	63	
23	Mortality table(s) (see instructions)	Prior regulation:	☐ Prescribed - combined	☒ Prescribed - separate
		Current regulation:	☐ Prescribed - combined	☐ Prescribed - separate
			☐ Substitute	☐ 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	Is the plan required to provide a Schedule of Active Participants? 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 6)	31a	1542729
b	Excess assets, if applicable, but not greater than line 31a	31b	1542729
32	Amortization installments:	Outstanding Balance	Installment
a	Net shortfall amortization installment	0	0
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	0
	Carryover balance	Prefunding balance	Total balance
35	Balances elected for use to offset funding requirement	0	0
36	Additional cash requirement (line 34 minus line 35)	36	0
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0
38	Present value of excess contributions for current year (see instructions)		
a	Total (excess, if any, of line 37 over line 36)	38a	0
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0
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 Pension Relief Act of 2010 (See Instructions)

41	If an election was made to use PRA 2010 funding relief for this plan:			
a	Schedule elected	☐ 2 plus 7 years	☐ 15 years	
b	Eligible plan year(s) for which the election in line 41a was made	☐ 2008	☐ 2009	☐ 2010
		☐ 2011		

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2018
		This Form is Open to Public Inspection.

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 10/01/2018		
A Name of plan SCHNEIDER ELECTRIC USA, INC. PENSION PLAN	B Three-digit plan number (PN) ▶	099
C Plan sponsor's name as shown on line 2a of Form 5500 SCHNEIDER ELECTRIC HOLDINGS, INC.	D Employer Identification Number (EIN) 36-4141566	

Part I	Service Provider Information (see instructions)
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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)

CITISTREET, LLC

ONE HERITAGE DRIVE
NORTH QUINCY, MA 02171

(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?
13 50	NONE	271782	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ALIGHT SOLUTIONS LLC

82-1061233

(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?
16 50	NONE	259854	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AON CONSULTING

22-2232264

(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?
16 50	NONE	249133	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

FRANK RUSSELL CO

91-0604934

(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?
28 50	NONE	181510	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JPMORGAN CHASE BANK NA

13-4494650

(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?
28 50 51 52	NONE	96083	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

STATE STREET BANK & TRUST CO.

227 W MONROE STREET
CHICAGO, IL 60606

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	NONE	29067	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

BUCK CONSULTANTS

13-2655989

(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 50	NONE	28924	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MCDERMOTT WILL & EMERY

444 W LAKE STREET
CHICAGO, IL 60606

(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?
29 50	NONE	9590	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
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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
(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:	WENDY R. LUDBROOK	b EIN:	13-2655989
c Position:	ENROLLED ACTUARY		
d Address:	231 S. BEMISTON SUITE 400 ST. LOUIS, MO 63105	e Telephone:	314-719-2509

Explanation: TERMINATION DUE TO THE APPOINTMENT OF A NEW ENROLLED ACTUARY ON THIS PLAN.

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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 2018 This Form is Open to Public Inspection.
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 10/01/2018

A Name of plan <u>SCHNEIDER ELECTRIC USA, INC. PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>099</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SCHNEIDER ELECTRIC HOLDINGS, INC.</u>	D Employer Identification Number (EIN) <u>36-4141566</u>	

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: <u>SCHNEIDER ELEC HOLD INC. DB MAST TR</u>		
b Name of sponsor of entity listed in (a): <u>SCHNEIDER ELECTRIC HOLDINGS, INC. DB</u>		
c EIN-PN <u>36-4141566-204</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
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)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
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)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
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)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
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)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
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)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
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)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
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)

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**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)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**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)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**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)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**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)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**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)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**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)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**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)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**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)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**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)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**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)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

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
		2018
		This Form is Open to Public Inspection

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 10/01/2018		
A Name of plan SCHNEIDER ELECTRIC USA, INC. PENSION PLAN	B Three-digit plan number (PN) ►	099
C Plan sponsor's name as shown on line 2a of Form 5500 SCHNEIDER ELECTRIC HOLDINGS, INC.	D Employer Identification Number (EIN) 36-4141566	

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	40000000	0
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	934198810	0
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities	1d(1)	
(2)	Employer real property	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	974198810 0
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness	1i	
j	Other liabilities	1j	
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	0 0
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	974198810 0

Part II Income and Expense Statement

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

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

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		14535958
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		14535958

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	32285092	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	258807450	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		291092542
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	576567	
(2) Contract administrator fees.....	2i(2)	271782	
(3) Investment advisory and management fees.....	2i(3)	277593	
(4) Other	2i(4)	3472	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		1129414
j Total expenses. Add all expense amounts in column (b) and enter total	2j		292221956

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-277685998
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		696512812

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) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: ERNST & YOUNG

(2) EIN: 34-6565596

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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.

During the plan year:

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.).....

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.)

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	X		
l Has the plan failed to provide any benefit when due under the plan?.....		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
SCHNEIDER ELECTRIC PENSION PLAN	36-4141566	004

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ☒ Yes ☐ No ☐ Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4181084. (See instructions.)

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 2018 This Form is Open to Public Inspection.
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 10/01/2018

A Name of plan <u>SCHNEIDER ELECTRIC USA, INC. PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>099</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SCHNEIDER ELECTRIC HOLDINGS, INC.</u>	D Employer Identification Number (EIN) <u>36-4141566</u>

Part I	Distributions
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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	<u>0</u>
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): <u>56-6484434</u> <u>04-1867445</u>		
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	<u>5</u>

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

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

Schedule R (Form 5500) 2018
v. 171027

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (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 participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year

b The plan year immediately preceding the current plan year

c The second preceding plan year

14a**14b****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

b The corresponding number for the second preceding plan year

15a**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

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

16a**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) through (c)

- a** Enter the percentage of plan assets held as:

Stock: 17.0% Investment-Grade Debt: 72.0% High-Yield Debt: 5.0% Real Estate: _____% Other: 6.0%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☒ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate line 19(b)?

☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

FINANCIAL STATEMENTS

Schneider Electric USA, Inc. Pension Plan
As of October 5, 2018 (In Liquidation) and December 31, 2017
(Ongoing), and Period From January 1, 2018, Through October 5, 2018
(In Liquidation), and Year Ended December 31, 2017 (Ongoing)
With Report of Independent Auditors

Ernst & Young LLP



Schneider Electric USA, Inc. Pension Plan

Financial Statements

As of October 5, 2018 (In Liquidation) and December 31, 2017 (Ongoing), and
Period From January 1, 2018, Through October 5, 2018 (In Liquidation), and Year Ended
December 31, 2017 (Ongoing)

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Report of Independent Auditors

The Schneider Electric Benefits Committee
Schneider Electric Holdings, Inc.

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Schneider Electric USA, Inc. Pension Plan, which comprise the statements of net assets available for benefits as of October 5, 2018 (in liquidation) and December 31, 2017 (ongoing), and the related statements of changes in net assets available for benefits for the period from January 1, 2018, through October 5, 2018, and the year ended December 31, 2017, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in conformity with U.S. generally accepted accounting principles; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the certified investment information described in Note 6, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the entities that certified the investment information meet the requirements of 29 CFR 2520.103-8. The plan administrator has obtained certifications as of October 5, 2018 and December 31, 2017, and for the period from January 1, 2018, through October 5, 2018, and the year ended December 31, 2017, stating that the investment information provided to the plan administrator is complete and accurate.

Disclaimer of Opinion on Financial Statements

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Adoption of Liquidation Basis of Accounting

As discussed in Note 1 to the financial statements, the governing body of Schneider Electric Holdings, Inc. approved a plan of liquidation on September 17, 2018, and management determined liquidation is imminent. As a result, The Schneider Electric USA, Inc. Pension Plan has changed its basis of accounting for the period January 1, 2018, through October 5, 2018, from the ongoing basis to a liquidation basis. Our disclaimer of opinion is not modified with respect to this matter.

Report on Compliance of Form and Content With Department of Labor's Rules and Regulations

The form and content of the information included in the financial statements, other than that derived from the certified investment information, have been audited by us in accordance with auditing standards generally accepted in the United States and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Ernst & Young LLP

December 19, 2019

Schneider Electric USA, Inc. Pension Plan

Statements of Net Assets Available for Benefits

	October 5, 2018 (In Liquidation)	December 31, 2017 (Ongoing)
Assets		
Interest in Schneider Electric Holdings, Inc. DB Master Trust, at fair value	\$ —	\$ 934,198,810
Receivables:		
Employer contributions	—	40,000,000
Net assets available for benefits	<u>\$ —</u>	<u>\$ 974,198,810</u>

See accompanying notes.

Schneider Electric USA, Inc. Pension Plan

Statements of Changes in Net Assets Available for Benefits

	Period From January 1, 2018, Through October 5, 2018 (In Liquidation)	Year Ended December 31, 2017 (Ongoing)
Additions		
Employer contributions	\$ —	\$ 40,000,000
Deductions		
Administrative expenses	1,129,414	8,343,239
Benefits paid to participants	32,285,092	58,085,703
Purchase of annuity contracts	258,807,450	—
Total deductions	292,221,956	66,428,942
Net investment gain from Schneider Electric Holdings, Inc. DB Master Trust	14,535,958	106,776,977
Net (decrease) increase before transfers	(277,685,998)	80,348,035
Transfers to affiliated plan	696,512,812	—
Net assets available for benefits:		
Beginning of period	974,198,810	893,850,775
End of period	\$ —	\$ 974,198,810

See accompanying notes.

Schneider Electric USA, Inc. Pension Plan

Notes to Financial Statements

October 5, 2018

1. Description of the Plan

The following description of the Schneider Electric USA, Inc. Pension Plan (the Plan) is provided for general information purposes only. Participants should refer to the plan document for more complete information.

General

The Plan, established in 1943 for salaried employees, is a noncontributory, defined benefit pension plan that provides retirement benefits for eligible salaried and nonunion hourly employees of Schneider Electric USA, Inc. (the Company) who are not participants in another company-sponsored pension plan, except as noted below.

Employees hired or rehired on or after January 1, 2006, are not eligible to participate in the Plan. The Company amended the Plan in November 2009 to freeze accrued benefits as of December 31, 2009 (the Freeze Date), and to fully vest all participants who were active participants as of December 31, 2009.

The Schneider Electric Benefits Committee of the Company controls and manages the operation and administration of the Plan. State Street Bank and Trust Company (the Trustee) served as trustee of the Plan prior to July 2, 2018, after which Bank of New York Mellon became the trustee, collectively referred to as Trustees. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

The Plan's investment assets are held in a trust account and consist of an undivided interest through June 30, 2018 and a divided interest effective July 1, 2018 in an investment account of the Schneider Electric Holdings, Inc. DB Master Trust, formerly known as the Schneider Electric USA, Inc. Common Trust (the Master Trust), a master trust established by the Company and administered by the Trustee.

Effective as of May 31, 2018, the Plan transferred sponsorship to Schneider Electric Holdings, Inc. (SEHI). Also, on this date certain liabilities and related assets of the plan were spun off into the Schneider Electric Holdings, Inc. (SEHI) sponsored Measurement & Flow Control, Inc. Union Retirement Plan (the M&FC Plan, subsequently renamed the Schneider Electric Pension Plan). Assets totaling approximately \$697 million were transferred to the M&FC Plan. Certain participants and beneficiaries as of the spin off date in pay status, as defined, remained in the Plan.

Schneider Electric USA, Inc. Pension Plan

Notes to Financial Statements (continued)

1. Description of the Plan (continued)

Plan Termination

On June 21, 2018, the Schneider Electric Holdings, Inc. Benefits Committee approved the termination of the Plan, effective September 17, 2018. The 2018 plan financial statements have been prepared using the liquidation basis of accounting as it was considered imminent that liquidation would occur. The 2017 plan financial statements have not been prepared using the liquidation basis of accounting as it was not considered imminent as of December 31, 2017, that liquidation would occur.

The Plan purchased annuity contracts on September 18, 2018, for approximately \$259 million, to irrevocably settle the applicable liability for all remaining participants.

Pension Benefits

Under the Plan, employees retiring at their normal retirement date are entitled to defined retirement benefits as specified in the plan document. Covered employees with five or more years of vesting service become fully vested in the Plan and are eligible for pension benefits upon attainment of retirement age or any time after age 55 with five or more years of vesting service on an actuarially equivalent basis. All participants who were active as of December 31, 2009, are fully vested.

The amount of benefits to be provided at the time of retirement depends upon an employee's years of benefit service, average earnings (as defined), age, and date of termination. For certain hourly participants, the amount of benefits to be provided at the time of retirement depends upon an employee's years of benefit service and the pension rate in effect at the date of termination. The Plan also provides for early retirement, deferred retirement, and surviving spouse benefits. Pension benefits are provided to participants under several retirement options based upon years of continuous service and age.

Schneider Electric USA, Inc. Pension Plan

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared under the liquidation basis of accounting for the period ended October 5, 2018, and the accrual basis of the accounting for the year ended December 31, 2017.

Use of Estimates

The preparation of the financial statements in conformity with accounting principles generally accepted in the United States (U.S. GAAP) requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Valuation of Investments and Income Recognition

The Plan's investments are held in the Master Trust and are stated at fair value. Fair value is defined as 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 (exit price). See Note 7 for further 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.

Administrative Expenses

The Plan pays most of its administrative expenses. All other administrative expenses of the Plan are paid by the Company. The Company provides accounting and other administrative services to the Plan at no charge.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Schneider Electric USA, Inc. Pension Plan

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits (see Note 4) represent the actuarial present value of estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to services rendered by the employees to the Freeze Date. Accumulated plan benefits include benefits expected to be paid to: (a) retired or terminated employees or their beneficiaries and (b) present employees or their beneficiaries. Benefits payable under all circumstances — retirement, death, disability, and termination of employment are included to the extent they are deemed attributable to employee services rendered to the valuation date.

3. Funding Policy

Contributions to provide benefits under the Plan are made solely by the Company. The Company's funding policy is to make cash contributions to the Plan in amounts as determined by the Plan's independent actuary. The Company met the minimum funding requirements of ERISA for the period ended October 5, 2018, and the year ended December 31, 2017. The Company made contributions of \$0 and \$40,000,000 for 2018 and 2017, respectively.

4. Accumulated Plan Benefits

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

Schneider Electric USA, Inc. Pension Plan

Notes to Financial Statements (continued)

4. Accumulated Plan Benefits (continued)

The accumulated plan benefit information is as follows:

	December 31, 2017
Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants and beneficiaries currently receiving payments	\$ 586,992,569
Other participants	363,635,397
	<u>950,627,966</u>
Non-vested benefits	4,659,545
	<u><u>\$ 955,287,511</u></u>

The changes in accumulated plan benefits are as follows:

Accumulated plan benefits – January 1, 2017	\$ 935,814,283
Changes during the year attributable to:	
Assumption changes	29,852,485
Benefits accumulated and actuarial gains	(6,554,626)
Benefits paid	(58,085,703)
Increase for interest	54,261,072
Net increase	<u>19,473,228</u>
Accumulated plan benefits – December 31, 2017	<u><u>\$ 955,287,511</u></u>

The significant actuarial assumptions used in the valuations were as follows:

Assumed rate of return	6.00%
Retirement age	Various rates ranging from 5% at age 55 to 100% at age 80
Life expectancy of participants	2017: RP 2014 White Collar table with improvement scale MP-2017 2016: RP 2014 with improvement scale Buck Modified – MP-2017

Schneider Electric USA, Inc. Pension Plan

Notes to Financial Statements (continued)

4. Accumulated Plan Benefits (continued)

These actuarial assumptions are based on the presumption that the Plan will continue. The assumptions used to determine the actuarial present value of accumulated plan benefits at December 31, 2017, do not reflect the impact of the termination of the Plan effective September 17, 2018. As a result of the Plan termination and purchase of annuity contracts on September 18, 2018, there are no remaining liabilities of the Plan.

5. Tax Status

The Plan has received a determination letter from the Internal Revenue Service (the IRS) dated September 2, 2014, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the Code) and, therefore, the related trust is tax-exempt. Subsequent to this determination by the IRS, the Plan was amended and restated. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualified status. The plan administrator believes the Plan as amended and restated is being operated in compliance with the applicable requirements of the Code and therefore believes the Plan is qualified and the related trust is tax exempt.

Accounting principles generally accepted in the United States require plan management 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. Plan management has analyzed the tax positions taken by the Plan and has concluded there are no uncertain positions taken or expected to be taken. The Plan is subject to routine audits by taxing jurisdictions; the Plan is undergoing reviews by the DOL for tax periods 2015 to the present.

6. Master Trust

The investment in the Master Trust represents the Plan's undivided interest through June 30, 2018 and a divided interest effective July 1, 2018 ownership of the net assets of the Master Trust, which have been accumulated through the Company's contributions and investment activity of the Master Trust, less benefit payments. Use of the Master Trust permits the commingling of trust assets with the assets of other defined benefit pension plans sponsored by the Company. Although assets of all plans are commingled in the Master Trust, the Trustee maintains supporting records for the purpose of allocating the net gain or loss of the investment account to the participating plans. The net investment income of the investment assets is allocated by the Trustee to each participating plan based on the relationship of the interest of each plan to the total of the interests of the participating plans.

Schneider Electric USA, Inc. Pension Plan

Notes to Financial Statements (continued)

6. Master Trust (continued)

Certain investment information disclosed in the accompanying financial statements, including investments held at December 31, 2017, and net (depreciation) appreciation in fair value of investments, interest, dividends, and investment expenses for the years ended December 31, 2018 and 2017, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by the Trustees.

As of October 5, 2018, the plan had no remaining investments in the Master Trust.

	<u>2017</u>
Investments, at fair value:	
Short-term investment funds	\$ 39,487,242
Private equity investment funds	45,198,626
Common/collective trust funds	<u>1,174,586,140</u>
Total investments	<u><u>\$ 1,259,272,008</u></u>
 Plan's interest in the Master Trust	 74%

The net investment (loss) gain of the Master Trust for the years ended December 31 is summarized as follows:

	<u>2018</u>	<u>2017</u>
Dividend and interest income	\$ 33,755,127	\$ 24,964,292
Net (depreciation) appreciation in fair value of investments	(75,732,073)	122,174,389
Other income	<u>624,453</u>	<u>254,056</u>
Net investment (loss) gain	<u><u>\$ (41,352,493)</u></u>	<u><u>\$ 147,392,737</u></u>

Schneider Electric USA, Inc. Pension Plan

Notes to Financial Statements (continued)

7. Fair Value Measurements

Fair value is defined as 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 (i.e., an exit price). The fair value hierarchy prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets and liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described below.

Level 1 – Unadjusted quoted prices in active markets that are accessible to the reporting entity at the measurement date for identical assets and liabilities.

Level 2 – Inputs other than quoted prices in active markets for identical assets and liabilities that are observable either directly or indirectly for substantially the full term of the asset or liability. Level 2 inputs include the following:

- Quoted prices for similar assets and liabilities in active markets
- Quoted prices for identical or similar assets or liabilities in markets that are not active
- Observable inputs other than quoted prices that are used in the valuation of the assets or liabilities (i.e., interest rate and yield curve quotes at commonly quoted intervals)
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means

Level 3 – Unobservable inputs for the asset or liability (i.e., supported by little or no market activity). Level 3 inputs include management's own assumption about the assumptions that market participants would use in pricing the asset or liability (including assumptions about risk).

The level in the fair value hierarchy within which the fair value measurement is classified is determined based on the lowest level input that is significant to the fair value measurement in its entirety.

Schneider Electric USA, Inc. Pension Plan

Notes to Financial Statements (continued)

7. Fair Value Measurements (continued)

The following is a description of the valuation techniques and inputs used for each general type of investment measured at fair value:

Common/collective trust funds: Valued at the net asset value (NAV) provided by the administrators of the funds. The NAV is based on underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding.

Private equity investment funds: Valued at the NAV provided by the investment fund managers. The NAV is calculated using valuation models developed by the investment fund managers and independent third-party appraisals.

Short-term investment fund: Valued at cost, which represents fair value.

As of October 5, the plan had no remaining investments in the Master Trust. The following table sets forth, by level within the fair value hierarchy, the Master Trust's assets at fair value as of December 31, 2017:

	Level 1	Level 2	Total
Short-term investment fund	\$ 39,487,242	\$ —	\$ 39,487,242
Common/collective trust funds:			
Fixed income ^(a)			786,373,568
U.S. equities ^(b)			257,642,892
International equities ^(b)			130,569,680
Private equity investment funds ^(c)			45,198,626
Total assets at fair value			<u>\$ 1,259,272,008</u>

- (a) This category includes common/collective trust funds that are designed to provide total return through investments in a diversified portfolio of investment-grade, fixed-income securities. This category also includes common/collective trust funds that are designed to provide total return through investments in a diversified portfolio of debt securities that are rated below investment grade or unrated. The redemption notice period is 15 business days (or such shorter period agreed to by the Trustee) for these funds. In normal functioning capital markets, generally there are no redemption restrictions to liquidate these funds.

Schneider Electric USA, Inc. Pension Plan

Notes to Financial Statements (continued)

7. Fair Value Measurements (continued)

- (b) This category includes common/collective trust funds that are designed to provide a diversified profile of equity securities and emphasis on capital appreciation over an extended period of time. The redemption notice period is 15 business days (or such shorter period agreed to by the Trustee) for these funds. In normal functioning capital markets, generally there are no redemption restrictions to liquidate these funds.
- (c) This category includes limited partnership investments, which offer portfolio diversification along with higher expected long-term market returns. These investments are 7 to 19 years old. The private equity investments generally cannot be liquidated until the funds are fully terminated and distributed.

8. Risks and Uncertainties

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

The Plan's contributions are made and the actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

9. Party-in-Interest Transactions

The Master Trust holds units of common/collective trust funds in which State Street Bank and Trust Company prior to July 2, 2018, and Bank of New York Mellon thereafter, the Trustees, are a subadvisor or manager of these funds. These transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transactions rules under ERISA.

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Schedule SB, line 26 — 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			1	10	1						12
35–39			14	67	28	4					113
				2,724	4,402						
40–44			9	84	113	58	2				266
				3,525	6,206	7,984					
45–49			11	80	145	132	28	3			399
				4,607	6,756	10,352	14,097				
50–54			5	82	132	171	128	58	3		579
				4,958	8,359	12,101	17,152	24,863			
55–59			8	80	101	122	121	146	80	2	660
				4,991	7,605	11,858	17,679	23,218	26,442		
60–64			2	47	67	81	72	50	104	70	493
				5,754	7,150	12,362	15,590	20,457	28,633	26,620	
65–69			2	15	9	29	18	8	16	33	130
						14,141				28,763	
70 & up			1	2	2	3	3		2	7	20
Total			53	467	598	600	372	265	205	112	2,672

In each cell, the top number is the count of active participants for each age/credited service combination and the bottom number is average annual frozen benefit. Average frozen benefit is not shown for cells with fewer than 20 participants.

Average annual accrued benefits have been shown in lieu of average compensation because the plan is “hard-frozen”.

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

ACTUARIAL ASSUMPTIONS

DISCOUNT RATE SPONSOR ELECTIONS

• Segment rates or full yield curve	Segment		
• Look-back months	4		
	<u>Stabilized</u>	<u>Non-stabilized</u>	
• First 5 years	3.92%	1.75%	
• Next 15 years	5.52%	3.76%	
• Over 20 years	6.29%	4.66%	
Mortality sponsor elections			
• Healthy participants	Section 430(h)(3) prescribed separate static annuitant and non-annuitant mortality tables. These tables are based on the RP-2000 mortality tables projected with mortality improvement to the valuation year plus 7 and 15 years based on Scale AA.		
• Pre-1995 disabilities	Same as healthy		
• Post-1994 disabilities	Revenue Ruling 96-7 table for participants who became disabled after 1994 and are eligible for Social Security disability benefits		
Other economic assumptions			
• Salary increases	N/A		
• Flat-dollar benefit increases	N/A		
• Social Security taxable wage base increases	N/A		
• Inflation	N/A		
• Expected investment return	N/A		
• Expenses	\$2,040,000 added to current year normal cost, \$1,542,729 in expenses were allocated to the plan after reflecting the May 31, 2018 spin-off.		

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

DEMOGRAPHIC ASSUMPTIONS

• Withdrawal	Percentage		
	Attained age	Salaried	Hourly
	25	18.30%	11.20%
	30	9.15%	8.80%
	35	7.32%	7.40%
	40	6.41%	6.00%
	45	5.49%	6.00%
	50	4.58%	5.25%
• Disability incidence	None		
• Retirement age	Percentage		
	Attained age	Salaried	Hourly
	55	5.00%	5.00%
	56	4.00%	3.00%
	57	4.00%	3.00%
	58	6.00%	3.00%
	59	7.00%	4.00%
	60	10.00%	10.00%
	61	10.00%	15.00%
	62	20.00%	25.00%
	63	15.00%	20.00%
	64	15.00%	30.00%
	65	35.00%	40.00%
	66-69	30.00%	20.00%
	70-79	50.00%	50.00%
	80 and above	100.00%	100.00%
• Benefit commencement age for			
– Active retirements	85% assumed immediate, 15% assumed deferred to age 65		
– Future vested deferred	Age 55 if service is 10 years or more; Age 65 otherwise		
– Current vested deferred	Age 65		

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

• Spouse assumptions	<u>Male participants</u>	<u>Female participants</u>
– Percentage married	80%	80%
– Spouse age difference	3 years younger	3 years older
Form of payment — Males	<u>Single life</u>	<u>50% J&S</u>
• Active retirements	50%	50%
• Future vested deferred	50%	50%
• Current vested deferred	50%	50%
• Future deaths	0%	100%
Form of payment — Females	<u>Single life</u>	<u>50% J&S</u>
• Active retirements	70%	30%
• Future vested deferred	70%	30%
• Current vested deferred	70%	30%
• Future deaths	0%	100%
Unpredictable contingent event assumptions	Not applicable	

RATIONALE FOR ECONOMIC ASSUMPTIONS FOR FUNDING

- The expense assumption is based on prior year actual expenses, adjusted for expected changes in the coming year.

RATIONALE FOR DEMOGRAPHIC ASSUMPTIONS FOR FUNDING

- Withdrawal, retirement age and form of payment assumptions were based on an experience study undertaken in late 2016. The plan sponsor believes that these rates are representative of anticipated future experience.
- Because the employer does not have enough credible experience to analyze disabled mortality, the assumption used is based on industry standards that reflect the nature of the plan's population.
- Because the employer does not have enough credible experience to analyze spousal demographics, the assumptions regarding percent married/spouse age difference at benefit commencement age are based on the actuary's experience with many plans and discussions with employer representatives.

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

ACTUARIAL METHODS

Asset Methods

The asset valuation method is the fair 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 non-vested 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 under which benefits are paid to plan participants.
- **Transferred participants:** The liabilities for employees who have transferred into another plan of the plan sponsor have been included with the liabilities for terminated vested participants.
- **Disabled participants:** Disabled participants are included in the active employee count since they continue to earn vesting service for early retirement eligibility.

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.

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

- 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 are 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.

Form 5500Department of the Treasury
Internal Revenue ServiceDepartment 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**2018****This Form is Open to Public Inspection****Part I Annual Report Identification Information**For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 10/01/2018

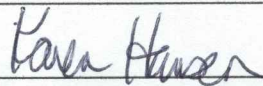
- A** This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
☒ a single-employer plan ☐ a DFE (specify) _____
- B** This return/report is: ☐ the first return/report ☒ 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: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program
☐ special extension (enter description) _____

Part II Basic Plan Information—enter all requested information

1a Name of plan SCHNEIDER ELECTRIC USA, INC. PENSION PLAN	1b Three-digit plan number (PN) ▶ 099
	1c Effective date of plan 03/31/1943
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) SCHNEIDER ELECTRIC HOLDINGS, INC. 200 N MARTINGALE ROAD SUITE 1000 SCHAUMBURG IL 60173	2b Employer Identification Number (EIN) 36-4141566 2c Plan Sponsor's telephone number 847-397-2600 2d Business code (see instructions) 335900

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 	<u>12/23/2019</u>	KAREN HANSEN
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

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

Form 5500 (2018)
v. 171027

3a Plan administrator's name and address ☐ Same as Plan Sponsor SCHNEIDER ELECTRIC BENEFITS COMMITTEE 200 N MARTINGALE ROAD SUITE 1000 SCHAUMBURG IL 60173	3b Administrator's EIN 36-4141566 3c Administrator's telephone number 847-397-2600
--	---

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
--	-----------------------------------

5 Total number of participants at the beginning of the plan year	5	11,294
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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)	2,680
a(2) Total number of active participants at the end of the plan year	6a(2)	0
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	0
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	0
f Total. Add lines 6d and 6e	6f	0
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	0
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1B 1H 1I 3H	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2018 Form M-1 annual report. If the plan was not required to file the 2018 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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 2018 This Form is Open to Public Inspection
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For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 10/01/2018

▶ **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 SCHNEIDER ELECTRIC USA, INC. PENSION PLAN	B Three-digit plan number (PN) ▶	099
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF SCHNEIDER ELECTRIC HOLDINGS, INC.	D Employer Identification Number (EIN) 36-4141566	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500	

Part I Basic Information				
1	Enter the valuation date:	Month <u>01</u>	Day <u>01</u>	Year <u>2018</u>
2	Assets:			
	a Market value.....	2a	973,117,921	
	b Actuarial value	2b	973,117,921	
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	6,582	571,120,753	571,120,753
	b For terminated vested participants	2,048	109,457,967	109,457,967
	c For active participants	2,672	239,356,928	243,806,493
	d Total	11,302	919,935,648	924,385,213
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	5.65%	
6	Target normal cost	6	1,542,729	

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	<u>STEPHANIE TRAN</u> Signature of actuary	<u>8/6/2019</u> Date
	STEPHANIE TRAN Type or print name of actuary	1707587 Most recent enrollment number
	MERCER Firm name	617-747-9500 Telephone number (including area code)
	99 HIGH STREET BOSTON MA 02110 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	30,782,148
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	17,628,374
9 Amount remaining (line 7 minus line 8).....	0	13,153,774
10 Interest on line 9 using prior year's actual return of <u>12.41%</u>	0	1,632,383
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year).....		36,757,754
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 <u>5.88%</u>		1,124,808
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		2,187,681
c Total available at beginning of current plan year to add to prefunding balance		40,070,243
d Portion of (c) to be added to prefunding balance.....		0
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	14,786,157

Part III Funding Percentages

14	Funding target attainment percentage	14	103.67%
15	Adjusted funding target attainment percentage	15	98.27%
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	94.77%
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
			Totals ▶	18(b)	0 18(c)

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	0

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:
3.92 %2nd segment:
5.52 %3rd segment:
6.29 %☐ N/A, full yield curve used**b** Applicable month (enter code).....**21b**

4

22 Weighted average retirement age**22**

63

23 Mortality table(s) (see instructions)

Prior regulation:

☐

Prescribed - combined

☒

Prescribed - separate

☐

Substitute

Current regulation:

☐

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 Is the plan required to provide a Schedule of Active Participants? 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 6)**31a**

1,542,729

b Excess assets, if applicable, but not greater than line 31a**31b**

1,542,729

32 Amortization installments:

Outstanding Balance

Installment

a Net shortfall amortization installment

0

0

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**

0

Carryover balance

Prefunding balance

Total balance

35 Balances elected for use to offset funding requirement

0

0

0

36 Additional cash requirement (line 34 minus line 35)**36**

0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)**37**

0

38 Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36)**38a**

0

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances**38b**

0

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 Pension Relief Act of 2010 (See Instructions)**41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected☐

2 plus 7 years

☐

15 years

b Eligible plan year(s) for which the election in line 41a was made☐

2008

☐

2009

☐

2010

☐

2011

Schedule SB, line 15 — Reconciliation of Differences Between Valuation Results and Amounts Used to Calculate AFTAP

Since the 2018 AFTAP was certified, Mercer became the new actuary for the Plan. Since the resulting change in AFTAP would not otherwise be treated as a “material change” (as defined in Treas. Reg. Section 1.436-1(h)(4)(iii)(B)) that would have otherwise caused the Plan to have not met its qualification requirements, an updated AFTAP Certification was not required. The following information outlines the differences between the 2018 AFTAP and the information shown on the Schedule SB.

The following schedule shows the AFTAP that was certified for the 2018 plan year by the prior actuary:

Certification		
Date	AFTAP	Comments
9/28/2018	98.27%	As certified by prior actuary

Schedule SB, line 15 — Reconciliation of Differences Between Valuation Results and Amounts Used to Calculate AFTAP

The following chart shows a comparison of the final 2018 AFTAP and the AFTAP based on the results presented in the 2018 Schedule SB.

	Final certified AFTAP		Schedule SB Results		Difference*
1. Adjusted plan assets					
a. Actuarial value of plan assets ¹	\$	931,677,787	\$	973,117,921	\$ 41,440,134
b. Credit balances subtracted (Credit balance is not subtracted if 1.a. is greater than 2.a.)		0		0	0
c. Annuity purchases for non-HCEs in prior two plan years		0		0	0
d. Earmarked contributions during plan year		0		0	0
e. Adjusted plan assets: (a.) – (b.) + (c.) + (d.)	\$	931,677,787	\$	973,117,921	\$ 41,440,134
2. Adjusted funding target					
a. Funding target	\$	932,986,730	\$	924,385,213	\$ (8,601,517)
b. Funding target increases not already reflected in (a.) due to amendments, UCEBs, etc.		0		0	0
c. Annuity purchases for non-HCEs in prior two plan years		0		0	0
d. Adjusted funding target: (a.) + (b.) + (c.)	\$	932,986,730	\$	924,385,213	\$ (8,601,517)
3. 2018 AFTAP/FTAP: (1.e.) ÷ (2.d.)		98.27%		105.27%	7.00%

* The final certified AFTAP was based on the prior actuary's valuation. The results presented in the Schedule SB were subsequently updated by Mercer.

¹ Schedule SB results reflect the change in asset method to market value.

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 63.

Salaried:

(A)	(B)	(C)	(D)	(E)
Retirement age	Retirement Percent	Lx	Number of employees expected to retire (B) x (C)	(A) x (D)
55	5.0%	10,000	500	27,500
56	4.0%	9,500	380	21,280
57	4.0%	9,120	365	20,794
58	6.0%	8,755	525	30,468
59	7.0%	8,230	576	33,989
60	10.0%	7,654	765	45,923
61	10.0%	6,888	689	42,019
62	20.0%	6,200	1,240	76,875
63	15.0%	4,960	744	46,869
64	15.0%	4,216	632	40,471
65	35.0%	3,583	1,254	81,521
66	30.0%	2,329	699	46,118
67	30.0%	1,630	489	32,772
68	30.0%	1,141	342	23,282
69	30.0%	799	240	16,537
70	50.0%	559	280	19,573
71	50.0%	280	140	9,926
72	50.0%	140	70	5,033
73	50.0%	70	35	2,552
74	50.0%	35	17	1,293
75	50.0%	17	9	655
76	50.0%	9	4	332
77	50.0%	4	2	168
78	50.0%	2	1	85
79	50.0%	1	1	43
80	100.0%	1	1	44
Total			10,000	626,123
Average				62.61

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

Hourly:

(A)	(B)	(C)	(D)	(E)
Retirement age	Retirement Percent	Lx	Number of employees expected to retire (B) x (C)	(A) x (D)
55	5.0%	10,000	500	27,500
56	3.0%	9,500	285	15,960
57	3.0%	9,215	276	15,758
58	3.0%	8,939	268	15,553
59	4.0%	8,670	347	20,462
60	10.0%	8,324	832	49,941
61	15.0%	7,491	1,124	68,545
62	25.0%	6,368	1,592	98,697
63	20.0%	4,776	955	60,173
64	30.0%	3,821	1,146	73,354
65	40.0%	2,674	1,070	69,534
66	20.0%	1,605	321	21,181
67	20.0%	1,284	257	17,202
68	20.0%	1,027	205	13,967
69	20.0%	822	164	11,338
70	50.0%	657	329	23,004
71	50.0%	329	164	11,666
72	50.0%	164	82	5,915
73	50.0%	82	41	2,999
74	50.0%	41	21	1,520
75	50.0%	21	10	770
76	50.0%	10	5	390
77	50.0%	5	3	198
78	50.0%	3	1	100
79	50.0%	1	1	51
80	100.0%	1	1	51
Total			10,000	625,828
Average				62.58

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

ACTUARIAL ASSUMPTIONS

DISCOUNT RATE SPONSOR ELECTIONS

• Segment rates or full yield curve	Segment		
• Look-back months	4		
	<u>Stabilized</u>	<u>Non-stabilized</u>	
• First 5 years	3.92%	1.75%	
• Next 15 years	5.52%	3.76%	
• Over 20 years	6.29%	4.66%	
Mortality sponsor elections			
• Healthy participants	Section 430(h)(3) prescribed separate static annuitant and non-annuitant mortality tables. These tables are based on the RP-2000 mortality tables projected with mortality improvement to the valuation year plus 7 and 15 years based on Scale AA.		
• Pre-1995 disabilities	Same as healthy		
• Post-1994 disabilities	Revenue Ruling 96-7 table for participants who became disabled after 1994 and are eligible for Social Security disability benefits		
Other economic assumptions			
• Salary increases	N/A		
• Flat-dollar benefit increases	N/A		
• Social Security taxable wage base increases	N/A		
• Inflation	N/A		
• Expected investment return	N/A		
• Expenses	\$2,040,000 added to current year normal cost, \$1,542,729 in expenses were allocated to the plan after reflecting the May 31, 2018 spin-off.		

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

DEMOGRAPHIC ASSUMPTIONS

• Withdrawal	Percentage		
	Attained age	Salaried	Hourly
	25	18.30%	11.20%
	30	9.15%	8.80%
	35	7.32%	7.40%
	40	6.41%	6.00%
	45	5.49%	6.00%
	50	4.58%	5.25%
• Disability incidence	None		
• Retirement age	Percentage		
	Attained age	Salaried	Hourly
	55	5.00%	5.00%
	56	4.00%	3.00%
	57	4.00%	3.00%
	58	6.00%	3.00%
	59	7.00%	4.00%
	60	10.00%	10.00%
	61	10.00%	15.00%
	62	20.00%	25.00%
	63	15.00%	20.00%
	64	15.00%	30.00%
	65	35.00%	40.00%
	66-69	30.00%	20.00%
	70-79	50.00%	50.00%
	80 and above	100.00%	100.00%
• Benefit commencement age for			
– Active retirements	85% assumed immediate, 15% assumed deferred to age 65		
– Future vested deferred	Age 55 if service is 10 years or more; Age 65 otherwise		
– Current vested deferred	Age 65		

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

• Spouse assumptions	<u>Male participants</u>	<u>Female participants</u>
– Percentage married	80%	80%
– Spouse age difference	3 years younger	3 years older
Form of payment — Males	<u>Single life</u>	<u>50% J&S</u>
• Active retirements	50%	50%
• Future vested deferred	50%	50%
• Current vested deferred	50%	50%
• Future deaths	0%	100%
Form of payment — Females	<u>Single life</u>	<u>50% J&S</u>
• Active retirements	70%	30%
• Future vested deferred	70%	30%
• Current vested deferred	70%	30%
• Future deaths	0%	100%
Unpredictable contingent event assumptions	Not applicable	

RATIONALE FOR ECONOMIC ASSUMPTIONS FOR FUNDING

- The expense assumption is based on prior year actual expenses, adjusted for expected changes in the coming year.

RATIONALE FOR DEMOGRAPHIC ASSUMPTIONS FOR FUNDING

- Withdrawal, retirement age and form of payment assumptions were based on an experience study undertaken in late 2016. The plan sponsor believes that these rates are representative of anticipated future experience.
- Because the employer does not have enough credible experience to analyze disabled mortality, the assumption used is based on industry standards that reflect the nature of the plan's population.
- Because the employer does not have enough credible experience to analyze spousal demographics, the assumptions regarding percent married/spouse age difference at benefit commencement age are based on the actuary's experience with many plans and discussions with employer representatives.

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

ACTUARIAL METHODS

Asset Methods

The asset valuation method is the fair 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 non-vested 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 under which benefits are paid to plan participants.
- **Transferred participants:** The liabilities for employees who have transferred into another plan of the plan sponsor have been included with the liabilities for terminated vested participants.
- **Disabled participants:** Disabled participants are included in the active employee count since they continue to earn vesting service for early retirement eligibility.

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.

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

- 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 are 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.

Schedule SB, line 25 — Change in Method

METHOD CHANGES SINCE PRIOR VALUATION

This is the first year that Mercer has performed the actuarial valuation for this plan. Last year's valuation was prepared by Buck. This change qualifies for automatic IRS approval.

The funding asset method was changed from an actuarial value that reduces the market value by 2/3 and 1/3 of the gain/(loss) in the prior two years, respectively, to fair market value. This change qualifies for automatic IRS approval since this method has not been changed in the previous four years.

A funding method change application was also submitted to the IRS to request approval for the necessary actuarial method changes to facilitate the May 31, 2018 plan spin-off of the Schneider Electric USA, Inc. Pension Plan into the Schneider Electric Pension Plan, formerly known as the Measurement & Flow Control, Inc. Union Retirement Plan. This formal request is necessary because Revenue Procedure 2017-56, which provides automatic approval for certain changes in funding method used for single-employer defined benefit plans, specifies that automatic approval does not apply if the change in funding method is being made in connection with a plan spin off.

Schedule SB, line 26 — 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			1	10	1						12
35–39			14	67	28	4					113
				2,724	4,402						
40–44			9	84	113	58	2				266
				3,525	6,206	7,984					
45–49			11	80	145	132	28	3			399
				4,607	6,756	10,352	14,097				
50–54			5	82	132	171	128	58	3		579
				4,958	8,359	12,101	17,152	24,863			
55–59			8	80	101	122	121	146	80	2	660
				4,991	7,605	11,858	17,679	23,218	26,442		
60–64			2	47	67	81	72	50	104	70	493
				5,754	7,150	12,362	15,590	20,457	28,633	26,620	
65–69			2	15	9	29	18	8	16	33	130
						14,141				28,763	
70 & up			1	2	2	3	3		2	7	20
Total			53	467	598	600	372	265	205	112	2,672

In each cell, the top number is the count of active participants for each age/credited service combination and the bottom number is average annual frozen benefit. Average frozen benefit is not shown for cells with fewer than 20 participants.

Average annual accrued benefits have been shown in lieu of average compensation because the plan is “hard-frozen”.

Schedule SB, Part V — Summary of Plan Provisions
SUMMARY OF MAJOR PLAN PROVISIONS

Effective date and plan year	Original plan: March 1, 1943 Restated plan: January 1, 2014 Plan year: January 1 to December 31
Status of the plan	New employees are not eligible to participate in the plan and benefit accruals were frozen as of December 31, 2009
Significant events that occurred during the year	Effective May 31, 2018 all portions of the Schneider Electric USA, Inc. Pension Plan (Plan) were spun-off to the Measurement & Flow Control, Inc. Union Retirement Plan (M&FC) except for benefits (and associated assets) with respect to participants and beneficiaries who are currently in pay status under the Plan receiving monthly benefits less than \$1,250 per month and who commenced payments prior to May 31, 2015. The M&FC Plan was renamed the Schneider Electric Pension Plan. Effective September 17, 2018, the Plan was terminated.

SUMMARY OF MAJOR PLAN PROVISIONS – SALARIED

DEFINITIONS	
• Participation	New employees hired on or after January 1, 2006 are not eligible to participate in Pension Plan.
• Vesting Criteria	100% vesting for all participants at plan freeze.
• Compensation	Total compensation, including Section 401(k) and Section 125 deferrals, except that bonuses are limited to 50% of base salary. Effective for compensation earned after January 1, 1996, bonuses are not limited to 50% of base salary. Compensation is subject to the limitations of IRC Section 401(a) (17). Effective for post December 31, 2001 terminations, the \$200,000 limit applies to all pre-2002 years of compensation.
• Vesting service	Full and fractional years of continuous service, where fractional year is full month of calendar year in which participant was employed or separated from service.

Schedule SB, Part V — Summary of Plan Provisions

• Average Monthly Compensation	Monthly average of compensation earned during four consecutive calendar years of employment out of the last ten consecutive calendar years, which produce the highest average.
• Covered Compensation	The average of the Social Security taxable wage bases over the 35-year period ending in the year the participant attains Social Security retirement age, assuming no future increases in the wage base, the result divided by 12.
NORMAL RETIREMENT	
• Eligibility	Age 65 and 5 years of service
• Benefit	<p>Monthly Retirement Benefit is equal to greater of (A), (B) or (C) below:</p> <p>A. The benefit accrued by eligible participants as of February, 28, 1995 as per the terms of the plans.</p> <p>B. Dollar multiplier amount, multiplied by Benefit Service (not exceeding 30 years)</p> <p>C. Amount equal to sum of 1. and 2. below</p> <p>1. 1.00% of Average Monthly Compensation, multiplied by Benefit Service (not exceeding 30 years)</p> <p>2. 0.45% of Average Monthly Compensation in excess of Covered Compensation, multiplied by Benefit Service (not exceeding 30 years)</p> <p>Dollar Multiplier Amount - For participants terminated prior to January 1, 2004, multiplier amount applicable on their termination date.</p> <p>For participants terminated on or after January 1, 2004 - \$32</p>
EARLY RETIREMENT	
• Eligibility	Age 55 with 10 years of service
• Benefit	<p>If participant decides to commence the payment earlier than normal retirement date, it will be greater of A or B below:</p> <p>A. The benefit accrued as of February 28, 1995 under the terms of the Plan at that time and reduce by 3/12% for each month that the payment commences prior to normal retirement date.</p> <p>B. The benefit accrued at termination of employment reduced by 4/12% for each month benefit that payment commences prior to normal retirement date.</p>

Schedule SB, Part V — Summary of Plan Provisions

LATE RETIREMENT	
• Eligibility	Retirement after normal retirement date.
• Benefit	If participant is still employed after Normal retirement date, normal retirement benefit is actuarially increased from later of 12/31/2009 or normal retirement date.
DEFERRED VESTED	
• Eligibility	All participants are 100% vested hence eligible for termination benefit.
• Benefit	A participant is eligible to commence his monthly benefits at age 55. The normal retirement will be actuarially reduced from normal retirement date.
PRE-RETIREMENT DEATH	
• Eligibility	Eligible for a vested benefit.
• Benefit prior to retirement	50% of the accrued benefit had the participant elected a joint and 50% survivor annuity. A reduced payment may begin as early as the date the participant would have attained age 55.
FORM OF BENEFITS	
• Automatic form for unmarried participants	Single Life Annuity
• Automatic form for married participants	Qualified 50% Joint and Survivor
• Optional forms	<ul style="list-style-type: none"> - Single Life - 10 years of Certain and Life Annuity - 50% Joint and Survivor Annuity - 75% Joint and Survivor Annuity - 100% Joint and Survivor Annuity - Lump sum, if actuarial present value of accrued benefit is less than \$5,000

Schedule SB, Part V — Summary of Plan Provisions

<ul style="list-style-type: none"> Actuarial Equivalence 	<p>Lump sums: 417(e) mortality and 417(e) interest for the fifth month preceding the month in which distribution started.</p> <p>Optional forms: 76 PET 96.45 Mortality Table, a table based on experience underlying the 1971 Group Annuity Mortality Table, without margins, with a projection of mortality improvements to 1976 and a 7.00% interest rate.</p> <p>Late retirement increase factors: IRS 417(e) mortality table and interest rates for fifth month immediately preceding distribution for active retirements, otherwise 76 PET 96.45 Mortality Table and a 7.00% interest rate.</p>
MISCELLANEOUS	
<ul style="list-style-type: none"> Maximum compensation 	Compensation for any 12-month period used to determine frozen accrued benefits as of December 31, 2009 may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins.
<ul style="list-style-type: none"> Maximum benefits 	Annual benefits may not exceed the limits in IRC Section 415. The limit is indexed annually. For 2018, this limit is \$220,000.

SUMMARY OF MAJOR PLAN PROVISIONS – HOURLY

DEFINITIONS	
<ul style="list-style-type: none"> Participation 	New employees hired on or after January 1, 2006 are not eligible to participate in Pension Plan.
<ul style="list-style-type: none"> Vesting Criteria 	100% vesting for all participants at plan freeze.
<ul style="list-style-type: none"> Vesting service 	Participants earn a year of vesting service credit for each calendar year of 1000 hours of service.
NORMAL RETIREMENT	
<ul style="list-style-type: none"> Eligibility 	Age 65 and 5 years of service

Schedule SB, Part V — Summary of Plan Provisions

• Benefit	Benefit Rate (mentioned below), multiplied by years of benefit service	
	Location	Benefit Rate
	Columbia, S.C.	\$32
	Missouri	\$32
	Seneca	\$32
	Smyrna	\$32
EARLY RETIREMENT		
• Eligibility	Age 55 with 10 years of service	
• Benefit	Normal retirement benefit, reduced by 1/3% for each month benefit is commenced prior to normal retirement date.	
LATE RETIREMENT		
• Eligibility	Retirement after normal retirement date.	
• Benefit	If participant is still employed after Normal retirement date, normal retirement benefit is actuarially increased from later of 12/31/2009 or normal retirement date.	
DEFERRED VESTED		
• Eligibility	All participants are 100% vested hence eligible for termination benefit.	
• Benefit	A participant is eligible to commence his monthly benefits at age 55. The normal retirement will be reduced 5% per year prior to their normal retirement date.	
PRE-RETIREMENT DEATH		
• Eligibility	Eligible for a vested benefit.	
• Benefit prior to retirement	50% of the accrued benefit had the participant elected a joint and 50% survivor annuity. A reduced payment may begin as early as the date the participant would have attained age 55.	
FORM OF BENEFITS		
• Automatic form for unmarried participants	Single Life Annuity	
• Automatic form for married participants	Qualified 50% Joint and Survivor	

Schedule SB, Part V — Summary of Plan Provisions

• Optional forms	<ul style="list-style-type: none"> - Single Life - 10 years of Certain and Life Annuity - 50% Joint and Survivor Annuity - 75% Joint and Survivor Annuity - 100% Joint and Survivor Annuity - Lump sum, if actuarial present value of accrued benefit is less than \$5,000
• Actuarial Equivalence	<p>Lump sums: 417(e) mortality and 417(e) interest for the fifth month preceding the month in which distribution started.</p> <p>Optional forms: 76 PET 96.45 Mortality Table, a table based on experience underlying the 1971 Group Annuity Mortality Table, without margins, with a projection of mortality improvements to 1976 and a 7.00% interest rate.</p> <p>Late retirement increase factors: IRS 417(e) mortality table and interest rates for fifth month immediately preceding distribution for active retirements, otherwise 76 PET 96.45 Mortality Table and a 7.00% interest rate.</p>
MISCELLANEOUS	
• Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. The limit is indexed annually. For 2018, this limit is \$220,000.

Benefits Included or Excluded

Unless noted below, all benefits provided by the plan, as restated and amended through January, 2014 are included in this valuation.

- **Most recent plan amendments included:** Amendment #4 effective June 21, 2018.
- **Plan amendments excluded:** None.
- **Late retirement increases:** Participants over normal retirement age are valued including the late retirement actuarial increase.

PLAN PROVISION CHANGES SINCE PRIOR VALUATION

Maximum compensation amounts and maximum benefit amounts under IRS rules were updated from 2017 to 2018.

Schedule SB, line 15 — Reconciliation of Differences Between Valuation Results and Amounts Used to Calculate AFTAP

Since the 2018 AFTAP was certified, Mercer became the new actuary for the Plan. Since the resulting change in AFTAP would not otherwise be treated as a “material change” (as defined in Treas. Reg. Section 1.436-1(h)(4)(iii)(B)) that would have otherwise caused the Plan to have not met its qualification requirements, an updated AFTAP Certification was not required. The following information outlines the differences between the 2018 AFTAP and the information shown on the Schedule SB.

The following schedule shows the AFTAP that was certified for the 2018 plan year by the prior actuary:

Certification		
Date	AFTAP	Comments
9/28/2018	98.27%	As certified by prior actuary

Schedule SB, line 15 — Reconciliation of Differences Between Valuation Results and Amounts Used to Calculate AFTAP

The following chart shows a comparison of the final 2018 AFTAP and the AFTAP based on the results presented in the 2018 Schedule SB.

	Final certified AFTAP		Schedule SB Results		Difference*
1. Adjusted plan assets					
a. Actuarial value of plan assets ¹	\$	931,677,787	\$	973,117,921	\$ 41,440,134
b. Credit balances subtracted (Credit balance is not subtracted if 1.a. is greater than 2.a.)		0		0	0
c. Annuity purchases for non-HCEs in prior two plan years		0		0	0
d. Earmarked contributions during plan year		0		0	0
e. Adjusted plan assets: (a.) – (b.) + (c.) + (d.)	\$	931,677,787	\$	973,117,921	\$ 41,440,134
2. Adjusted funding target					
a. Funding target	\$	932,986,730	\$	924,385,213	\$ (8,601,517)
b. Funding target increases not already reflected in (a.) due to amendments, UCEBs, etc.		0		0	0
c. Annuity purchases for non-HCEs in prior two plan years		0		0	0
d. Adjusted funding target: (a.) + (b.) + (c.)	\$	932,986,730	\$	924,385,213	\$ (8,601,517)
3. 2018 AFTAP/FTAP: (1.e.) ÷ (2.d.)		98.27%		105.27%	7.00%

* The final certified AFTAP was based on the prior actuary's valuation. The results presented in the Schedule SB were subsequently updated by Mercer.

¹ Schedule SB results reflect the change in asset method to market value.

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 63.

Salaried:

(A)	(B)	(C)	(D)	(E)
Retirement age	Retirement Percent	Lx	Number of employees expected to retire (B) x (C)	(A) x (D)
55	5.0%	10,000	500	27,500
56	4.0%	9,500	380	21,280
57	4.0%	9,120	365	20,794
58	6.0%	8,755	525	30,468
59	7.0%	8,230	576	33,989
60	10.0%	7,654	765	45,923
61	10.0%	6,888	689	42,019
62	20.0%	6,200	1,240	76,875
63	15.0%	4,960	744	46,869
64	15.0%	4,216	632	40,471
65	35.0%	3,583	1,254	81,521
66	30.0%	2,329	699	46,118
67	30.0%	1,630	489	32,772
68	30.0%	1,141	342	23,282
69	30.0%	799	240	16,537
70	50.0%	559	280	19,573
71	50.0%	280	140	9,926
72	50.0%	140	70	5,033
73	50.0%	70	35	2,552
74	50.0%	35	17	1,293
75	50.0%	17	9	655
76	50.0%	9	4	332
77	50.0%	4	2	168
78	50.0%	2	1	85
79	50.0%	1	1	43
80	100.0%	1	1	44
Total			10,000	626,123
Average				62.61

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

Hourly:

(A)	(B)	(C)	(D)	(E)
Retirement age	Retirement Percent	Lx	Number of employees expected to retire (B) x (C)	(A) x (D)
55	5.0%	10,000	500	27,500
56	3.0%	9,500	285	15,960
57	3.0%	9,215	276	15,758
58	3.0%	8,939	268	15,553
59	4.0%	8,670	347	20,462
60	10.0%	8,324	832	49,941
61	15.0%	7,491	1,124	68,545
62	25.0%	6,368	1,592	98,697
63	20.0%	4,776	955	60,173
64	30.0%	3,821	1,146	73,354
65	40.0%	2,674	1,070	69,534
66	20.0%	1,605	321	21,181
67	20.0%	1,284	257	17,202
68	20.0%	1,027	205	13,967
69	20.0%	822	164	11,338
70	50.0%	657	329	23,004
71	50.0%	329	164	11,666
72	50.0%	164	82	5,915
73	50.0%	82	41	2,999
74	50.0%	41	21	1,520
75	50.0%	21	10	770
76	50.0%	10	5	390
77	50.0%	5	3	198
78	50.0%	3	1	100
79	50.0%	1	1	51
80	100.0%	1	1	51
Total			10,000	625,828
Average				62.58

Schedule SB, line 26 — Schedule of Active Participant Data

ATTAINED AGE	YEARS OF CREDITED SERVICE										
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