Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) _____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
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)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
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 (see instructions)
335900

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/03/2026	ROBERT PIERCE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/03/2026	ROBERT PIERCE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	1114
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	202
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	175
b	Retired or separated participants receiving benefits	**6b**	176
c	Other retired or separated participants entitled to future benefits	**6c**	282
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	633
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	57
f	Total. Add lines **6d** and **6e**.	**6f**	690
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 1I

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

9a Plan funding arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
SCHINDLER ELEVATOR CORPORATION RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
SCHINDLER ELEVATOR CORPORATION

D Employer Identification Number (EIN)
34-1270056

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	109054812
b Actuarial value	**2b**	114735995

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	607	81758691	81758691
b For terminated vested participants	305	19194972	19194972
c For active participants	202	26829046	26953740
d Total	1114	127782709	127907403

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

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

5 Effective interest rate	**5**	5.30 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	1109713
c Target normal cost	**6c**	1109713

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

09/01/2026
Date

J. DANIEL GANSZ, JR.
Type or print name of actuary

26-06121
Most recent enrollment number

AON CONSULTING, INC.
Firm name

610-834-2187
Telephone number (including area code)

259 NORTH RADNOR-CHESTER ROAD
SUITE 160
RADNOR, PA 19087
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	10739928
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	2119737
9	Amount remaining (line 7 minus line 8)	0	8620191
10	Interest on line 9 using prior year's actual return of -1.49 %	0	-128441
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.11 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	8491750

Part III Funding Percentages

14	Funding target attainment percentage	14	83.06 %
15	Adjusted funding target attainment percentage	15	82.93 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	92.63 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)	0	18(c) 0

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:	1st segment: 5.00 %	2nd segment: 5.27 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	63

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	1109713
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	21663158	2095665
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	3205378

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	3205378	3205378

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021

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

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

A Name of plan
SCHINDLER ELEVATOR CORPORATION RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SCHINDLER ELEVATOR CORPORATION

D Employer Identification Number (EIN)
34-1270056

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).. . . . . [X] 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	ACTUARIAL CONSULTING	537884	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

(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	TRUSTEE	59998	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
SCHINDLER ELEVATOR CORPORATION RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
SCHINDLER ELEVATOR CORPORATION

D Employer Identification Number (EIN)
34-1270056

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

a Name of MTIA, CCT, PSA, or 103-12 IE: AON CORE REAL ESTATE FUND

b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
37-6543784-037	C	1158463

a Name of MTIA, CCT, PSA, or 103-12 IE: AON ENHANCED LIAB DRIVEN INVEST FD

b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
37-6543784-048	C	8296499

a Name of MTIA, CCT, PSA, or 103-12 IE: AON GLOBAL EQUITY FUND

b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
37-6543784-004	C	16244402

a Name of MTIA, CCT, PSA, or 103-12 IE: AON GLOBAL REAL ESTATE CL I

b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
37-6543784-006	C	31112

a Name of MTIA, CCT, PSA, or 103-12 IE: AON HIGH YIELD PLUS FUND

b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
37-6543784-007	C	441324

a Name of MTIA, CCT, PSA, or 103-12 IE: AON INTERMEDIATE CREDIT BOND FUND

b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
37-6543784-038	C	167191

a Name of MTIA, CCT, PSA, or 103-12 IE: AON LARGE CAP EQUITY INDEX FUND

b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
37-6543784-046	C	4623805

a Name of MTIA, CCT, PSA, or 103-12 IE: AON LONG CREDIT BOND FUND

b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC

c EIN-PN 37-6543784-040	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14615841

a Name of MTIA, CCT, PSA, or 103-12 IE: AON MULTI-ASSET CREDIT FUND

b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC

c EIN-PN 37-6543784-041	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5381235

a Name of MTIA, CCT, PSA, or 103-12 IE: AON NON-U.S. EQUITY INDEX FUND

b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC

c EIN-PN 37-6543784-044	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1304931

a Name of MTIA, CCT, PSA, or 103-12 IE: AON SMALL CAP EQUITY INDEX FUND

b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC

c EIN-PN 37-6543784-045	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 892094

a Name of MTIA, CCT, PSA, or 103-12 IE: AON U.S. INTER GOVT BD IDX FD

b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC

c EIN-PN 37-6543784-043	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3799608

a Name of MTIA, CCT, PSA, or 103-12 IE: AON U.S. LONG GOVT BOND INDEX FD

b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC

c EIN-PN 37-6543784-042	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 799081

a Name of MTIA, CCT, PSA, or 103-12 IE: NISA ULTRA LONG TREASURY CIF

b Name of sponsor of entity listed in (a): NISA COLLECTIVE INVESTMENT TRUST

c EIN-PN 88-6547562-002	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2618075

a Name of MTIA, CCT, PSA, or 103-12 IE: NISA ULTRA MID TREASURY CIF

b Name of sponsor of entity listed in (a): NISA COLLECTIVE INVESTMENT TRUST

c EIN-PN 88-6547562-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13819856

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
SCHINDLER ELEVATOR CORPORATION RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SCHINDLER ELEVATOR CORPORATION

D Employer Identification Number (EIN)
34-1270056

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	3638399	1111824
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	94567539	74193517
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	4169825	3662324
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	6679049	8811710

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	109054812	87779375
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	0	28909
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	28909
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	109054812	87750466

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	160718	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		160718
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	107022	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		107022
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	85585916	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	83667022	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		1918894
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	101390	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		101390

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		9789357
(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)		
c Other income	2c		30771
d Total income. Add all **income** amounts in column (b) and enter total	2d		12108152
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	13406715	
(2) To insurance carriers for the provision of benefits	2e(2)	18491079	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		31897794
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	59998	
(7) Actuarial fees	2i(7)	537884	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	916822	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		1514704
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		33412498
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-21304346
l 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) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

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

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: 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
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 590109.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
SCHINDLER ELEVATOR CORPORATION RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
SCHINDLER ELEVATOR CORPORATION

D Employer Identification Number (EIN)
34-1270056

Part I Distributions

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

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

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

EIN(s): 56-2006586

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 413

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Public Equity: 26.0 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 50.0 %
High-Yield Debt: 7.0 % Real Assets: 9.0 % Cash or Cash Equivalents: 4.0 % Other: 4.0 %

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, 2025 and 2024 and
For the Year Ended December 31, 2025

CARON BLETZER

Employee Benefit Plan Audit Specialists

SCHINDLER ELEVATOR CORPORATION RETIREMENT PLAN
CONTENTS

	Page(s)
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.

CARON BLETZER

1 Library Lane
Kingston, NH 03848
Tel: 603-658-8000
Fax: 603-658-8070

Employee Benefit Plan Audit Specialists

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, 2025, and 2024, 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, 2025, and 2024, 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).

Emphasis of Matter – Transfer

As further discussed in Notes A and I, the Plan entered into a contract with Delaware Life Insurance Company to transfer the assets and liabilities associated with certain annuitant participants currently receiving benefits under the Plan. The Plan transferred $18,491,079 to

Delaware Life Insurance Company effective October 29, 2025, and effective January 1, 2026, Delaware Life Insurance Company assumed responsibility for the annuity payments for these participants.

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, 2025 and the Schedule H, Line 4(j) - Schedule of Reportable Transactions for the year ended December 31, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the 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).



Kingston, NH
October 1, 2026

SCHINDLER ELEVATOR CORPORATION RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2025 and 2024

	2025	2024
Assets:		
Investments, at fair value:		
Mutual fund	$ 3,662,324	$ 4,169,825
Common collective trusts	74,193,517	94,567,539
Commingled funds	8,811,710	6,679,049
Total investments	86,667,551	105,416,413
Receivables:		
Due from broker	1,100,000	3,300,000
Accrued interest	11,824	17,016
Securities sold	-	321,383
Total receivables	1,111,824	3,638,399
Total assets	87,779,375	109,054,812
Liabilities:		
Due to broker	28,909	-
Net assets available for benefits	$ 87,750,466	$ 109,054,812

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

CARON BLETZER

SCHINDLER ELEVATOR CORPORATION RETIREMENT PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the years ended December 31, 2025 and 2024

	2025	2024
Additions (reductions):		
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments	$ 11,840,412	$ (2,242,347)
Dividend and interest income	267,740	487,847
Total net additions (reductions)	12,108,152	(1,754,500)
Deductions:		
Distributions to participants	13,406,715	12,200,464
Administrative fees	1,514,704	1,109,713
Total deductions	14,921,419	13,310,177
Net decrease	(2,813,267)	(15,064,677)
Transfer to Delaware Life Insurance Company (see Note A & I)	(18,491,079)	-
Net assets available for benefits:		
Beginning of year	109,054,812	124,119,489
End of year	$ 87,750,466	$ 109,054,812

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

CARON BLETZER

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.

As further discussed in Note I, effective October 27, 2025, the Plan was amended to allow the Plan to purchase annuity contracts for all participants and other payees who had commenced benefits prior to October 27, 2025 and whose monthly benefit was under $1,200. The Plan has transferred the assets and liabilities associated with these annuitant participants to Delaware Life Insurance Company.

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.

CARON BLETZER

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.

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).

CARON BLETZER

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 soley 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.

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:

Age and Service at Retirement From Active Employment:	Pension Will Be Reduced By:
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.

CARON BLETZER

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.

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.

CARON BLETZER

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.

The more significant assumptions underlying the actuarial computations used in the valuation as of December 31, 2024 are as follows:

Assumed rate of return on investments	- 6.43%
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, 2025. Had the valuation been performed as of December 31, there would be no material difference.

At December 31, 2024, 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	$ 43,104,347
Participants currently receiving benefits	75,814,663
Total vested benefits	118,919,010
Nonvested benefits	100,542
Total actuarial present value of accumulated plan benefits	$ 119,019,552

For the year ended December 31, 2024, 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	$ 130,867,393
Increase (decrease) during the year attributable to:	
Benefits accumulated	(363,197)
Benefits paid	(12,200,464)
Assumptions changes	(6,463,194)
Interest	7,179,014
Net decrease	(11,847,841)
Actuarial present value of accumulated plan benefits at end of year	$ 119,019,552

CARON BLETZER

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, 2025 and 2024.

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.

CARON BLETZER

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

	2025			
	Total	Level 1	Level 2	Level 3
Mutual fund	$ 3,662,324	$ 3,662,324	$ -	$ -
Total investments in the fair value hierarchy	3,662,324	$ 3,662,324	$ -	$ -
Investments measured at net asset value(1):				
Common collective trusts	74,193,517			
Commingled funds	8,811,710			
Investments at fair value	$ 86,667,551			

	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	$ 4,169,825	$ -	$ -
Investments measured at net asset value(1):				
Common collective trusts	94,567,539			
Commingled funds	6,679,049			
Investments at fair value	$ 105,416,413			

(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 AON Return Enhancing Alternatives Portfolio commingled fund is valued semi-annually and may be redeemed as of the last business day of June or December after a 95 day notice period.

CARON BLETZER

The AON Private Investments Fund LP Global Infrastructure Series commingled fund is valued quarterly and may be redeemed at the end of each quarter after a 100 day notice period.

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.

At December 31, 2025 and 2024, the Plan had unfunded commitments for the purchase of investments aggregating $4,510,094 and $0 respectively, in commingled fund investments.

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:

	2025	2024
Investments measured at net asset value (non-DFE's):		
Commingled funds:		
Real estate funds(a)	$ 4,861,388	$ 6,679,049
Hedge funds (b)	3,613,762	-
Infrastructure funds (c)	336,560	-
Total investments at net asset value (non-DFE's)	$ 8,811,710	$ 6,679,049

(a) 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.
(b) The hedge commingled fund seeks to invest primarily in core and core plus infrastructure in OECD member countries, with the goal of providing stable returns through a diversified portfolio, while taking into consideration the overall market environment.
(c) The infrastructure commingled fund seeks to generate attractive returns over a full market cycle by investing in a range of alternative investment opportunities with sources of return that have a low correlation to the broader financial markets, while also seeking to preserve capital.

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.

CARON BLETZER

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.

F. CERTIFIED INVESTMENTS:

The following information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedules held at December 31, 2025 and 2024, 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:

	2025	2024
Common collective trusts	$ 75,281,786	$ 94,692,265
Mutual funds	3,662,324	4,169,825

	2025	2024
Net appreciation (depreciation) in fair value of investments	$ 12,116,828	$ (407,736)
Dividend and interest income	155,526	239,715

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.

CARON BLETZER

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.

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. TRANSFER TO INSURER:

Effective October 24, 2025, the Plan entered into an agreement to allow the Plan to purchase a single premium group annuity contract for participants and other payees who had commenced benefits and whose monthly benefit was under $1,200. Effective October 29, 2025, the Plan has transferred the assets and liabilities associated with these annuitant participants to Delaware Life Insurance Company and therefore are no longer considered assets of the Plan. The total value of assets transferred (the single premium amount) to Delaware Life Insurance Company was $18,491,079. Effective January 1, 2026, Delaware Life Insurance Company assumed responsibility for the remaining annuity payments for these participants.

J. SUBSEQUENT EVENTS:

The Plan has evaluated subsequent events through October 1, 2026, the date these financial statements were available for issuance.

CARON BLETZER

Schedule SB Attachment (Form 5500) — 2025 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, 2025

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										
45-49			1			14	21	1		
50-54			1	1		11	20	8	1	
55-59						12	10	17	9	2
60-64					1	10	9	7	11	14
65-69						2	4	2	2	5
70+						1		1	1	3

N-202

Schedule SB Attachment (Form 5500) — 2025 Plan Year
Schindler Elevator Corporation Retirement Plan
EIN: 34-1270056 PN: 001

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

Interest Rates	Based on segment rates with no lookback (as of January 2025), each adjusted as needed to fall within the 25-year average interest rate corridor under ARPA
1st Segment Rate	5.00%
2nd Segment Rate	5.27%
3rd Segment Rate	5.50%
Interest Rates for Maximum Tax Purposes	Based on segment rates, without regard to interest rate stabilization
1st Segment Rate	5.00%
2nd Segment Rate	5.27%
3rd Segment Rate	5.40%
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
Terminated Vested Participants	See Table 2
Mortality Rates	
Healthy and Disabled	2012 base mortality rates for annuitants and non-annuitants per §1.430(h)(3)-1(d), projected generationally for years beyond 2012 using IRS-prescribed mortality improvement rates per §1.430(h)(3)-1(b)(1)(iii)

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 $280,000 and the 401(a)(17) compensation limit of $350,000.
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, $1,109,713
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2025

Schedule SB Attachment (Form 5500) — 2025 Plan Year
Schindler Elevator Corporation Retirement Plan
EIN: 34-1270056 PN: 001

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%

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%

Table 3

Withdrawal Rates

Age	Rate	Age	Rate
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%		

Table 4

Disability Rates

Age	Rate	Age	Rate
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

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) _____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
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)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)

SCHINDLER ELEVATOR CORPORATION

20 WHIPPANY ROAD

MORRISTOWN NJ 07960

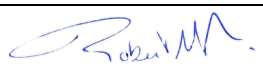
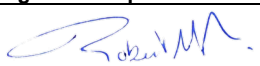
2b Employer Identification Number (EIN) 34-1270056

2c Plan Sponsor's telephone number 973-397-6500

2d Business code (see instructions) 335900

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

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

SIGN HERE		10/3/26	ROBERT PIERCE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/3/26	ROBERT PIERCE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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, 2025

(a) Identity of party involved	(b) Description of asset	(c) Purchase price	(d) Selling price	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain (loss)
Single Transactions:						
Aon Us Intermediate Government	Common Collective Trust	$ -	$ 6,900,000	$ 6,514,941	$ 6,900,000	$ 385,059
Long Credit Bond Fund	Common Collective Trust	6,800,000	-	-	6,800,000	-
Long Credit Bond Fund	Common Collective Trust	-	12,000,000	12,227,758	12,000,000	(227,758)
JP Morgan US Govt Monet Market Inst Fund	Mutual Fund	19,100,000	-	-	19,100,000	-
JP Morgan US Govt Monet Market Inst Fund	Mutual Fund	-	18,491,079	18,491,079	18,491,079	-
Series Transactions:						
AON Global Equity Fund	Common Collective Trust	$ 870,000	$ -	$ -	$ 870,000	$ -
AON Global Equity Fund	Common Collective Trust	-	9,180,000	8,292,598	9,180,000	887,402
Aon Us Intermediate Government	Common Collective Trust	5,540,000	-	-	5,540,000	-
Aon Us Intermediate Government	Common Collective Trust	-	9,140,000	8,658,056	9,140,000	481,944
Long Credit Bond Fund	Common Collective Trust	-	13,500,000	13,937,406	13,500,000	(437,406)
Long Credit Bond Fund	Common Collective Trust	6,800,000	-	-	6,800,000	-
JP Morgan US Govt Monet Market Inst Fund	Mutual Fund	30,273,552	-	-	30,273,552	-
JP Morgan US Govt Monet Market Inst Fund	Mutual Fund		30,781,053	30,781,053	30,781,053	-
Nisa Ultra Mid Treasury Cif	Common Collective Trust	2,590,000	-	-	2,590,000	-
Nisa Ultra Mid Treasury Cif	Common Collective Trust	-	6,730,000	6,367,603	6,730,000	362,397

CARON BLETZER



CARON BLETZER

Employee Benefit Plan Audit Specialists

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
SCHINDLER ELEVATOR CORPORATION RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
SCHINDLER ELEVATOR CORPORATION

D Employer Identification Number (EIN)
34-1270056

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	109,054,812
b Actuarial value	**2b**	114,735,995

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	607	81,758,691	81,758,691
b For terminated vested participants	305	19,194,972	19,194,972
c For active participants	202	26,829,046	26,953,740
d Total	1,114	127,782,709	127,907,403

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

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

5 Effective interest rate	**5**	5.30%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	1,109,713
c Target normal cost	**6c**	1,109,713

Statement by Enrolled Actuary

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

SIGN HERE

J. Daniel Gansz, Jr.
Signature of actuary

09/08/2026
Date

J. DANIEL GANSZ, JR.
Type or print name of actuary

2606121
Most recent enrollment number

AON CONSULTING, INC.
Firm name

610-834-2187
Telephone number (including area code)

259 NORTH RADNOR-CHESTER ROAD
Suite 160
RADNOR PA 19087
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	10,739,928
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	2,119,737
9	Amount remaining (line 7 minus line 8)	0	8,620,191
10	Interest on line 9 using prior year's actual return of -1.49 %	0	-128,441
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.11 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	8,491,750

Part III Funding Percentages

14	Funding target attainment percentage	14	83.06 %
15	Adjusted funding target attainment percentage	15	82.93 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	92.63 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)	0	18(c) 0

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
5.00 %	5.27 %	5.50%	

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	63

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	1,109,713
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	21,663,158	2,095,665
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	3,205,378

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	3,205,378	3,205,378

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0

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

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

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

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021

Schedule SB Attachment (Form 5500) — 2025 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

The AFTAP for the Plan was originally issued September 24, 2025. The final valuation reflects a change in the value of plan assets based upon the final audited assets issued after the AFTAP was originally issued.

	9/24/2025 Certification	Final Valuation
Funding Target	$ 127,907,403	$ 127,907,403
Value of Plan Assets	$ 114,588,807	$ 114,735,995
Applicable Funding Standard Carryover Balance	$ 0	$ 0
Applicable Prefunding Balance	$ 8,507,266	$ 8,491,750
AFTAP	82.93%	83.06%

Schedule SB Attachment (Form 5500) — 2025 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.

(a) Age	(b) Retirement Probability	(c) Expected Retirements	(d) Product (a) × (c)
55	2.20%	1.29	71.01
56	6.76%	4.37	244.57
57	10.00%	6.97	397.57
58	10.00%	7.12	413.23
59	10.00%	7.35	433.64
60	10.00%	8.14	488.47
61	17.49%	14.04	856.25
62	20.00%	15.20	942.23
63	28.11%	18.37	1157.37
64	45.07%	25.92	1658.93
65	45.85%	19.27	1252.67
66	27.90%	7.68	507.17
67	17.00%	3.35	224.43
68	21.05%	3.84	260.83
69	44.45%	7.23	498.73
70	100.00%	9.91	693.60
71	100.00%	3.00	213.00
72	100.00%	1.00	72.00
73	100.00%	1.00	73.00
74	100.00%	0.00	0.00
75	100.00%	0.00	0.00
76	100.00%	1.00	76.00
	Total	166.05	10534.69
	Weighted Average		63.44

Schedule SB Attachment (Form 5500) — 2025 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
2025	933,271	782,568	8,032,841	9,748,680
2026	1,321,464	1,017,323	7,849,315	10,188,102
2027	1,605,954	1,146,999	7,650,300	10,403,253
2028	1,815,305	1,260,777	7,451,125	10,527,207
2029	2,010,381	1,374,921	7,226,758	10,612,060
2030	2,096,116	1,380,516	6,990,931	10,467,563
2031	2,129,963	1,425,264	6,742,601	10,297,828
2032	2,140,396	1,440,516	6,490,618	10,071,530
2033	2,148,082	1,458,914	6,218,483	9,825,479
2034	2,137,116	1,472,028	5,935,888	9,545,032
2035	2,118,129	1,467,751	5,644,201	9,230,081
2036	2,090,760	1,459,354	5,344,813	8,894,927
2037	2,058,873	1,443,523	5,039,703	8,542,099
2038	2,018,881	1,428,327	4,731,233	8,178,441
2039	1,975,099	1,403,181	4,416,514	7,794,794
2040	1,924,198	1,376,569	4,100,099	7,400,866
2041	1,871,333	1,348,490	3,784,100	7,003,923
2042	1,807,896	1,307,599	3,470,814	6,586,309
2043	1,735,153	1,262,683	3,162,682	6,160,518
2044	1,657,819	1,212,444	2,862,165	5,732,428
2045	1,574,530	1,156,624	2,571,657	5,302,811
2046	1,486,618	1,096,081	2,293,475	4,876,174
2047	1,395,121	1,032,128	2,029,749	4,456,998
2048	1,300,774	966,040	1,782,333	4,049,147
2049	1,204,167	898,388	1,552,718	3,655,273
2050	1,106,164	829,806	1,341,984	3,277,954
2051	1,007,807	761,010	1,150,760	2,919,577
2052	910,281	692,802	979,243	2,582,326
2053	814,828	625,977	827,174	2,267,979
2054	722,707	561,336	693,889	1,977,932
2055	635,110	499,610	578,065	1,712,785
2056	553,033	441,405	478,933	1,473,371
2057	477,240	387,180	395,274	1,259,694
2058	408,251	337,253	325,202	1,070,706
2059	346,317	291,794	267,134	905,245

Schedule SB Attachment (Form 5500) — 2025 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
2060	291,445	250,834	219,498	761,777
2061	243,434	214,283	180,735	638,452
2062	201,912	181,952	149,517	533,381
2063	166,380	153,574	124,541	444,495
2064	136,252	128,836	104,635	369,723
2065	110,907	107,400	88,893	307,200
2066	89,726	88,929	76,427	255,082
2067	72,127	73,099	66,349	211,575
2068	57,582	59,611	58,282	175,475
2069	45,625	48,191	51,976	145,792
2070	35,853	38,591	46,859	121,303
2071	27,918	30,588	42,583	101,089
2072	21,522	23,975	38,926	84,423
2073	16,408	18,569	35,752	70,729
2074	12,359	14,198	32,884	59,441

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.
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.
Eligibility for Benefits	
Normal Retirement	Age 65
Early Retirement	Age 55 and 10 years of Service
Location Closedown[1]	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.

[1] Applicable only to non-highly compensated employees at the Gettysburg, PA location.

Spouse's Benefit	Eligible for Vesting
Disability	Disability as defined under Long Term Disability Plan.
Amount of Benefit	
Normal Retirement	For each year of Credited Service after 12/31/1990, the sum of (1) + (2), but in no event less than $360: (1) 1.55% of Compensation up to Covered Compensation (2) 1.90% of Compensation in excess of Covered Compensation. For each year of Credited Service before 1/1/1991: (1) 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. (2) Former participants in the Schindler Elevator Corporation Employees' Retirement Plan (Toledo Salaried) on 12/31/1990. The sum of (a) and (b) offset by benefits earned under Reliance Electric Company Retirement Plan for Salaried and Management Employees: (a) 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. (b) For service in 1989 and 1990, based on formula as in effect for Credited Service after 1990.

(3) 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).

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

No benefits payable.

Early Retirement

Age and Service at Retirement from Active Employment	Pension Will Be Reduced By
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.

Location Closedown

Age and Service at Closedown	Pension Will Be Reduced By
55 – 59 with at least 30 years Service	¼ of 1% for each of 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.
Spouse's Benefit	As shown below with 60 payments guaranteed:

Age and Service at Death	Payments May Begin	Benefit will be
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, 2025

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	Units/ Shares	(d) Cost	(e) Current value
	JP Morgan US Govt Money Market Inst Fund	Mutual fund	3,662,324	$ 3,662,324	$ 3,662,324
	AON High Yield Plus Fund	Common collective trust	26,348	395,322	441,324
	AON US Long Government Index Fund	"	119,802	807,743	799,081
	AON US Intermediate Government Fund	"	369,612	3,680,714	3,799,608
	Long Credit Bond Fund	"	1,595,616	15,169,651	14,615,841
	Intermediate Credit Bond Fund	"	15,035	150,352	167,191
	AON Multi Asset Credit Fund	"	410,468	4,615,910	5,381,235
	NISA Ultra Mid Treasury CIF	"	1,100,778	12,629,533	13,819,856
	NISA Ultra Long Treasury CIF	"	226,488	2,829,087	2,618,075
	AON Global Equity Fund	"	514,226	13,516,055	16,244,402
	AON Small Cap Equity Index Fund	"	50,544	724,336	892,094
	AON Non-US Equity Index Fund	"	75,824	975,189	1,304,931
	AON Large Cap Equity Index Fund	"	210,364	3,393,098	4,623,805
	AON Global Real Estate Fund	"	1,882	31,282	31,112
	Core Real Estate Fund	"	164,332	2,178,268	1,158,463
	AON Enhanced Liability Driven Investing Fund	"	812,108	7,745,653	8,296,499
	Total common collective trusts			68,842,193	74,193,517
	Invesco Core Real Estate USA	Commingled fund	4,886,267	4,814,178	4,861,388
	AON Private Investments Fund LP Global Infrastructure Series	"	329,906	329,906	336,560
	AON Return Enhancing Alternatives Portfolio Fund	"	3,300	3,300,000	3,613,762
	Total commingled funds			8,444,084	8,811,710
		Total investments		$ 80,948,601	$ 86,667,551

* Denotes party-in-interest to the Plan.

CARON BLETZER

Schedule SB Attachment (Form 5500) — 2025 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	$ 7,725,361	January 1, 2023	13	$ 792,187
Shortfall	$ 1,628,529	January 1, 2024	14	$ 158,651
Shortfall	$ 12,309,268	January 1, 2025	15	$ 1,144,827
	$ 21,663,158			$ 2,095,665