

Form 5500

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110  
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: SCHINDLER ELEVATOR CORPORATION RETIREMENT PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1989
2a Plan sponsor's name (employer, if for a single-employer plan): SCHINDLER ELEVATOR CORPORATION
2b Employer Identification Number (EIN): 34-1270056
2c Plan Sponsor's telephone number: 973-397-6500
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.

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

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	1160
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	217
	<b>6a(2)</b>	202
	<b>6b</b>	475
	<b>6c</b>	305
	<b>6d</b>	982
	<b>6e</b>	132
	<b>6f</b>	1114
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		0
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

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

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

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

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

<b>a Pension Schedules</b>	<b>b General Schedules</b>
(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)
(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)
(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>0</u>
(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)
(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)

---

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

---

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

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

---

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

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

Receipt Confirmation Code \_\_\_\_\_

---

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

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

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

<b>A</b> Name of plan <u>SCHINDLER ELEVATOR CORPORATION RETIREMENT PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>SCHINDLER ELEVATOR CORPORATION</u>	<b>D</b> Employer Identification Number (EIN) <u>34-1270056</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b>	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	<u>124119489</u>
	<b>b</b> Actuarial value .....	<b>2b</b>	<u>136531437</u>
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>621</u>	<u>84832335</u>
	<b>b</b> For terminated vested participants .....	<u>323</u>	<u>21169455</u>
	<b>c</b> For active participants .....	<u>217</u>	<u>29646837</u>
	<b>d</b> Total .....	<u>1161</u>	<u>135648627</u>
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>		
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	<u>5.11 %</u>
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>0</u>
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>1168899</u>
	<b>c</b> Target normal cost .....	<b>6c</b>	<u>1168899</u>

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

<b>SIGN HERE</b>  Signature of actuary  <u>J. DANIEL GANSZ, JR.</u> Type or print name of actuary  <u>AON CONSULTING, INC.</u> Firm name  <u>259 NORTH RADNOR-CHESTER ROAD</u> <u>SUITE 160</u> <u>RADNOR, PA 19087</u>  Address of the firm	<u>09/05/2025</u> Date  <u>23-06121</u> Most recent enrollment number  <u>610-834-2187</u> Telephone number (including area code)
--	--

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

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	12080112
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	1893326
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	10186786
<b>10</b>	Interest on line 9 using prior year's actual return of <u>5.43</u> % .....	0	553142
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year) .....		0
	<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.19</u> % .....		0
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance .....		0
	<b>d</b> Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	10739928

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	92.63 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	100.54 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	93.84 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>					
<b>18</b> 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
<b>Totals ▶</b>			<b>18(b)</b>	0	<b>18(c)</b> 0

<b>19</b>	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b> 0	
	<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b> 0	
	<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b> 0	
<b>20</b>	Quarterly contributions and liquidity shortfalls:		
	<b>a</b> Did the plan have a "funding shortfall" for the prior year? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	<b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	<b>c</b> If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>				
<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code) .....				<b>21b</b> 0
<b>22</b> Weighted average retirement age .....				<b>22</b> 63
<b>23</b> Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute			

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

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

<b>Part VIII Minimum Required Contribution For Current Year</b>				
<b>31</b> Target normal cost and excess assets (see instructions):				
<b>a</b> Target normal cost (line 6c) .....				<b>31a</b> 1168899
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....				<b>31b</b> 0
<b>32</b> Amortization installments:	Outstanding Balance		Installment	
<b>a</b> Net shortfall amortization installment .....	10001250		950838	
<b>b</b> Waiver amortization installment.....	0		0	
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....				<b>33</b>
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				<b>34</b> 2119737
	Carryover balance	Prefunding balance	Total balance	
<b>35</b> Balances elected for use to offset funding requirement .....	0	2119737	2119737	
<b>36</b> Additional cash requirement (line 34 minus line 35) .....				<b>36</b> 0
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....				<b>37</b> 0
<b>38</b> Present value of excess contributions for current year (see instructions)				
<b>a</b> Total (excess, if any, of line 37 over line 36)				<b>38a</b> 0
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....				<b>38b</b> 0
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....				<b>39</b> 0
<b>40</b> Unpaid minimum required contributions for all years .....				<b>40</b> 0

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

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

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

<b>A</b> Name of plan <b>SCHINDLER ELEVATOR CORPORATION RETIREMENT PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SCHINDLER ELEVATOR CORPORATION</b>	<b>D</b> Employer Identification Number (EIN) <b>34-1270056</b>	

**Part I Service Provider Information (see instructions)**

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

**a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).....  Yes  No

**b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

**JP MORGAN**

**13-3200244**

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

**NISA COLLECTIVE INVESTMENT TRUST**

**88-6547562**

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

**AON TRUST COMPANY LLC**

**37-6543784**

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

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

**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)

AON CONSULTING INC.

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?
11 16 50	NONE	433599	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

THE BANK OF NEW YORK MELLON

13-5160382

(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?
18 50 59 62	NONE	60482	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

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

<b>A</b> Name of plan <u>SCHINDLER ELEVATOR CORPORATION RETIREMENT PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>SCHINDLER ELEVATOR CORPORATION</u>	<b>D</b> Employer Identification Number (EIN) <u>34-1270056</u>	

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

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>AON CORE REAL ESTATE FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>AON TRUST COMPANY LLC</u>		
<b>c</b> EIN-PN <u>37-6543784-037</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3226285</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>AON GLOBAL REAL ESTATE CL I</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>AON TRUST COMPANY LLC</u>		
<b>c</b> EIN-PN <u>37-6543784-006</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>28552</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>AON HIGH YIELD PLUS FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>AON TRUST COMPANY LLC</u>		
<b>c</b> EIN-PN <u>37-6543784-007</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>684923</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>AON INTERMEDIATE CREDIT BOND FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>AON TRUST COMPANY LLC</u>		
<b>c</b> EIN-PN <u>37-6543784-038</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>154562</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>AON LARGE CAP EQUITY INDEX FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>AON TRUST COMPANY LLC</u>		
<b>c</b> EIN-PN <u>37-6543784-046</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4275893</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>AON LONG CREDIT BOND FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>AON TRUST COMPANY LLC</u>		
<b>c</b> EIN-PN <u>37-6543784-040</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>19456957</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>AON MULTI-ASSET CREDIT FUND</u>		
<b>b</b> Name of sponsor of entity listed in (a): <u>AON TRUST COMPANY LLC</u>		
<b>c</b> EIN-PN <u>37-6543784-041</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6382901</u>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">AON NON-U.S. EQUITY INDEX FUND</a>		
<b>b</b> Name of sponsor of entity listed in (a): <a href="#">AON TRUST COMPANY LLC</a>		
<b>c</b> EIN-PN <a href="#">37-6543784-044</a>	<b>d</b> Entity code <a href="#">C</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">1979046</a>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">AON SMALL CAP EQUITY INDEX FUND</a>		
<b>b</b> Name of sponsor of entity listed in (a): <a href="#">AON TRUST COMPANY LLC</a>		
<b>c</b> EIN-PN <a href="#">37-6543784-045</a>	<b>d</b> Entity code <a href="#">C</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">990314</a>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">AON U.S. INTER GOVT BD IDX FD</a>		
<b>b</b> Name of sponsor of entity listed in (a): <a href="#">AON TRUST COMPANY LLC</a>		
<b>c</b> EIN-PN <a href="#">37-6543784-043</a>	<b>d</b> Entity code <a href="#">C</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">6934604</a>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">AON U.S. LONG GOVT BOND INDEX FD</a>		
<b>b</b> Name of sponsor of entity listed in (a): <a href="#">AON TRUST COMPANY LLC</a>		
<b>c</b> EIN-PN <a href="#">37-6543784-042</a>	<b>d</b> Entity code <a href="#">C</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">2981329</a>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">NISA ULTRA LONG TREASURY CIF</a>		
<b>b</b> Name of sponsor of entity listed in (a): <a href="#">NISA COLLECTIVE INVESTMENT TRUST</a>		
<b>c</b> EIN-PN <a href="#">88-6547562-002</a>	<b>d</b> Entity code <a href="#">C</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">2191729</a>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">AON ENHANCED LIAB DRIVEN INVEST FD</a>		
<b>b</b> Name of sponsor of entity listed in (a): <a href="#">AON TRUST COMPANY LLC</a>		
<b>c</b> EIN-PN <a href="#">37-6543784-048</a>	<b>d</b> Entity code <a href="#">C</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">9554912</a>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">NISA ULTRA MID TREASURY CIF</a>		
<b>b</b> Name of sponsor of entity listed in (a): <a href="#">NISA COLLECTIVE INVESTMENT TRUST</a>		
<b>c</b> EIN-PN <a href="#">88-6547562-001</a>	<b>d</b> Entity code <a href="#">C</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">14890142</a>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <a href="#">AON GLOBAL EQUITY FUND</a>		
<b>b</b> Name of sponsor of entity listed in (a): <a href="#">AON TRUST COMPANY LLC</a>		
<b>c</b> EIN-PN <a href="#">37-6543784-004</a>	<b>d</b> Entity code <a href="#">C</a>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <a href="#">20835390</a>

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
--	--	--

For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>SCHINDLER ELEVATOR CORPORATION RETIREMENT PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SCHINDLER ELEVATOR CORPORATION</b>	<b>D</b> Employer Identification Number (EIN) <b>34-1270056</b>

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

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

	(a) Beginning of Year	(b) End of Year
<b>Assets</b>		
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	2695439
		3638399
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	103895078
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	3636536
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	4169825
<b>(15)</b> Other.....	<b>1c(15)</b>	14009549
		6679049

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	124236602	109054812
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	117113	0
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	117113	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	124119489	109054812

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		0
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	290	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		290
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	239425	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		239425
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	9069443	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	8667611	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		401832
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	-227159	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		-227159

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	2b(6)		-2213639
(7) Net investment gain (loss) from pooled separate accounts .....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts .....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities .....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	2b(10)		
<b>c</b> Other income .....	2c		44751
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	2d		-1754500

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	2e(1)	12200464	
(2) To insurance carriers for the provision of benefits .....	2e(2)		
(3) Other .....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3) .....	2e(4)		12200464
<b>f</b> Corrective distributions (see instructions) .....	2f		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	2g		
<b>h</b> Interest expense .....	2h		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	2i(1)		
(2) Contract administrator fees .....	2i(2)	433599	
(3) Recordkeeping fees .....	2i(3)		
(4) IQPA audit fees .....	2i(4)		
(5) Investment advisory and investment management fees .....	2i(5)		
(6) Bank or trust company trustee/custodial fees .....	2i(6)	60482	
(7) Actuarial fees .....	2i(7)		
(8) Legal fees .....	2i(8)		
(9) Valuation/appraisal fees .....	2i(9)		
(10) Other trustee fees and expenses .....	2i(10)		
(11) Other expenses .....	2i(11)	615632	
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)		1109713
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	2j		13310177

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d .....	2k		-15064677
<b>l</b> Transfers of assets:			
(1) To this plan .....	2l(1)		
(2) From this plan .....	2l(2)		

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **CARON & BLETZER, PLLC**

(2) EIN: **04-3499945**

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		10000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 553017.

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

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

<b>A</b> Name of plan <u>SCHINDLER ELEVATOR CORPORATION RETIREMENT PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>001</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>SCHINDLER ELEVATOR CORPORATION</u>	<b>D</b> Employer Identification Number (EIN) <u>34-1270056</u>	

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

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

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

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
 EIN(s): 56-2006586

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

<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	3	26
--	---	----

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

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

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

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

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

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

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

<b>Part III</b>	<b>Amendments</b>
-----------------	-------------------

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

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

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

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

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**a** Enter the percentage of plan assets held as:  
 Public Equity: 26.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 51.0 %  
 High-Yield Debt: 7.0 % Real Assets: 9.0 % Cash or Cash Equivalents: 4.0 % Other: 3.0 %

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

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

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

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

**Part VII IRS Compliance Questions**

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

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

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

**SCHINDLER ELEVATOR CORPORATION  
RETIREMENT PLAN**

---

**FINANCIAL STATEMENTS**

December 31, 2024, and 2023 and  
For the Years Then Ended



***CARON & BLETZER, PLLC***

*Certified Public Accountants and Business Consultants*

SCHINDLER ELEVATOR CORPORATION RETIREMENT PLAN  
CONTENTS

---

	<u>Page(s)</u>
Independent Auditor's Report	1-4
Financial Statements:	
Statements of Net Assets Available for Benefits	5
Statements of Changes in Net Assets Available for Benefits	6
Notes to Financial Statements	7-16
Supplemental Schedules:	
Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)	17
Schedule H, Line 4(j) - Schedule of Reportable Transactions	18

Certain supplemental schedules have been omitted because they are either not required or not applicable.



## Independent Auditor's Report

To the Plan Administrator of the Schindler Elevator Corporation Retirement Plan:

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

We have performed audits of the financial statements of the Schindler Elevator Corporation Retirement Plan ("the Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024, and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2024, and 2023, and for the years then ended, stating that the certified investment information, as described in Note F to the financial statements, is complete and accurate.

### **Opinion**

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

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

### ***Basis for Opinion***

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

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

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

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

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

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

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

#### ***Other Matter - Supplemental Schedules Required by ERISA***

The supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2024 and the Schedule H, Line 4(j) - Schedule of Reportable Transactions for the year ended December 31, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

*Caron & Bletzer, PLLC*

Kingston, NH  
September 23, 2025

SCHINDLER ELEVATOR CORPORATION RETIREMENT PLAN  
 STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
 December 31, 2024 and 2023

	2024	2023
Assets:		
Investments, at fair value:		
Mutual fund	\$ 4,169,825	\$ 3,636,536
Common collective trusts	94,567,539	103,895,078
Commingled funds	6,679,049	14,009,549
Total investments	105,416,413	121,541,163
Receivables:		
Due from broker	3,300,000	2,673,568
Accrued interest	17,016	21,871
Securities sold	321,383	-
Total receivables	3,638,399	2,695,439
Total assets	109,054,812	124,236,602
Liabilities:		
Due to broker	-	117,113
Net assets available for benefits	\$ 109,054,812	\$ 124,119,489

The accompanying notes are an integral  
 part of the financial statements.

SCHINDLER ELEVATOR CORPORATION RETIREMENT PLAN  
 STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
 For the years ended December 31, 2024 and 2023

	2024	2023
Additions (reductions):		
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments	\$ (2,242,347)	\$ 6,443,663
Dividend and interest income	487,847	292,631
Total net additions (reductions)	(1,754,500)	6,736,294
Deductions:		
Distributions to participants	12,200,464	12,247,084
Administrative fees	1,109,713	1,168,899
Total deductions	13,310,177	13,415,983
Net decrease	(15,064,677)	(6,679,689)
Net assets available for benefits:		
Beginning of year	124,119,489	130,799,178
End of year	\$ 109,054,812	\$ 124,119,489

The accompanying notes are an integral  
part of the financial statements.

SCHINDLER ELEVATOR CORPORATION RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS

---

A. PLAN DESCRIPTION:

The following brief description of the Schindler Elevator Corporation Retirement Plan (the "Plan") is provided for general information only. Participants should refer to the Plan document for more complete information.

General

The Plan is a defined benefit non-contributory pension plan covering substantially all salaried and certain hourly employees of Schindler Elevator Corporation and certain participating subsidiaries, Millar Elevator Industries Inc. and Adams Elevator Equipment Company (collectively "Schindler Elevator Corporation" or the "Company").

Beginning January 1, 2003, new hires are not eligible to join the Plan (other than participants employed by Schindler Corp. of Puerto Rico). Additionally, the Plan has ceased the accrual of additional benefits, including any early retirement supplement, for any compensation earned or services performed after December 31, 2003 with respect to all participants (other than participants employed by Schindler Corp. of Puerto Rico) who have more than 25 years until normal retirement age as of December 31, 2003, provided that the accrued benefit of any such participant as of such date will not be reduced. If you were actively employed on December 31, 2003, you became fully vested in your Plan benefit as of December 31, 2003 even if you had fewer than the Plan's required five years of service. Effective July 1, 2018, Schindler Elevator Corporation approved a freeze to future benefit accruals for all participants of the Plan, other than employees of Schindler Corporation of Puerto Rico. Effective October 31, 2019, Schindler Elevator Corporation amended the Plan to freeze accrued benefits for all remaining participants including participants employed by Schindler Corp. of Puerto Rico.

The Plan provides for normal retirement (the later of age 65 or the fifth anniversary of the commencement of participation in the Plan), early retirement, disability and death benefits. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"), and has met the minimum funding standards of ERISA.

Employer Contributions

The benefits provided in this Plan are funded by contributions made by the employer to the trust determined pursuant to actuarial assumptions selected by the Company and, in the opinion of the Plan actuary, are designed to fund the Plan's benefits on a sound actuarial basis. In addition, these contributions are sufficient to satisfy the Plan's minimum funding requirements under ERISA for the Plan year.

Vesting

The Plan provides that a participant is fully vested after five years of credited service, including service with Westinghouse Elevator Company prior to the acquisition. However, the Plan provides benefits based on credited service at Schindler Elevator Corporation only. Benefits earned for service with Westinghouse are covered by the Westinghouse Elevator Company plan.

SCHINDLER ELEVATOR CORPORATION RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS

---

Pension Benefits

For each plan year of participation, a participant shall accrue an amount equal to the greater of (1) \$360 multiplied by the period of credited service earned by the participant during the Plan year or (2) the sum of 1.55% of the participant's compensation for each plan year in which he or she participates, limited to covered compensation (the 35-year average of the FICA taxable wage bases, as determined by the Internal Revenue Service, in effect for each year for a person attaining his or her normal retirement date in the plan year) and 1.9% of the participant's compensation in excess of covered compensation. For former participants in the Schindler Elevator Corporation Employees' Retirement Plan ("Millar Retirement Plan" also known as "Toledo Salaried Plan") whose years of credited service exceed 35 years, the participant is eligible to receive the greater of the benefit at (1), above, or 1.55% of the participant's compensation for each plan year in which he or she participates.

For former participants in the Schindler Elevator Corporation Employees' Retirement Plan ("Millar Retirement Plan" also known as "Toledo Salaried Plan") on December 31, 1990, the monthly benefit for service before January 1, 1991 is the sum of (1) and (2) below offset by benefits earned under Reliance Electric Company Retirement Plan for Salaried and Management Employees:

- (1) The benefit calculated under the Toledo Salaried Plan for service prior to January 1, 1989 – based on Final Average Monthly Salary, Primary Social Security and Years of Service as of December 31, 1988. The benefit amount based on the Formula Method is adjusted upon retirement or termination for future pay increases by comparing Final Average Monthly Salary at the date of actual separation from service (e.g., termination, death, or retirement) to Final Average Monthly Salary calculated at December 31, 1988.
- (2) For service in 1989 and 1990, based on same benefit formula as in effect for Credited Service after December 31, 1990.

For former participants in the Schindler Elevator Corporation Sidney, Ohio Plant, Hourly Employees Retirement Income Plan ("Sidney Hourly"), the monthly benefit for service before January 1, 1991 is calculated by the following formula:

Nine dollars and fifty cents multiplied by years of credited service through December 31, 1990 (maximum 30 years).

The benefit of any participant who is a participant on December 31, 2007 in this Plan and the Teamsters Plan will be such participant's benefit calculated under this Plan plus such participant's benefit calculated under the Teamsters Plan. If on December 31, 2007, a participant is only a participant in the Teamsters Plan and not this Plan, then such participant's benefit will be governed solely by the terms of the Teamsters Plan. Effective January 1, 2008, the Schindler Elevator Corporation Teamsters, Chauffeurs, Warehousemen & Helpers Union Local No. 20 Retirement Income Plan was merged with and into the Plan and the Teamsters Plan ceased to exist as a separate plan as of that date.

SCHINDLER ELEVATOR CORPORATION RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS

---

Distributions may be made as a single life annuity, joint and survivor annuity, installment payments or lump sum.

Death and Disability Benefits

If the death of a participant occurs before his or her annuity commencement date and the participant satisfied the requirements, a survivor annuity or a lump sum distribution will be provided for the participant's spouse.

If the death of a participant occurs on or after his or her annuity commencement date, any benefit payable with respect to his or her death will be determined in accordance with the provisions of the annuity in effect with respect to the participant.

The pension benefit of participants who become totally and permanently disabled will continue to accrue normally while total and permanent disability continues through June 30, 2018 when the Plan was amended to cease all benefit accruals other than for employees of Schindler Corporation of Puerto Rico. Effective October 31, 2019, Schindler Elevator Corporation amended the Plan to freeze accrued benefits for all remaining participants.

Early Retirement Benefits

Participants are eligible for early retirement based on the following schedule:

<u>Age and Service at Retirement From Active Employment:</u>	<u>Pension Will Be Reduced By:</u>
Age 55-59 with at least 10 years of service	1/2 of 1% for each full calendar month pension payments start before normal retirement age
Age 60-64 with at least 10 years of service	1/3 of 1% for each full calendar month pension payments start before normal retirement age
Age 58-59 with at least 30 years of service	1/4 of 1% for each full calendar month pension payments start before age 60

Early retirement reductions for service originally credited under the Toledo Salaried and Sidney Hourly Plans are maintained as outlined under those plans.

**B. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:**

Basis of Accounting

The accompanying financial statements have been prepared using the accrual basis of accounting.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants on the measurement date. See Note C for discussion of fair value measurements.

SCHINDLER ELEVATOR CORPORATION RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS

---

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Use of Estimates

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

Payment of Benefits

Benefits are recorded when paid to participants.

Plan Expenses

Administrative expenses incurred by the Plan and not paid by the Company are paid through the Plan including the PBGC, trustee, audit, and consulting fees. Investment related expenses are included in net appreciation (depreciation) in fair value of investments. Any remaining fees not paid from plan assets are paid by the Company. Expenses that are paid by the Company are excluded from these financial statements.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump sum distributions, that are attributable under the Plan's provisions to the service employees have rendered to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died and (c) present employees or their beneficiaries. Benefits payable under all circumstances (retirement, death and termination of employment) are included to the extent they are deemed attributable to employee service rendered to the valuation date.

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

SCHINDLER ELEVATOR CORPORATION RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS

The more significant assumptions underlying the actuarial computations used in the valuation as of December 31, 2023 are as follows:

Assumed rate of return on investments	- 5.75%
Mortality basis	- PRI-2012 Fully Generational with Scale MP 2021 for Employees & Healthy Annuitants Mortality (contingent survivor rates used for survivors).
Retirement	- Assumed average age at retirement is 65

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computation of the actuarial present value of accumulated plan benefits was made as of January 1, 2024. Had the valuation been performed as of December 31, there would be no material difference.

At December 31, 2023, the actuarial present value of accumulated plan benefits under the Plan were:

Actuarial present value of accumulated plan benefits:

Vested benefits:	
Active and terminated participants	\$ 49,576,826
Participants currently receiving benefits	<u>81,170,204</u>
Total vested benefits	130,747,030
Nonvested benefits	<u>120,363</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 130,867,393</u>

For the year ended December 31, 2023, the estimated changes in actuarial present value of accumulated plan benefits are as follows:

Actuarial present value of accumulated plan benefits at beginning of year	\$ 133,531,515
Increase (decrease) during the year attributable to:	
Benefits accumulated	1,840,116
Benefits paid	(12,247,084)
Assumptions changes	156,807
Interest	<u>7,586,039</u>
Net increase (decrease)	<u>(2,664,122)</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 130,867,393</u>

SCHINDLER ELEVATOR CORPORATION RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS

---

C. FAIR VALUE MEASUREMENTS:

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

*Level 2* - Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used by the Plan. There have been no changes in the methodologies used at December 31, 2024 and 2023.

*Mutual fund* – Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the SEC. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

*Common collective trusts* – Valued at the net asset value of units of a collective trust. The net asset value, as provided by the fund manager, is used as a practical expedient to estimate fair value. The net asset value is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported net asset value.

*Commingled funds* – Valued by management at net asset value of the Plan's ownership in partners' capital or at net asset value as reported in the audited financial statements by the investment manager. The net asset value, as provided by the fund manager, is used as a practical expedient to estimate fair value. The net asset value is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported net asset value.

SCHINDLER ELEVATOR CORPORATION RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS

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

	2024			
	Total	Level 1	Level 2	Level 3
Mutual fund	\$ 4,169,825	\$ 4,169,825	\$ -	\$ -
Total investments in the fair value hierarchy	4,169,825	<u>\$ 4,169,825</u>	<u>\$ -</u>	<u>\$ -</u>
Investments measured at net asset value(1):				
Common collective trusts	94,567,539			
Commingled funds	<u>6,679,049</u>			
Investments at fair value	<u>\$ 105,416,413</u>			
	2023			
	Total	Level 1	Level 2	Level 3
Mutual fund	\$ 3,636,536	\$ 3,636,536	\$ -	\$ -
Total investments in the fair value hierarchy	3,636,536	<u>\$ 3,636,536</u>	<u>\$ -</u>	<u>\$ -</u>
Investments measured at net asset value(1):				
Common collective trusts	103,895,078			
Commingled funds	<u>14,009,549</u>			
Investments at fair value	<u>\$ 121,541,163</u>			

(1) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

The common collective trusts are valued daily and can all be redeemed daily except for the AON Multi Asset Credit Fund which requires a 10 day notice period, the Core Real Estate Fund which requires a 105 day written notice period and is valued quarterly and can be redeemed quarterly, and the AON Enhanced Liability Driven Investing Fund which requires 95 day written notice period and is valued monthly and can be redeemed monthly. The common collective trusts held by the Plan do not have any unfunded commitments.

The Blackstone PIF Non-Tax LP is valued monthly and may be redeemed semi-annually on June 30 and December 31 after a 95 day notice period. This investment was liquidated in 2024.

SCHINDLER ELEVATOR CORPORATION RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS

The Invesco Core Real Estate commingled fund is valued quarterly and may generally be redeemed at the end of each quarter after a 45 day notice period.

The commingled funds held by the Plan have no unfunded commitments.

Accounting standards require disclosure of investment strategies for investments valued using net asset value as a practical expedient to estimate fair value if the investment does not file a Form 5500 with the DOL as direct filing entity ("DFE"). The following table discloses investment strategies for such investments:

	<u>2024</u>	<u>2023</u>
Investments measured		
at net asset value (non-DFE's):		
Commingled funds:		
Multi-strategy funds (a)	\$ -	\$ 6,046,428
Real estate funds (b)	<u>6,679,049</u>	<u>7,963,121</u>
Total investments at net asset value (non-DFE's)	<u>\$ 6,679,049</u>	<u>\$ 14,009,549</u>

- (a) The multi-strategy commingled funds invest primarily in equities, fixed income and other debt instruments with a focus on long term appreciation.
- (b) The real estate commingled fund seeks to provide investors with access to an institutional-quality portfolio of core real estate investments throughout the United States.

**D. TAX STATUS:**

The Plan has received a favorable determination letter dated August 24, 2012 in which the Internal Revenue Service ("IRS") stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code ("IRC"). Although the plan has been amended since receiving the determination letter, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC, and that the related trust is therefore tax-exempt.

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

**E. RELATED-PARTY AND PARTY IN INTEREST TRANSACTIONS:**

Section 3(14) of ERISA defines a party in interest to include, among others, fiduciaries or employees of the Plan, any person who provides services to the Plan or an employer whose employees are covered by the Plan. Accordingly, the management of investments held by and fees paid to The Bank of New York Mellon/BNY Mellon, N.A. are considered party in interest transactions.

SCHINDLER ELEVATOR CORPORATION RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS

F. CERTIFIED INVESTMENTS:

The following information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedules held at December 31, 2024 and 2023, and for the years then ended, was obtained by management and agreed to or derived from information certified as complete and accurate by The Bank of New York Mellon/BNY Mellon, N.A, the trustee of the Plan.

Statements of Net Assets Available for Benefits - December 31:

	<u>2024</u>	<u>2023</u>
Common collective trusts	\$ 94,692,265	\$ 105,649,831
Mutual funds	4,169,825	3,636,536

Statements of Changes in Net Assets Available for Benefits - Year Ended December 31:

	<u>2024</u>	<u>2023</u>
Net appreciation (depreciation) in fair value of investments	\$ (407,736)	\$ 7,512,252
Dividend and interest income	239,715	155,744

G. PLAN TERMINATION:

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its regulations, generally to provide the following benefits in the order indicated:

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

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

SCHINDLER ELEVATOR CORPORATION RETIREMENT PLAN  
NOTES TO FINANCIAL STATEMENTS

---

H. RISKS AND UNCERTAINTIES:

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

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

I. SUBSEQUENT EVENTS:

The Plan has evaluated subsequent events through September 23, 2025, the date these financial statements were available for issuance.

SCHINDLER ELEVATOR CORPORATION RETIREMENT PLAN

EIN: 34-1270056

Plan Number: 001

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Units/ Shares	Cost	Current value
JP Morgan US Govt Monet Market Inst Fund	Mutual fund	4,169,825	\$ 4,169,825	\$ 4,169,825
AON High Yield Plus Fund	Common collective trust	44,679	670,360	684,923
AON US Long Government Index Fund	"	470,984	3,204,873	2,981,329
AON US Intermediate Government Fund	"	718,612	6,798,770	6,934,604
Long Credit Bond Fund	"	2,294,452	22,307,057	19,456,957
Intermediate Credit Bond Fund	"	15,035	150,352	154,562
AON Multi Asset Credit Fund	"	527,474	5,931,707	6,382,901
NISA Ultra Mid Treasury CIF	"	1,439,253	16,407,137	14,890,142
NISA Ultra Long Treasury CIF	"	201,369	2,710,689	2,191,729
AON Global Equity Fund	"	794,334	20,938,653	20,835,390
AON Small Cap Equity Index Fund	"	63,239	906,265	990,314
AON Non-US Equity Index Fund	"	152,586	1,962,447	1,979,046
AON Large Cap Equity Index Fund	"	229,270	3,493,731	4,275,893
AON Global Real Estate Fund	"	1,882	31,282	28,552
Core Real Estate Fund	"	245,390	3,252,717	3,226,285
AON Enhanced Liability Driven Investing Fund	"	1,010,499	9,637,851	9,554,912
Total common collective trusts			98,403,891	94,567,539
Invesco Core Real Estate USA	Commingled fund	6,679,049	5,824,913	6,679,049
	Total investments		\$ 108,398,629	\$ 105,416,413

\* Denotes party-in-interest to the Plan.

SCHINDLER ELEVATOR CORPORATION RETIREMENT PLAN

EIN: 34-1270056

Plan Number: 001

SCHEDULE H, LINE 4(j) - SCHEDULE OF REPORTABLE TRANSACTIONS

For the year ended December 31, 2024

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of party involved	Description of asset	Purchase price	Selling price	Cost of asset	Current value of asset on transaction date	Net gain (loss)
<u>Single Transactions:</u>						
AON Global Real Estate Fund	Common Collective Trust	\$ 22,000,000	\$ -	\$ -	\$ 22,000,000	\$ -
AON Non-US Equity Index Fund	Common Collective Trust	-	8,100,000	7,705,315	8,100,000	394,686
AON Large Cap Equity Index Fund	Common Collective Trust	-	11,850,000	9,829,936	11,850,000	2,020,064
Long Credit Bond Fund	Common Collective Trust	-	9,000,000	9,573,253	9,000,000	(573,253)
Long Credit Bond Fund	Common Collective Trust	-	10,000,000	10,790,422	10,000,000	(790,422)
<u>Series Transactions:</u>						
AON Global Equity Fund	Common Collective Trust	\$ 22,000,000	\$ -	\$ -	\$ 22,000,000	\$ -
AON Global Equity Fund	Common Collective Trust	-	1,100,000	1,061,347	1,100,000	38,653
AON Non-US Equity Index Fund	Common Collective Trust	4,500,000	-	-	4,500,000	-
AON Non-US Equity Index Fund	Common Collective Trust	-	8,100,000	7,705,315	8,100,000	394,685
AON Large Cap Equity Index Fund	Common Collective Trust	7,800,000	-	-	7,800,000	-
AON Large Cap Equity Index Fund	Common Collective Trust	-	11,850,000	9,829,936	11,850,000	2,020,064
Long Credit Bond Fund	Common Collective Trust	-	19,000,000	20,363,675	19,000,000	(1,363,675)
BNY Mellon Cash Reserve	Common Collective Trust	4,710,287	-	-	4,710,287	-
BNY Mellon Cash Reserve	Common Collective Trust	-	4,710,287	4,710,287	4,710,287	-
JP Morgan US Govt Monet Market Inst Fund	Mutual Fund	24,300,045	-	-	24,300,045	-
JP Morgan US Govt Monet Market Inst Fund	Mutual Fund	-	23,766,756	23,766,756	23,766,756	-
Blackstone PIF Non-Tax, Lp.	Commingled Fund	-	321,383	240,527	321,383	80,856
Blackstone PIF Non-Tax, Lp.	Commingled Fund	-	6,106,272	4,570,007	6,106,272	1,536,265
NISA Ultra Mid Treasury CIF	Common Collective Trust	10,424,000	-	-	10,424,000	-
NISA Ultra Mid Treasury CIF	Common Collective Trust	-	6,166,000	5,016,863	6,166,000	1,149,137
NISA Ultra Long Treasury CIF	Common Collective Trust	2,551,000	-	-	2,551,000	-
NISA Ultra Long Treasury CIF	Common Collective Trust	-	6,285,000	4,840,311	6,285,000	1,444,689





Schedule SB Attachment (Form 5500) —2024 Plan Year  
 Schindler Elevator Corporation Retirement Plan  
 EIN: 34-1270056 PN: 001

Schedule SB, line 26a — Schedule of Active Participant Data  
 as of January 1, 2024

Number of Participants

Attained Age	Years of Credited Service										
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	
<25											
25-29											
30-34											
35-39											
40-44						2	1				
45-49			1			25	17				
50-54			1	1		13	18	9	1		
55-59						17	9	20	9	2	
60-64						1	11	7	15	7	14
65-69							3	2	3		3
70+							1			1	3

N-217

Schedule SB Attachment (Form 5500) —2024 Plan Year  
 Schindler Elevator Corporation Retirement Plan  
 EIN: 34-1270056 PN: 001

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

**For ERISA Requirements**

Interest Rates	Based on segment rates with no lookback (as of January 2024), each adjusted as needed to fall within the 25-year average interest rate corridor under ARPA
1st Segment Rate	4.75%
2nd Segment Rate	4.96%
3rd Segment Rate	5.59%
Interest Rates for Maximum Tax Purposes	Based on segment rates, without regard to interest rate stabilization
1st Segment Rate	4.37%
2nd Segment Rate	4.96%
3rd Segment Rate	4.95%
Salary Increases	N/A
Social Security Wage Base Increases	2.50%
Optional Payment Form Election Percentage	7% - 5 year Certain and Continuous Annuity 2% - Joint and 50% Survivor Annuity 2% - Joint and 55% Survivor Annuity 2% - Joint and 75% Survivor Annuity 7% - Joint and 100% Survivor Annuity 80% - Lump Sum
Optional Payment Form Conversion Interest Rate	Factors set in Plan Document for annuities Same as funding interest rates above for lump sums
Optional Payment Form Conversion Mortality	Factors set in Plan Document for annuities Current IRC section 417(e) table for lump sums
Retirement Age	
Active Participants	See Table 1

Schedule SB Attachment (Form 5500) —2024 Plan Year  
 Schindler Elevator Corporation Retirement Plan  
 EIN: 34-1270056 PN: 001

Terminated Vested Participants See Table 2

**For ERISA Requirements**

Mortality Rates

Healthy and Disabled 2024 generational mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(b).

Withdrawal Rates See Table 3

Disability Rates See Table 4

Decrement Timing Beginning of year decrements, with 100% retirement occurring at beginning of year

Surviving Spouse Benefit It is assumed that 60% of males and 60% of females have an eligible spouse, and that males are three years older than their spouses.

Benefit and Compensation Limits Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$275,000 and the 401(a)(17) compensation limit of \$345,000.

Valuation of Plan Assets Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Trust Expenses Included in Target Normal Cost Administrative cost for prior calendar year, \$1,168,899

Actuarial Method Standard unit credit cost method

Valuation Date January 1, 2024

Schedule SB Attachment (Form 5500) –2024 Plan Year  
Schindler Elevator Corporation Retirement Plan  
EIN: 34-1270056 PN: 001

Actuarial Assumptions and Methods

**Table 1**  
**Retirement Rates – Actives**

Age	Less than 30 Years of Service	30 or More Years of Service
55	0.00%	7.50%
56	10.00%	5.00%
57	10.00%	10.00%
58	10.00%	10.00%
59	10.00%	10.00%
60	10.00%	10.00%
61	10.00%	20.00%
62	20.00%	20.00%
63	20.00%	30.00%
64	30.00%	50.00%
65	35.00%	50.00%
66	50.00%	20.00%
67	0.00%	20.00%
68	25.00%	20.00%
69	25.00%	50.00%
70+	100.00%	100.00%

Schedule SB Attachment (Form 5500) –2024 Plan Year  
 Schindler Elevator Corporation Retirement Plan  
 EIN: 34-1270056 PN: 001

**Table 2**  
**Retirement Rates – Vested Terminations**

Age	Rate
55	2.50%
56	5.00%
57	10.00%
58	10.00%
59	10.00%
60	10.00%
61	7.50%
62	7.50%
63	10.00%
64	25.00%
65+	100.00%

Schedule SB Attachment (Form 5500) —2024 Plan Year  
 Schindler Elevator Corporation Retirement Plan  
 EIN: 34-1270056 PN: 001

Table 3

**Withdrawal Rates**

<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>
25	6.00%	45	6.00%
26	6.00%	46	4.00%
27	6.00%	47	4.00%
28	6.00%	48	6.00%
29	6.00%	49	6.00%
30	6.00%	50	9.00%
31	6.00%	51	9.00%
32	6.00%	52	5.00%
33	6.00%	53	10.00%
34	6.00%	54	10.00%
35	6.00%	55	5.00%
36	6.00%	56	5.00%
37	6.00%	57	5.00%
38	6.00%	58	5.00%
39	6.00%	59	5.00%
40	6.00%	60	5.00%
41	6.00%	61	5.00%
42	6.00%	62+	5.00%
43	6.00%		
44	6.00%		

Schedule SB Attachment (Form 5500) –2024 Plan Year  
 Schindler Elevator Corporation Retirement Plan  
 EIN: 34-1270056 PN: 001

**Table 4**  
**Disability Rates**

<u>Age</u>	<u>Rate</u>	<u>Age</u>	<u>Rate</u>
18	0.03%	48	0.14%
19	0.03%	49	0.16%
20	0.03%	50	0.18%
21	0.03%	51	0.20%
22	0.03%	52	0.23%
23	0.03%	53	0.26%
24	0.03%	54	0.30%
25	0.03%	55	0.36%
26	0.04%	56	0.42%
27	0.04%	57	0.50%
28	0.04%	58	0.59%
29	0.04%	59	0.69%
30	0.04%	60	0.90%
31	0.04%	61	1.16%
32	0.04%	62	1.46%
33	0.05%	63	1.81%
34	0.05%	64	2.22%
35	0.05%	65+	0.00%
36	0.06%		
37	0.06%		
38	0.06%		
39	0.06%		
40	0.07%		
41	0.07%		
42	0.08%		
43	0.08%		
44	0.09%		
45	0.10%		
46	0.11%		
47	0.12%		

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

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

- A This return/report is for: [ ] a multiemployer plan [ ] a multiple-employer plan... [x] a single-employer plan [ ] a DFE... B This return/report is: [ ] the first return/report [ ] the final return/report... C If the plan is a collectively-bargained plan... D Check box if filing under: [x] Form 5558 [ ] automatic extension... E If this is a retroactively adopted plan...

Part II Basic Plan Information—enter all requested information

1a Name of plan: SCHINDLER ELEVATOR CORPORATION RETIREMENT PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 01/01/1989
2a Plan sponsor's name, mailing address, city, state, ZIP: SCHINDLER ELEVATOR CORPORATION, 20 WHIPPANY ROAD, MORRISTOWN NJ 07960
2b Employer Identification Number (EIN): 34-1270056
2c Plan Sponsor's telephone number: 973-397-6500
2d Business code: 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.

Table with 4 columns: SIGN HERE, Signature, Date, Name. Row 1: Signature of plan administrator (Robert Pierce), Date 9/24/25, Name ROBERT PIERCE. Row 2: Signature of employer/plan sponsor. Row 3: Signature of DFE.

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	1,160
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits ..... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	217
	<b>6a(2)</b>	202
	<b>6b</b>	475
	<b>6c</b>	305
	<b>6d</b>	982
	<b>6e</b>	132
	<b>6f</b>	1,114
	<b>6g(1)</b>	
<b>6g(2)</b>		
<b>6h</b>		0
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<b>7</b>	

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

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

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

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

**a Pension Schedules**

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

**b General Schedules**

- (1)  **H** (Financial Information)
- (2)  **I** (Financial Information – Small Plan)
- (3)  **A** (Insurance Information) – Number Attached \_\_\_\_\_
- (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 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

---

SCHINDLER ELEVATOR CORPORATION RETIREMENT PLAN  
 EIN: 34-1270056  
 Plan Number: 001

SCHEDULE H, LINE 4(j) - SCHEDULE OF REPORTABLE TRANSACTIONS  
 For the year ended December 31, 2024

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of party involved	Description of asset	Purchase price	Selling price	Cost of asset	Current value of asset on transaction date	Net gain (loss)
<u>Single Transactions:</u>						
AON Global Real Estate Fund	Common Collective Trust	\$ 22,000,000	\$ -	\$ -	\$ 22,000,000	\$ -
AON Non-US Equity Index Fund	Common Collective Trust	-	8,100,000	7,705,315	8,100,000	394,686
AON Large Cap Equity Index Fund	Common Collective Trust	-	11,850,000	9,829,936	11,850,000	2,020,064
Long Credit Bond Fund	Common Collective Trust	-	9,000,000	9,573,253	9,000,000	(573,253)
Long Credit Bond Fund	Common Collective Trust	-	10,000,000	10,790,422	10,000,000	(790,422)
<u>Series Transactions:</u>						
AON Global Equity Fund	Common Collective Trust	\$ 22,000,000	\$ -	\$ -	\$ 22,000,000	\$ -
AON Global Equity Fund	Common Collective Trust	-	1,100,000	1,061,347	1,100,000	38,653
AON Non-US Equity Index Fund	Common Collective Trust	4,500,000	-	-	4,500,000	-
AON Non-US Equity Index Fund	Common Collective Trust	-	8,100,000	7,705,315	8,100,000	394,685
AON Large Cap Equity Index Fund	Common Collective Trust	7,800,000	-	-	7,800,000	-
AON Large Cap Equity Index Fund	Common Collective Trust	-	11,850,000	9,829,936	11,850,000	2,020,064
Long Credit Bond Fund	Common Collective Trust	-	19,000,000	20,363,675	19,000,000	(1,363,675)
BNY Mellon Cash Reserve	Common Collective Trust	4,710,287	-	-	4,710,287	-
BNY Mellon Cash Reserve	Common Collective Trust	-	4,710,287	4,710,287	4,710,287	-
JP Morgan US Govt Monet Market Inst Fund	Mutual Fund	24,300,045	-	-	24,300,045	-
JP Morgan US Govt Monet Market Inst Fund	Mutual Fund	-	23,766,756	23,766,756	23,766,756	-
Blackstone PIF Non-Tax, Lp.	Commingled Fund	-	321,383	240,527	321,383	80,856
Blackstone PIF Non-Tax, Lp.	Commingled Fund	-	6,106,272	4,570,007	6,106,272	1,536,265
NISA Ultra Mid Treasury CIF	Common Collective Trust	10,424,000	-	-	10,424,000	-
NISA Ultra Mid Treasury CIF	Common Collective Trust	-	6,166,000	5,016,863	6,166,000	1,149,137
NISA Ultra Long Treasury CIF	Common Collective Trust	2,551,000	-	-	2,551,000	-
NISA Ultra Long Treasury CIF	Common Collective Trust	-	6,285,000	4,840,311	6,285,000	1,444,689

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

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


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

<b>A</b> Name of plan SCHINDLER ELEVATOR CORPORATION RETIREMENT PLAN	<b>B</b> Three-digit plan number (PN) ▶	001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF SCHINDLER ELEVATOR CORPORATION	<b>D</b> Employer Identification Number (EIN) 34-1270056	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b>	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
<b>2</b>	Assets:		
	<b>a</b> Market value .....	<b>2a</b>	124,119,489
	<b>b</b> Actuarial value .....	<b>2b</b>	136,531,437
<b>3</b>	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	<b>a</b> For retired participants and beneficiaries receiving payment .....	621	84,832,335
	<b>b</b> For terminated vested participants .....	323	21,169,455
	<b>c</b> For active participants .....	217	29,646,837
	<b>d</b> Total .....	1,161	135,648,627
<b>4</b>	If the plan is in at-risk status, check the box and complete lines (a) and (b) .....	<input type="checkbox"/>	
	<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>	
	<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>	
<b>5</b>	Effective interest rate .....	<b>5</b>	5.11%
<b>6</b>	Target normal cost		
	<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	0
	<b>b</b> Expected plan-related expenses .....	<b>6b</b>	1,168,899
	<b>c</b> Target normal cost .....	<b>6c</b>	1,168,899

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

<b>SIGN HERE</b>	 Signature of actuary	<u>September 5, 2025</u> Date
	<u>J. DANIEL GANSZ, JR.</u> Type or print name of actuary	<u>2306121</u> Most recent enrollment number
	<u>AON CONSULTING, INC.</u> Firm name	<u>610-834-2187</u> Telephone number (including area code)
	<u>259 NORTH RADNOR-CHESTER ROAD</u> <u>Suite 160</u> <u>RADNOR PA 19087</u> 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



<b>Part V Assumptions Used to Determine Funding Target and Target Normal Cost</b>			
<b>21</b> Discount rate:			
<b>a</b> Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 %
	<input type="checkbox"/> N/A, full yield curve used		
<b>b</b> Applicable month (enter code).....		<b>21b</b>	0
<b>22</b> Weighted average retirement age .....		<b>22</b>	63
<b>23</b> Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute

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

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

<b>Part VIII Minimum Required Contribution For Current Year</b>			
<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6c).....		<b>31a</b>	1,168,899
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....		<b>31b</b>	0
<b>32</b> Amortization installments:	Outstanding Balance	Installment	
<b>a</b> Net shortfall amortization installment .....	10,001,250	950,838	
<b>b</b> Waiver amortization installment .....	0	0	
<b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....		<b>33</b>	
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....		<b>34</b>	2,119,737
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....	0	2,119,737	2,119,737
<b>36</b> Additional cash requirement (line 34 minus line 35).....		<b>36</b>	0
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....		<b>37</b>	0
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36)		<b>38a</b>	0
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....		<b>38b</b>	0
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....		<b>39</b>	0
<b>40</b> Unpaid minimum required contributions for all years .....		<b>40</b>	0

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

Schedule SB Attachment (Form 5500) –2024 Plan Year  
 Schindler Elevator Corporation Retirement Plan  
 EIN: 34-1270056 PN: 001

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

- An AFTAP certification for the Plan was originally issued September 27, 2024.
- Audited assets are used in the final Value of Plan Assets, as shown in the 2024 Schedule SB. A revised 2024 AFTAP reflecting the updated assets was not issued in 2024 since the resulting value would still be in excess of 100% and not change any aspect of plan administration.
- The inputs used for the 2024 AFTAP certification are outlined below:

<b>Date</b>	<b>AFTAP</b>	<b>Funding Target</b>	<b>Value of Plan Assets</b>	<b>Funding Standard Carryover Balance</b>	<b>Prefunding Balance</b>	<b>Annuities Purchased for NHCE</b>	<b>Description of Change</b>
September 27, 2024	100.52%	135,792,759	136,501,404	0	10,740,947	0	Final Assets

Schedule SB Attachment (Form 5500) –2024 Plan Year  
 Schindler Elevator Corporation Retirement Plan  
 EIN: 34-1270056 PN: 001

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

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

Age	Retirement Probability	Expected Retirements	Product (a) × (c)
55	2.23%	1.46	80.36
56	6.72%	4.84	271.26
57	10.00%	7.78	443.18
58	10.00%	8.04	466.25
59	10.00%	8.86	523.03
60	10.00%	8.69	521.37
61	17.58%	15.49	945.06
62	20.00%	15.66	970.62
63	27.65%	20.50	1291.66
64	45.30%	29.44	1884.00
65	44.78%	18.71	1216.14
66	29.50%	7.04	464.33
67	15.83%	3.11	208.68
68	21.53%	3.97	270.00
69	44.58%	6.84	471.78
70	100.00%	11.39	797.15
71	100.00%	1.00	71.00
72	100.00%	1.00	72.00
73	100.00%	0.00	0.00
74	100.00%	0.00	0.00
75	100.00%	1.00	75.00
	Total	174.82	11042.87
	Weighted Average		63.17

Schedule SB Attachment (Form 5500) –2024 Plan Year  
Schindler Elevator Corporation Retirement Plan  
EIN: 34-1270056 PN: 001

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	8,355,597	6,784,236	8,037,213	23,177,046
2025	4,814,139	3,171,443	7,867,695	15,853,277
2026	3,676,563	2,490,165	7,681,497	13,848,225
2027	2,906,638	1,567,596	7,481,224	11,955,458
2028	2,186,687	1,644,229	7,281,563	11,112,479
2029	1,971,844	1,321,891	7,057,746	10,351,481
2030	1,580,417	759,731	6,823,041	9,163,189
2031	1,212,528	916,392	6,576,437	8,705,357
2032	1,019,404	655,528	6,317,612	7,992,544
2033	924,954	717,900	6,048,315	7,691,169
2034	804,407	685,507	5,769,356	7,259,270
2035	725,037	556,881	5,481,725	6,763,643
2036	663,217	534,393	5,186,583	6,384,193
2037	645,986	476,509	4,886,132	6,008,627
2038	617,993	508,865	4,582,719	5,709,577
2039	591,702	440,994	4,273,435	5,306,131
2040	567,493	445,564	3,962,798	4,975,855
2041	540,534	452,588	3,652,879	4,646,001
2042	503,930	363,994	3,345,927	4,213,851
2043	479,733	351,282	3,044,328	3,875,343
2044	462,107	327,802	2,750,492	3,540,401
2045	442,789	294,787	2,466,770	3,204,346
2046	421,825	267,399	2,195,438	2,884,662
2047	398,839	244,073	1,938,594	2,581,506
2048	376,851	231,626	1,698,069	2,306,546
2049	355,039	218,583	1,475,330	2,048,952
2050	332,032	205,032	1,271,430	1,808,494
2051	309,128	191,087	1,086,962	1,587,177
2052	285,817	176,888	922,071	1,384,776
2053	262,236	162,592	776,440	1,201,268
2054	238,674	148,375	649,343	1,036,392
2055	215,439	134,417	539,396	889,252
2056	192,840	120,891	445,774	759,505
2057	171,168	107,950	367,207	646,325
2058	150,675	95,725	301,770	548,170

Schedule SB Attachment (Form 5500) –2024 Plan Year  
Schindler Elevator Corporation Retirement Plan  
EIN: 34-1270056 PN: 001

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2059	131,565	84,314	247,851	463,730
2060	113,983	73,786	203,869	391,638
2061	98,009	64,177	168,264	330,450
2062	83,670	55,492	139,728	278,890
2063	70,938	47,712	116,985	235,635
2064	59,744	40,798	98,901	199,443
2065	49,989	34,696	84,616	169,301
2066	41,553	29,345	73,292	144,190
2067	34,309	24,677	64,094	123,080
2068	28,128	20,625	56,690	105,443
2069	22,887	17,124	50,872	90,883
2070	18,471	14,114	46,106	78,691
2071	14,776	11,540	42,078	68,394
2072	11,706	9,353	38,593	59,652
2073	9,177	7,507	35,534	52,218

Schedule SB Attachment (Form 5500) –2024 Plan Year  
Schindler Elevator Corporation Retirement Plan  
EIN: 34-1270056 PN: 001

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

The following summary describes principal plan provisions assumed in calculating the cost of your pension plan.

### General Information

Original Effective Date:	January 1, 1989
Effective Date of Last Amendment:	October 31, 2019
Plan Year:	January 1st to December 31st
Employer Fiscal Year	January 1st to December 31st

### Eligibility for Membership

All full-time hourly and salaried employees, and part-time employees regularly scheduled to work less than 24 hours per week, who have completed one year of Eligibility Service. Excludes those working in an Excluded Unit or those covered by a collective bargaining agreement. Former participants in the Toledo Salaried and Sidney Hourly Retirement Plans and the Adams Profit Sharing Plan became participants under the Plan effective 1/1/1991.

Employees hired after 12/31/2002 are not eligible to participate in this plan, except for those employees at the Puerto Rico location.

As of 12/31/2007 the Schindler Elevator Corporation Teamsters Local No. 20 Retirement Plan was merged into this Plan.

As of 10/31/2019 the plan was completely closed, including to employees at the Puerto Rico location.

### Compensation

Total annual earnings including commissions, night-turn bonus, group leader remuneration, overtime, elective contributions and bonus. Compensation for each year shall not exceed the IRC Section 401(a)(17) limit.

### Covered Compensation

The 35-year average of the Social Security Wage Bases for a member attaining Social Security Normal Retirement Age in the Plan Year.

Schedule SB Attachment (Form 5500) –2024 Plan Year  
Schindler Elevator Corporation Retirement Plan  
EIN: 34-1270056 PN: 001

### Vesting Service

Service from date of hire (including Westinghouse “Eligibility Service” through December 31, 1988). Effective 1/1/1991, requires 1,000 hours in the Plan Year (full-time employees credited with 190 hours for each month in which one hour worked).

### Credited Service

Service from date of hire. Full-time employees receive credit for each month in which one hour worked. Part-time employees receive credit based on actual hours worked. Credit for service prior to 1/1/1991 based on prior plan provisions for former participants in Toledo Salaried and Sidney Hourly Retirement Plans. No service credited prior to 1/1/1989 and 1/1/1991 for former participants in the Westinghouse Pension Plan and Adams Profit Sharing Plan, respectively.

No credited service after 12/31/2003 for any participant under age 40 as of January 1, 2004, except those employees at the Puerto Rico location or on long-term disability (credited service ceases 45 days after status change if under age 40 at 1/1/2004.)

Credited service for all participants ceased 6/30/2018, except those employees at the Puerto Rico location.

Credited service for all non-highly compensated participants at the Puerto Rico location ceased 10/31/2019.

### Accrued Benefit

Benefit calculated using Normal Retirement formula, accumulated to date of event. Accrued benefit is frozen at 12/31/2003 for non-Puerto Rico participants under age 40 as 1/1/2004, at 6/30/2018 for all participants excluding non-highly compensated participants at the Puerto Rico location, and at 10/31/2019 for all remaining participants.

Schedule SB Attachment (Form 5500) –2024 Plan Year  
Schindler Elevator Corporation Retirement Plan  
EIN: 34-1270056 PN: 001

Eligibility for Benefits

Normal Retirement	Age 65
Early Retirement	Age 55 and 10 years of Service
Location Closedown <sup>1</sup>	Age 55 and 10 years of Service, Age 54 and 13 years of Service, Age 53 and 16 years of Service, Age 52 and 19 years of Service, Age 51 and 22 years of Service, or Age 50 and 25 years of Service
Product Line Relocation	Age 50 and 25 years of Service
Late Retirement	First of the month following actual retirement.
Vesting	5 years of Service. Participants whose benefit is frozen at December 31, 2003 are fully vested in their frozen accrued benefit.
Spouse's Benefit	Eligible for Vesting
Disability	Disability as defined under Long Term Disability Plan.

---

<sup>1</sup> Applicable only to non-highly compensated employees at the Gettysburg, PA location.  
Proprietary and Confidential  
Aon — 001\_SB\_PartV Summary Plan Provisions.docx Part V — Summary of Plan Provisions

Schedule SB Attachment (Form 5500) –2024 Plan Year  
Schindler Elevator Corporation Retirement Plan  
EIN: 34-1270056 PN: 001

Amount of Benefit

Normal Retirement

For each year of Credited Service after 12/31/1990, the sum of (a) + (b), but in no event less than \$360:

- (a) 1.55% of Compensation up to Covered Compensation
- (b) 1.90% of Compensation in excess of Covered Compensation.

For each year of Credited Service before 1/1/1991:

- (a) Schindler Elevator Corporation, including former participants in the Westinghouse Pension Plan on 12/31/1988.

For service in 1989 and 1990, based on the same benefit formula as in effect for Credited Service after 12/31/1990.

- (b) Former participants in the Schindler Elevator Corporation Employees' Retirement Plan (Toledo Salaried) on 12/31/1990.

The sum of (1) and (2) offset by benefits earned under Reliance Electric Company Retirement Plan for Salaried and Management Employees:

- (1) The benefit calculated under the old plan – both the Flat Rate Method and the Formula Method – based on Final Average Monthly Salary, Primary Social Security and Years of Service as of 12/31/1988. The benefit amount based on the Formula Method is adjusted upon retirement or termination for future pay increases by comparing Final Average Monthly Salary at the date of actual separation from service to Final Average Monthly Salary calculated at 12/31/1988.

Participant receives the greater of the Flat Rate Benefit or the adjusted Formula Method Benefit for service prior to 1/1/1989.

- (2) For service in 1989 and 1990, based on formula as in effect for Credited Service after 1990.

Schedule SB Attachment (Form 5500) –2024 Plan Year  
 Schindler Elevator Corporation Retirement Plan  
 EIN: 34-1270056 PN: 001

Amount of Benefit (cont.)

- (c) Former participants in the Schindler Elevator Corporation Sidney, Ohio Hourly Employees Retirement Income Plan (Sidney Hourly)

\$9.50 x years of Credited Service through December 31, 1990 (maximum 30 years).

- (d) Former participants in the Adams Elevator Equipment Company Employees' Profit Sharing Plan and Trust.

No benefits payable.

Early Retirement

<b>Age and Service at Retirement from Active Employment</b>	<b>Pension will be reduced by</b>
55 – 59 with at least 10 years of Service	½ of 1% for each month pension payments start before age 65
60 – 64 with at least 10 years of Service	1/3 of 1% for each month pension payments start before age 65
58 or older with at least 30 years of Service	¼ of 1% for each month pension payments start before age 60

Early retirement reductions for service originally credited under the Toledo Salaried and Sidney Hourly Plans will be maintained as under those plans.

Schedule SB Attachment (Form 5500) –2024 Plan Year  
 Schindler Elevator Corporation Retirement Plan  
 EIN: 34-1270056 PN: 001

Location Closedown	<b>Age and Service at Closedown</b>	<b>Pension will be reduced by</b>
	55 – 59 with at least 30 years of Service	¼ of 1% for each month pension payments start before age 60 (maximum 6% reduction)
	50– 64 with at least 10 years of Service	1/3 of 1% for each of the first 60 months pension payments start before age 65 and ¼ of 1% for each of the next 24 months (maximum 26% reduction)
Product Line Relocation	Same as Location Closedown.	
Monthly Supplement	Additional \$9 per month per year of Credited Service earned after December 31, 1988 (after December 31, 1990 for former participants in the Sidney Hourly Retirement Plan and the Adams Profit Sharing Plan) payable until age 62 (special provisions made for those with less than 25 years of Credited Service with Westinghouse).	
Late Retirement	Accrued benefit at retirement.	
Vesting	Accrued benefit payable at Normal Retirement, or at Early Retirement reduced by 6% per year if more than 10 years of Service at retirement.	

Schedule SB Attachment (Form 5500) –2024 Plan Year  
 Schindler Elevator Corporation Retirement Plan  
 EIN: 34-1270056 PN: 001

Spouse's Benefit

As shown below with 60 payments guaranteed:

<b>Age and Service at Death</b>	<b>Payments May Begin</b>	<b>Benefit will be</b>
Active employees age 50 with 15 years of Vesting Service	Immediately	55% of accrued benefit
All other vested active employees	Immediately (with actuarial reductions)	55% of early retirement benefit at date of death reduced for 55% Contingent Annuity
Terminated with 10 or more years of Vesting Service	Date participant would have been age 55	55% of early retirement benefit at later of age 55 or date of death reduced for 55% Contingent Annuity
Terminated with less than 10 years of Vesting Service	Date participant would have been age 65	55% of normal retirement benefit at age 65 reduced for 55% Contingent Annuity

Disability

Benefit continues to accrue until Normal or Early Retirement.

Post Annuity Starting Date Death Benefit

Lump Sum payment equal to excess of 60 months of life annuity over payments made to primary annuitant and beneficiary.

**Normal Form of Benefit**

Married Members

55% Contingent Annuity, actuarially reduced. (See Post Annuity Starting Date death benefit above).

Other Members

5 Year Certain and Life Annuity. (See Post Annuity Starting Date death benefit above).

**Optional Forms of Payment**

50%, 55%, 75% or 100% Contingent Annuity  
 Life Annuity  
 10 Year Certain and Life Annuity  
 Lump Sum.

SCHINDLER ELEVATOR CORPORATION RETIREMENT PLAN

EIN: 34-1270056

Plan Number: 001

SCHEDULE H, LINE 4(i) - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2024

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Units/ Shares	Cost	Current value
JP Morgan US Govt Monet Market Inst Fund	Mutual fund	4,169,825	\$ 4,169,825	\$ 4,169,825
AON High Yield Plus Fund	Common collective trust	44,679	670,360	684,923
AON US Long Government Index Fund	"	470,984	3,204,873	2,981,329
AON US Intermediate Government Fund	"	718,612	6,798,770	6,934,604
Long Credit Bond Fund	"	2,294,452	22,307,057	19,456,957
Intermediate Credit Bond Fund	"	15,035	150,352	154,562
AON Multi Asset Credit Fund	"	527,474	5,931,707	6,382,901
NISA Ultra Mid Treasury CIF	"	1,439,253	16,407,137	14,890,142
NISA Ultra Long Treasury CIF	"	201,369	2,710,689	2,191,729
AON Global Equity Fund	"	794,334	20,938,653	20,835,390
AON Small Cap Equity Index Fund	"	63,239	906,265	990,314
AON Non-US Equity Index Fund	"	152,586	1,962,447	1,979,046
AON Large Cap Equity Index Fund	"	229,270	3,493,731	4,275,893
AON Global Real Estate Fund	"	1,882	31,282	28,552
Core Real Estate Fund	"	245,390	3,252,717	3,226,285
AON Enhanced Liability Driven Investing Fund	"	1,010,499	9,637,851	9,554,912
Total common collective trusts			98,403,891	94,567,539
Invesco Core Real Estate USA	Commingled fund	6,679,049	5,824,913	6,679,049
	Total investments		\$ 108,398,629	\$ 105,416,413

\* Denotes party-in-interest to the Plan.

Schedule SB Attachment (Form 5500) –2024 Plan Year  
Schindler Elevator Corporation Retirement Plan  
EIN: 34-1270056 PN: 001

Schedule SB, line 32 – Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	\$ 8,265,384	January 1, 2023	14	\$ 792,187
Shortfall	\$ 1,735,866	January 1, 2024	15	\$ 158,651

Schedule SB Attachment (Form 5500) —2024 Plan Year  
Schindler Elevator Corporation Retirement Plan  
EIN: 34-1270056 PN: 001

## Schedule SB, line 24 — Change in Actuarial Assumptions

The Funding Valuation reflects the following non-prescribed assumption changes:

- A change to the assumed optional payment form election percentages.
- A change in the retirement rates for active and terminated vested participants.
- A change in the withdrawal rates.
- A change in the percentage of participants assumed to be married

All of these changes were made to better reflect plan experience.