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. . . . . ▶ [X]

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
SCHNEIDER ELECTRIC USA, INC. COORDINATED BARGAINING EMPLOYEES' PENSION PLAN

1b Three-digit plan number (PN) ▶ 203

1c Effective date of plan 01/01/1996

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

1111 PASQUINELLI DRIVE
WESTMONT, IL 60559

2b Employer Identification Number (EIN)
36-4141566

2c Plan Sponsor's telephone number
877-248-2998

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.	10/13/2026	KAREN HANSEN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

SCHNEIDER ELECTRIC HOLDINGS, INC. INVESTMENT COMMITTEE

1111 PASQUINELLI DRIVE
WESTMONT, IL 60559

3b Administrator's EIN: 36-4141566

3c Administrator's telephone number: 877-248-2998

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

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	3285
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)**	259
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	235
b	Retired or separated participants receiving benefits	**6b**	2160
c	Other retired or separated participants entitled to future benefits	**6c**	367
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	2762
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	406
f	Total. Add lines **6d** and **6e**.	**6f**	3168
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1B 1I 3H

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) ☒ Trust
- (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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
SCHNEIDER ELECTRIC USA, INC. COORDINATED BARGAINING EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 203

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
SCHNEIDER ELECTRIC HOLDINGS, INC.

D Employer Identification Number (EIN)
36-4141566

E Type of plan: [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**	231326357
b Actuarial value	**2b**	236493876

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	2643	211111060	211111060
b For terminated vested participants	427	19999223	19999223
c For active participants	259	21283237	21477208
d Total	3329	252393520	252587491

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

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

5 Effective interest rate	**5**	5.33 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	1860000
c Target normal cost	**6c**	1860000

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

09/15/2026
Date

ROBERT LIPSET
Type or print name of actuary

26-06136
Most recent enrollment number

MARSH
Firm name

609-520-2484
Telephone number (including area code)

ONE UNIVERSITY SQUARE DRIVE,
SUITE 100
PRINCETON, NJ 08540

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	13769215
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	5206505
9	Amount remaining (line 7 minus line 8)	0	8562710
10	Interest on line 9 using prior year's actual return of 1.39 %	0	119022
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 5.03 %		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	8681732

Part III Funding Percentages

14	Funding target attainment percentage	14	90.19 %
15	Adjusted funding target attainment percentage	15	90.19 %
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	89.01 %
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: 5.07 %	2nd segment: 5.31 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

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

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

Part VI Miscellaneous Items

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

26 Demographic and benefit information

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	1860000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	24775347	2618530
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**	4478530

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement		4478530	4478530

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**	
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
SCHNEIDER ELECTRIC USA, INC. COORDINATED BARGAINING EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 203

C Plan sponsor's name as shown on line 2a of Form 5500
SCHNEIDER ELECTRIC HOLDINGS, INC.

D Employer Identification Number (EIN)
36-4141566

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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(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)

MERCER INC.

13-2834414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 16 28 50 65	NONE	269698	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

ALIGHT SOLUTIONS LLC

82-1061233

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 49 50 65	NONE	155207	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

BAKER TILLY US LLP

30-1413443

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	28875	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
SCHNEIDER ELECTRIC USA, INC. COORDINATED BARGAINING EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 203

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
SCHNEIDER ELECTRIC HOLDINGS, INC.

D Employer Identification Number (EIN)
36-4141566

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: SCHNEIDER ELEC HOLDINGS, INC. MT

b Name of sponsor of entity listed in (a): SCHNEIDER ELECTRIC HOLDINGS, INC.

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)
36-4141566-204	M	221978167

a Name of MTIA, CCT, PSA, or 103-12 IE: SCHNEIDER ELEC HOLDINGS MAST POOLED

b Name of sponsor of entity listed in (a): SCHNEIDER ELECTRIC HOLDINGS, INC.

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)
36-4141566-205	M	268738

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II **Information on Participating Plans (to be completed by DFEs, 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
SCHNEIDER ELECTRIC USA, INC. COORDINATED BARGAINING EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 203

C Plan sponsor's name as shown on line 2a of Form 5500
SCHNEIDER ELECTRIC HOLDINGS, INC.

D Employer Identification Number (EIN)
36-4141566

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	229565412	222246905
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	229565412	222246905
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	229565412	222246905

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)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		17310060
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		17310060
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	22710085	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		22710085
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)	67210	
(3) Recordkeeping fees	2i(3)	155207	
(4) IQPA audit fees	2i(4)	28875	
(5) Investment advisory and investment management fees	2i(5)	202488	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	1464702	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		1918482
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		24628567
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-7318507
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: BAKER TILLY US, LLP **(2)** EIN: 30-1413443

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		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	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 590828.

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
SCHNEIDER ELECTRIC USA, INC. COORDINATED BARGAINING EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 203

C Plan sponsor's name as shown on line 2a of Form 5500
SCHNEIDER ELECTRIC HOLDINGS, INC.

D Employer Identification Number (EIN)
36-4141566

Part I 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): 13-5160382

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 | 1

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: 8.3 % Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: 91.6 %
High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: 0.1 % Other: _____%

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

Schneider Electric USA, Inc. Coordinated Bargaining Employees' Pension Plan

Financial Statements

December 31, 2025 and 2024

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Independent Auditors' Report

To the Plan Administrator of
Schneider Electric USA, Inc. Coordinated Bargaining Employees' Pension Plan

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

We have performed audits of the financial statements of Schneider Electric USA, Inc. Coordinated Bargaining Employees' Pension 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 statement of accumulated plan benefits as of December 31, 2024, and the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Schneider Electric USA, Inc. Coordinated Bargaining Employees' Pension Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (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 ended December 31, 2025 and 2024, stating that the certified investment information, as described in Note 6 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 Auditors' Responsibilities for the Audit of the Financial Statements section:

- The amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.

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

Baker Tilly Advisory Group, LP and Baker Tilly US, LLP, trading as Baker Tilly, are members of the global network of Baker Tilly International Ltd., the members of which are separate and independent legal entities. Baker Tilly US, LLP is a licensed CPA firm that provides assurance services to its clients. Baker Tilly Advisory Group, LP and its subsidiary entities provide tax and consulting services to their clients and are not licensed CPA firms.

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 Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Schneider Electric USA, Inc. Coordinated Bargaining Employees' Pension Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Schneider Electric USA, Inc. Coordinated Bargaining Employees' Pension Plan’s ability to continue as a going concern for at least one year following the date that the financial statements are available to be issued.

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

Auditors' 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 auditors' 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 Schneider Electric USA, Inc. Coordinated Bargaining Employees' Pension 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 Schneider Electric USA, Inc. Coordinated Bargaining Employees' Pension Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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



Frisco, Texas
October 12, 2026

Schneider Electric USA, Inc. Coordinated Bargaining Employees' Pension Plan

Statements of Net Assets Available for Benefits

December 31, 2025 and 2024

	2025	2024
Assets		
Investments		
Plan interest in Schneider Electric Holdings, Inc. Master Trust, at fair value	$ 221,978,167	$ 227,708,388
Plan interest in Schneider Electric Holdings, Inc. Master Pooled Trust, at fair value	268,738	1,857,024
Total investments	222,246,905	229,565,412
Net assets available for benefits	$ 222,246,905	$ 229,565,412

See notes to financial statements

Schneider Electric USA, Inc. Coordinated Bargaining Employees' Pension Plan

Statements of Changes in Net Assets Available for Benefits

Years Ended December 31, 2025 and 2024

	2025	2024
Additions		
Investment income (loss)		
Plan interest in Schneider Electric Holdings, Inc. Master Trust, at fair value	$ 18,022,898	$ 1,802,607
Plan interest in Schneider Electric Holdings, Inc. Master Pooled Trust, at fair value	(712,838)	-
Total investment income	17,310,060	1,802,607
Total additions	17,310,060	1,802,607
Deductions		
Benefits paid to participants	22,710,085	22,991,276
Administrative expenses	1,918,482	2,554,200
Total deductions	24,628,567	25,545,476
Net decrease	(7,318,507)	(23,742,869)
Net assets available for benefits		
Beginning of year	229,565,412	253,308,281
End of year	$ 222,246,905	$ 229,565,412

See notes to financial statements

Schneider Electric USA, Inc. Coordinated Bargaining Employees' Pension Plan

Statement of Accumulated Plan Benefits

December 31, 2024

Actuarial present value of accumulated plan benefits	
Vested benefits	
Active participants	$ 23,253,935
Inactive participants with deferred benefits	22,349,035
Inactive participants receiving benefits	215,919,993
Total vested benefits	261,522,963
Nonvested benefits	298,990
Total actuarial present value of accumulated plan benefits	$ 261,821,953

See notes to financial statements

Schneider Electric USA, Inc. Coordinated Bargaining Employees' Pension Plan

Statement of Changes in Accumulated Plan Benefits

Year Ended December 31, 2024

Actuarial present value of accumulated plan benefits at beginning of year	$ 243,532,083
Increase (decrease) during the year attributable to:	
Benefits accumulated and losses	286,054
Increase for interest due to decrease in discount period	13,402,552
Benefits paid	(22,991,276)
Change in actuarial assumptions	27,592,540
Net increase	18,289,870
Actuarial present value of accumulated plan benefits at end of year	$ 261,821,953

See notes to financial statements

1. Description of Plan

The following description of the Schneider Electric USA, Inc. Coordinated Bargaining Employees' Pension Plan (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan is a noncontributory defined benefit plan established effective January 1, 1996, as restated September 15, 2014. The Plan's sponsor is Schneider Electric Holdings, Inc. (the Company or Employer). The Plan covers employees of Schneider Electric USA, Inc. under certain collective bargaining agreements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The Schneider Electric Investment Committee (Investment Committee) and the Schneider Electric Benefits Committee (Benefits Committee) are responsible for oversight of the Plan.

Effective September 15, 2014, the Plan was amended such that no participant will accrue additional benefit service after December 31, 2015 (the Freeze Date).

Master Trusts

The Plan's investments are held in the Schneider Electric Holdings, Inc. Master Trust (Master Trust) and the Schneider Electric Holdings, Inc. Master Pooled Trust (Master Pooled Trust) (collectively, the Master Trusts), which were established for the investment of assets of the Plan, the Schneider Electric Pension Plan (Pension Plan), and the Invensys Pension Plan (Invensys Plan). Each participating retirement plan has a divided interest in the Master Trusts. The assets of the Master Trusts are held by The Bank of New York Mellon (Trustee).

Funding Policy

The Plan's funding policy is for the Company to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. The minimum funding requirements of ERISA were met in 2025. Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

Pension Benefits

Plan participants are entitled to their plan benefits after terminating employment with vested rights. Participants become vested in the Plan upon completion of at least five years or attainment of the normal retirement age (65), although the Plan does allow for early retirement at the age of 55 with 10 or more years of vested service. If employees terminate before rendering the required years of service, they forfeit the right to receive their accumulated plan benefits.

The amount of benefits to be provided at the time of retirement depends upon an employee's years of benefit service and the pension rate in effect on the date of termination. The Plan provides for normal retirement, early retirement, disability retirement, family death benefits, deferred retirement and spouse's death benefits. Pension payments are normally paid in the form of a monthly annuity payable for their lifetime or, if married, in the form of a qualified joint and survivor annuity.

2. Summary of Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates

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

Investment Valuation and Income Recognition

Investments held in the Master Trusts are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. The Plan interest in the Master Trusts investment income (loss), in the accompanying Statement of Changes in Net Assets Available for Benefits includes the Plan's allocation of interest, dividends, realized gains or losses from the sale of investments, and unrealized appreciation or depreciation in the fair value of investments held by the Master Trusts, and fees charged to the Master Trusts, which are netted against or included with net appreciation (depreciation) in fair value of investments. These fees represent charges by the Trustee for services provided in connection with recordkeeping and investment management. Net unrealized appreciation (depreciation) in fair value of investments represents the net change in the fair value of the investments held during the period. The net realized gains or losses on the sale of investments represent the difference between the sale proceeds and the fair value of the investments as of the beginning of the period or the cost of the investment if purchased during the year.

Payment of Benefits

Benefits payments to participants are recorded upon distribution.

Administrative Expenses

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

Recent Regulatory Developments

The Setting Every Community Up for Retirement Enhancement Act (SECURE 2.0) was signed into law on December 29, 2022. This legislation includes a vast array of provisional changes to retirement plans, becoming effective in 2023 and beyond. Plan management adopted mandatory provisions effective for the year ended December 31, 2025, and continues to evaluate the impact of the adoption and implementation of this legislation on the Plan. The application of SECURE 2.0 did not have a material effect on the Plan's financial statements.

Reclassification

Certain reclassifications have been made to the 2024 financial statements to conform to the current year presentation.

Subsequent Events

Subsequent events were evaluated through October 12, 2026, the date the financial statements were available to be issued.

3. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' years of credited service. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances, such as retirement, death, disability, and termination of employment, are included, to the extent they are attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits.

The actuarial present value of accumulated plan benefits is determined by the Plan's independent actuary 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 payment.

The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2025. Had the valuation been performed as of December 31, 2024, there would be no material differences. The significant actuarial assumptions used in the valuation were:

Assumption	December 31, 2024
Interest rate	4.40%
Retirement age	From 5% at age 55 to 100% at age 65
Mortality	Pri-2021 mortality tables projected with the IRS-modified mortality improvement scale MP-2021

The change in actuarial assumptions of $27,592,540 is related to the change in interest rate from 5.80% to 4.40%.

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.

4. 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 authoritative guidance 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 other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- 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 observables and minimize the use of unobservable inputs.

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

Cash equivalents and short-term investment funds: These investments are stated at cost, which approximates fair value.

Corporate debt securities and U.S. government and agencies securities: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote if available.

Private equity investment funds: Valued at the net asset value (NAV) provided by the investment fund managers. The NAV is calculated using valuation models developed by the investment fund managers and independent third-party appraisals, and is used as the practical expedient to estimate fair value.

Common collective trusts: Consisting of common-collective trusts, valued at the net asset value (NAV) of units of a bank collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

The following table sets forth by level, within the fair value hierarchy, a summary of the investments in the Master Trusts at fair value as of December 31, 2025 and 2024:

Master Trust Assets at Fair Value as of December 31, 2025	**Level 1**	**Level 2**	**Level 3**	**Total**
Corporate debt securities	$ -	$ 140,449,609	$ -	$ 140,449,609
U.S. government and agencies securities	-	8,642,315	-	8,642,315
Total assets in the fair value hierarchy	-	149,091,924	-	149,091,924
Investments measured at net asset value (a)				
Common collective trusts:				
Equities (b)				18,164,160
Fixed income (c)				61,026,125
Total Master Trust assets at fair value	$ -	$ 149,091,924	$ -	$ 228,282,209

Master Pooled Trust Assets at Fair Value as of December 31, 2025	**Level 1**	**Level 2**	**Level 3**	**Total**
Total assets in the fair value hierarchy	$ -	$ -	$ -	$ -
Investments measured at net asset value (a)				
Common collective trusts:				
Fixed income (c)				1,061,527
Total Master Pooled Trust assets at fair value	$ -	$ -	$ -	$ 1,061,527

Master Trust Assets at Fair Value as of December 31, 2024	Level 1	Level 2	Level 3	Total
Cash Equivalents and short-term investment funds	$ 31,221,799	$ -	$ -	$ 31,221,799
Corporate debt securities	-	138,690,938	-	138,690,938
U.S. government and agencies securities	-	10,120,970	-	10,120,970
Total assets in the fair value hierarchy	31,221,799	148,811,908	-	180,033,707
Investments measured at net asset value (a)				
Common collective trusts:				
Equities (b)				22,231,717
Fixed income (c)				68,204,358
Total Master Trust assets at fair value	$ 31,221,799	$ 148,811,908	$ -	$ 270,469,782

Master Pooled Trust Assets at Fair Value as of December 31, 2024	Level 1	Level 2	Level 3	Total
Total assets in the fair value hierarchy	$ -	$ -	$ -	$ -
Investments measured at net asset value (a)				
Common collective trusts:				
Fixed income (c)				2,318,903
Private equity investment funds (d)				5,038,167
Total Master Pooled Trust assets at fair value	$ -	$ -	$ -	$ 7,357,070

(a) In accordance with Subtopic 820-10, certain investments that were measured at NAV 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 item presented in the Interest in Master Trust table.

(b) Includes a common collective trust that is designed to provide an investment return that approximates as closely as practicable, before expenses, the performance of the S&P 500 Index over the long term while providing participants the ability to purchase and redeem units on an "as of" basis.

(c) Includes a common collective trust that is designed to approximate as closely as practicable, before expenses, the performance of the Bloomberg Barclays Capital U.S. Long Government Bond Index over the long term. The fund may attempt to invest in the securities comprising the index, in the same proportions as they are represented in the index. However, due to the diverse composition of securities in the index and the fact that many of the securities comprising the index may be unavailable for purchase, it may not be possible for the fund to purchase some of the securities comprising the index. In such a case, the investment manager of the fund will select securities for the fund comprising a portfolio that the investment manager expects will provide a return comparable to that of the index. The per unit NAV of the fund is determined each business day. Issuances and redemptions of the fund units may be made on such days, based upon the closing market value on the valuation date of the investments bought or sold and the transaction price per unit of the fund as of the fund's valuation date last preceding the date on which such order to contribute or withdraw assets is received.

(d) Includes limited liability corporation investments, which offer portfolio diversification, along with higher expected long-term market returns. The private equity investments generally cannot be liquidated until the funds are fully terminated and distributed.

Fair Value of Investments That Calculate NAV

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2025 and 2024. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

Master Trust as of December 31, 2025	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
U.S. equities	$ 18,164,160	$ -	Daily	Daily
Fixed income	61,026,125	-	Daily	Daily
Total	$ 79,190,285	$ -		

Master Pooled Trust as of December 31, 2025	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Fixed income	$ 1,061,527	$ -	Daily	Daily
Total	$ 1,061,527	$ -		

Master Trust as of December 31, 2024	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
U.S. equities	$ 22,231,717	$ -	Daily	Daily
Fixed income	68,204,358	-	Daily	Daily
Total	$ 90,436,075	$ -		

Master Pooled Trust as of December 31, 2024	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Fixed income	$ 2,318,903	$ -	Daily	Daily
Private equity investment funds	5,038,167	1,896,291	Restricted	Restricted
Total	$ 7,357,070	$ 1,896,291		

5. Interest in Master Trust

The value of the Plan's interest in the Master Trusts are based on the beginning of year value of the Plan's interest in the trust plus actual contributions and each plan's divided share of investment income less actual distributions and administrative expenses. Total investment income (including net appreciation (depreciation) in the fair value of investments) and administrative expenses of the Master Trusts are divided to the individual plans based upon the Plan's share of assets that were invested in the Master Trusts.

The following table presents the investments and other assets and liabilities of Master Trust as of December 31, 2025 and 2024:

	Master Trust Balances 2025	Plan's Interest in Master Trust Balances 2025	Master Trust Balances 2024	Plan's Interest in Master Trust Balances 2024
Investments, at fair value:				
Cash equivalents and short-term investment funds	$ -	$ -	$ 31,221,799	$ -
Corporate debt securities	140,449,609	140,449,609	138,690,938	138,690,938
U.S. government and agency debt securities	8,642,315	8,642,315	10,120,970	10,120,970
Private equity investment funds	-	-	-	-
Common collective trusts	79,190,285	71,172,569	90,436,075	78,315,894
Total investments at fair value	228,282,209	220,264,493	270,469,782	227,127,802
Receivables:				
Interest and dividend receivable	1,740,253	1,713,674	1,770,643	1,713,421
Liabilities:				
Other liabilities	-	-	1,320,075	1,132,835
Total net assets	$ 230,022,462	$ 221,978,167	$ 270,920,350	$ 227,708,388

The following are net appreciation in the fair value of investments and investment income for Master Trust for the year ended December 31, 2025:

Master Trust Net Investment Income for the Year Ended December 31, 2025	
Interest and dividends	$ 11,933,349
Net appreciation in fair value of investments	6,835,909
Total master pooled trust net investment income	$ 18,769,258

The following table presents the investments and other assets and liabilities of Master Pooled Trust as of December 31, 2025 and 2024:

	Master Pooled Trust Balances 2025	Plan's Interest in Master Pooled Trust Balances 2025	Master Pooled Trust Balances 2024	Plan's Interest in Master Pooled Trust Balances 2024
Investments, at fair value:				
Private equity investment funds	$ -	$ -	$ 5,038,167	$ 1,276,213
Common collective trusts	1,061,527	267,870	2,318,903	579,726
Total investments at fair value	1,061,527	267,870	7,357,070	1,855,939
Receivables:				
Interest and dividend receivable	3,473	868	2,170	1,085
Total net assets	$ 1,065,000	$ 268,738	$ 7,359,240	$ 1,857,024

The following are net depreciation in the fair value of investments for Master Pooled Trust for the year ended December 31, 2025:

Master Pooled Trust Net Investment Loss for the Year Ended December 31, 2025	
Net depreciation in fair value of investments	$ (2,851,353)

6. Information Certified by Trustee

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for 2025 and 2024. Accordingly, Bank of New York Mellon/BNY Mellon, N.A., the Trustee of the Plan, has certified to the completeness and accuracy of all investments reported in the accompanying Statements of Net Assets Available for Benefits as of December 31, 2025 and 2024, and the related investment activity (including net appreciation/depreciation, interest, and dividends) reported in the Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2025 and 2024. Such information was obtained by management and agreed to or derived from information certified as complete and accurate by a qualified institution.

7. Related-Party and Party in Interest Transactions

The Plan's investments are held by the Master Trusts administered under a contract with Bank of New York Mellon/BNY Mellon, N.A., the Trustee of the Plan. Contributions are held and managed by Bank of New York Mellon/BNY Mellon, N.A., who invests cash received, interest and dividend income and makes distributions to participants. These transactions are party in interest transactions under ERISA.

As described in Note 2, the Plan paid certain expenses related to plan operations and investment activity to various service providers. Additionally, certain administrative functions of the Plan are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. These transactions are party in interest transactions under ERISA.

8. Plan Termination

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

1. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding plan termination.
2. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations.
3. All other vested benefits (that is, vested benefits not insured by the PBGC).
4. All 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. However, the PBGC does not guarantee all benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.
Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the plan sponsor and the level of benefits guaranteed by the PBGC.

9. Tax Status

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated September 1, 2015, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The plan administrator believes that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC.

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

10. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market, concentration, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

As of December 31, 2025 and 2024, the Plan had investments in their divided interest in Master Trust of $31,509,182 and $30,737,397, respectively, that were concentrated in one investment.

As of December 31, 2025 and 2024, the Plan had investments in their divided interest in Master Pooled Trust of $267,870 and $579,726, respectively, that were concentrated in one investment.

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.

Schedule SB, line 26 — Schedule of Active Participant Data

Attained age	Years of credited service										
	Under 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & up	Total
Under 25											
25–29											
30–34		1									1
35–39			4	2							6
40–44		3	4	7							14
45–49		2	2	11	4	1					20
50–54		2	9	9	21	9	2				52
55–59	2	1	11	4	11	12	6	1			48
60–64	3	2	7	13	11	14	10	9	1		70
65–69			6		3	2	4	6	19	1	41
70 & up			1			1			2	3	7
Total	5	11	44	46	50	39	22	16	22	4	259

In each cell, the number is the count of active participants for each age/service combination. Average annual frozen benefit is not shown for plans with less than 1,000 active participants.

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

Actuarial assumptions

Discount rate sponsor elections			
Discount rate sponsor elections			
	Stabilized	**Nonstabilized**	**PBGC**
• First 5 years	5.07%	5.07%	5.07%
• Next 15 years	5.31%	5.33%	5.33%
• Over 20 years	5.50%	5.36%	5.36%

Mortality sponsor elections	
• Healthy participants	Section 430(h)(3) prescribed separate static annuitant and non-annuitant mortality tables. These tables are based on the Pri-2012 mortality tables projected with the IRS-modified mortality improvement scale MP-2021 in accordance with the IRS regulation 1.430(h)(3)-1.
• Pre-1995 disabilities	Same as healthy
• Post-1994 disabilities	Revenue Ruling 96-7 table for participants who became disabled after 1994 and are eligible for Social Security disability benefits
Other economic assumptions	
• Salary increases	N/A
• Flat-dollar benefit increases	N/A
• Social Security taxable wage base increases	N/A
• Inflation	N/A
• Expected investment return	5.40% per year for 2023 and 5.59% per year for 2024.
• Expenses	$1,860,000 added to current year normal cost

Rationale for economic assumptions

• Expected investment return – Based on the median simulated 20-year investment return for the plan's target mix using capital market assumptions published by Mercer Investment Consulting. Further adjusted to reflect return for trust paid expenses and active management, limited to each year's stabilized 3rd segment rate.

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

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

Demographic assumptions

- Withdrawal

Attained age	Percentage Rate
25	11.86%
30	9.80%
35	7.07%
40	4.61%
45	4.03%
50	3.36%

- Disability incidence

Attained age	Percentage Rate
25	0.0480%
30	0.0825%
35	0.1260%
40	0.1785%
45	0.2610%
50	0.4270%
55	0.7450%
60	0.8965%
64	0.9960%

- Retirement age

	Percentage	
Attained age	Regular	Special Rule of 90[1]
55	2.50%	10.00%
56	2.50%	8.00%
57	2.50%	8.00%
58	4.00%	5.00%
59	4.00%	8.00%
60	8.00%	13.00%
61	8.00%	20.00%
62	35.00%	35.00%
63	30.00%	30.00%
64	35.00%	35.00%
65	50.00%	50.00%
66-70	20.00%	20.00%
71-79	50.00%	50.00%
80 and above	100.00%	100.00%

- Benefit commencement age for
  - Future vested deferred: Age 65 or age 55 and 10 years of service
  - Current vested deferred: Age 65
- Spouse assumptions: **Male participants** **Female participants**

[1] Special Rule of 90 rates apply if retirement age plus frozen 12/31/15 benefit service is 90 years or more.

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

— Percentage married	80%	80%
— Spouse age difference	3 years younger	3 years older
Form of payment — Males	**Single life**	**50% J&S**
• Active retirements	50%	50%
• Future vested deferred	50%	50%
• Future disabilities	50%	50%
• Current vested deferred	50%	50%
• Future deaths	0%	100%
Form of payment — Females	**Single life**	**50% J&S**
• Active retirements	85%	15%
• Future vested deferred	85%	15%
• Future disabilities	85%	15%
• Current vested deferred	85%	15%
• Future deaths	0%	100%
Unpredictable contingent event assumptions	Not applicable	

Rationale for demographic assumptions

• Withdrawal, retirement age and form of payment assumptions were based on an experience study undertaken in late 2016. The plan sponsor believes that these rates are representative of anticipated future experience.

• Because the employer does not have enough credible experience to analyze spousal demographics, the assumptions regarding percent married/spouse age difference at benefit commencement age are based on the actuary’s experience with many plans and discussions with employer representatives.

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

Actuarial methods for funding

Asset methods

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

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

Participant methods

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

- **Participants included:** The plan sponsor provides us with data on all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.

- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break-in-service on the valuation date are treated as terminated participants.

- **Insurance contracts:** The plan does not have any insurance contracts under which benefits are paid to plan participants.

- **Transferred participants:** The liabilities for employees who have transferred into another plan of the plan sponsor have been included with the liabilities for terminated vested participants.

- **Disabled participants:** Disabled participants are included in the active employee count since they continue to earn vesting service for early retirement eligibility.

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

Minimum funding methods

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

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.

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

- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

Form 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. ▶ [x]

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
SCHNEIDER ELECTRIC USA, INC. COORDINATED BARGAINING EMPLOYEES' PENSION PLAN

1b Three-digit plan number (PN) ▶ 203

1c Effective date of plan 01/01/1996

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

1111 PASQUINELLI DRIVE

WESTMONT IL 60559

2b Employer Identification Number (EIN) 36-4141566

2c Plan Sponsor's telephone number 877-248-2998

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	Karen Hansen	10/13/26	KAREN HANSEN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

SCHNEIDER ELECTRIC HOLDINGS, INC. INVESTMENT COMMITTEE

1111 PASQUINELLI DRIVE

WESTMONT IL 60559

3b Administrator's EIN: 36-4141566

3c Administrator's telephone number: 877-248-2998

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

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	3,285
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)**	259
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	235
b	Retired or separated participants receiving benefits	**6b**	2,160
c	Other retired or separated participants entitled to future benefits	**6c**	367
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	2,762
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	406
f	Total. Add lines **6d** and **6e**.	**6f**	3,168
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1B 1I 3H

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) ☒ Trust
- (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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
SCHNEIDER ELECTRIC USA, INC. COORDINATED BARGAINING EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 203

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
Schneider Electric Holdings, Inc.

D Employer Identification Number (EIN)
36-4141566

E Type of plan: [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**	231,326,357
b Actuarial value	**2b**	236,493,876

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	2,643	211,111,060	211,111,060
b For terminated vested participants	427	19,999,223	19,999,223
c For active participants	259	21,283,237	21,477,208
d Total	3,329	252,393,520	252,587,491

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

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.33%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	1,860,000
c Target normal cost	**6c**	1,860,000

Statement by Enrolled Actuary

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

SIGN HERE

RFL
Signature of actuary

9/15/2026
Date

ROBERT LIPSET
Type or print name of actuary

2606136
Most recent enrollment number

MARSH
Firm name

609-520-2484
Telephone number (including area code)

ONE UNIVERSITY SQUARE DRIVE,
SUITE 100
PRINCETON NJ 08540
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	13,769,215
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	5,206,505
9	Amount remaining (line 7 minus line 8)	0	8,562,710
10	Interest on line 9 using prior year's actual return of 1.39 %	0	119,022
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 5.03 %		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	8,681,732

Part III Funding Percentages

14	Funding target attainment percentage	14	90.19 %
15	Adjusted funding target attainment percentage	15	90.19 %
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	89.01 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

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

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

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):		
a Target normal cost (line 6c)	**31a**	1,860,000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	24,775,347	2,618,530
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**	4,478,530

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement		4,478,530	4,478,530

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**	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

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

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

Special:

(A) Retirement age	(B) Retirement percent	(C) Lx	(D) Number of employees expected to retire (B) x (C)	(E) (A) x (D)
55	10.0%	10,000	1,000	55,000
56	8.0%	9,000	720	40,320
57	8.0%	8,280	662	37,757
58	5.0%	7,618	381	22,091
59	8.0%	7,237	579	34,157
60	13.0%	6,658	866	51,931
61	20.0%	5,792	1,158	70,666
62	35.0%	4,634	1,622	100,554
63	30.0%	3,012	904	56,926
64	35.0%	2,108	738	47,228
65	50.0%	1,370	685	44,540
66	20.0%	685	137	9,045
67	20.0%	548	110	7,346
68	20.0%	439	88	5,964
69	20.0%	351	70	4,842
70	20.0%	281	56	3,929
71	50.0%	225	112	7,971
72	50.0%	112	56	4,042
73	50.0%	56	28	2,049
74	50.0%	28	14	1,038
75	50.0%	14	7	526
76	50.0%	7	3	267
77	50.0%	4	2	135
78	50.0%	2	1	68
79	50.0%	1	0	35
80	100.0%	1	1	35
Total			10,000	608,461
Average				60.85

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

Regular:

(A) Retirement age	(B) Retirement percent	(C) Lx	(D) Number of employees expected to retire (B) x (C)	(E) (A) x (D)
55	2.50%	10,000	250	13,750
56	2.50%	9,750	244	13,650
57	2.50%	9,506	238	13,546
58	4.00%	9,269	371	21,503
59	4.00%	8,898	356	20,999
60	8.00%	8,542	683	41,001
61	8.00%	7,859	629	38,350
62	35.00%	7,230	2,530	156,889
63	30.00%	4,699	1,410	88,819
64	35.00%	3,290	1,151	73,687
65	50.00%	2,138	1,069	69,493
66	20.00%	1,069	214	14,112
67	20.00%	855	171	11,461
68	20.00%	684	137	9,306
69	20.00%	547	109	7,554
70	20.00%	438	88	6,131
71	50.00%	350	175	12,437
72	50.00%	175	88	6,306
73	50.00%	88	44	3,197
74	50.00%	44	22	1,620
75	50.00%	22	11	821
76	50.00%	11	5	416
77	50.00%	6	3	211
78	50.00%	3	1	107
79	50.00%	2	1	54
80	100.00%	1	1	55
Total			10,000	625,474
Average				62.55

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

	Assumption	Average	Weighted Average
Retirement rates Non-Rule of 90	75%	62.55	46.91
Retirement rates Rule of 90	25%	60.85	15.21
Total			62.12
Average			62

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

Actuarial assumptions

Discount rate sponsor elections			
Discount rate sponsor elections			
	Stabilized	**Nonstabilized**	**PBGC**
• First 5 years	5.07%	5.07%	5.07%
• Next 15 years	5.31%	5.33%	5.33%
• Over 20 years	5.50%	5.36%	5.36%

Mortality sponsor elections	
• Healthy participants	Section 430(h)(3) prescribed separate static annuitant and non-annuitant mortality tables. These tables are based on the Pri-2012 mortality tables projected with the IRS-modified mortality improvement scale MP-2021 in accordance with the IRS regulation 1.430(h)(3)-1.
• Pre-1995 disabilities	Same as healthy
• Post-1994 disabilities	Revenue Ruling 96-7 table for participants who became disabled after 1994 and are eligible for Social Security disability benefits
Other economic assumptions	
• Salary increases	N/A
• Flat-dollar benefit increases	N/A
• Social Security taxable wage base increases	N/A
• Inflation	N/A
• Expected investment return	5.40% per year for 2023 and 5.59% per year for 2024.
• Expenses	$1,860,000 added to current year normal cost

Rationale for economic assumptions

• Expected investment return – Based on the median simulated 20-year investment return for the plan's target mix using capital market assumptions published by Mercer Investment Consulting. Further adjusted to reflect return for trust paid expenses and active management, limited to each year's stabilized 3rd segment rate.

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

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

Demographic assumptions

- Withdrawal

Attained age	Percentage Rate
25	11.86%
30	9.80%
35	7.07%
40	4.61%
45	4.03%
50	3.36%

- Disability incidence

Attained age	Percentage Rate
25	0.0480%
30	0.0825%
35	0.1260%
40	0.1785%
45	0.2610%
50	0.4270%
55	0.7450%
60	0.8965%
64	0.9960%

- Retirement age

	Percentage	
Attained age	Regular	Special Rule of 90[1]
55	2.50%	10.00%
56	2.50%	8.00%
57	2.50%	8.00%
58	4.00%	5.00%
59	4.00%	8.00%
60	8.00%	13.00%
61	8.00%	20.00%
62	35.00%	35.00%
63	30.00%	30.00%
64	35.00%	35.00%
65	50.00%	50.00%
66-70	20.00%	20.00%
71-79	50.00%	50.00%
80 and above	100.00%	100.00%

- Benefit commencement age for
  - Future vested deferred: Age 65 or age 55 and 10 years of service
  - Current vested deferred: Age 65
- Spouse assumptions: **Male participants** **Female participants**

[1] Special Rule of 90 rates apply if retirement age plus frozen 12/31/15 benefit service is 90 years or more.

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

— Percentage married	80%	80%
— Spouse age difference	3 years younger	3 years older
Form of payment — Males	**Single life**	**50% J&S**
• Active retirements	50%	50%
• Future vested deferred	50%	50%
• Future disabilities	50%	50%
• Current vested deferred	50%	50%
• Future deaths	0%	100%
Form of payment — Females	**Single life**	**50% J&S**
• Active retirements	85%	15%
• Future vested deferred	85%	15%
• Future disabilities	85%	15%
• Current vested deferred	85%	15%
• Future deaths	0%	100%
Unpredictable contingent event assumptions	Not applicable	

Rationale for demographic assumptions

• Withdrawal, retirement age and form of payment assumptions were based on an experience study undertaken in late 2016. The plan sponsor believes that these rates are representative of anticipated future experience.

• Because the employer does not have enough credible experience to analyze spousal demographics, the assumptions regarding percent married/spouse age difference at benefit commencement age are based on the actuary’s experience with many plans and discussions with employer representatives.

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

Actuarial methods for funding

Asset methods

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

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

Participant methods

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

- **Participants included:** The plan sponsor provides us with data on all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.

- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break-in-service on the valuation date are treated as terminated participants.

- **Insurance contracts:** The plan does not have any insurance contracts under which benefits are paid to plan participants.

- **Transferred participants:** The liabilities for employees who have transferred into another plan of the plan sponsor have been included with the liabilities for terminated vested participants.

- **Disabled participants:** Disabled participants are included in the active employee count since they continue to earn vesting service for early retirement eligibility.

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

Minimum funding methods

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

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.

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

- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

Schedule SB, Part V — Summary of Plan Provisions

Summary of major plan provisions

Effective date and plan year	Original plan: February 11, 1958 Restated plan: September 15, 2014 Plan year: January 1 through December 31
Status of the plan	Benefit accruals were frozen as of December 31, 2015 for all participants.
Significant events that occurred during the year	None
Definitions	
• Participation	Oxford employees hired on or after October 31, 2004 are not eligible. All other employees hired on or after October 3, 2011 are not eligible. Participation date is same as hire date.
• Vesting service	Completion of at least 1,000 hours of service in a calendar year.
• Accrued benefit	Effective December 31, 2015, accrued benefits (and benefit service) are frozen for all participants based on benefit service and the benefit rate on that date or termination date if earlier.
Normal retirement	
• Eligibility	Age 65 with 5 years of vesting service.
• Benefit	Effective October 1, 2008, $44 multiplied by years of benefit service for Non-Oxford employees hired before September 12, 2005; the rate increased to $46 effective November 1, 2011. Oxford employees and employees hired on or after September 12, 2005 are eligible for pension plan multipliers of $41 and $35, respectively; the rates increased to $43 and $37, respectively, effective November 1, 2011. For participants in the Middletown and Milwaukee 68 Plans, the benefit is offset by the purchased annuity. Effective December 31, 2015, accrued benefits are frozen for all participants based on benefit service and the benefit rate on that date or termination date if earlier.
Early retirement	
• Eligibility	Age 55 with 10 years of vesting service.
• Benefit	Accrued benefit payable at normal retirement age. If payment commences prior to normal retirement age, amount is reduced ½% for each month prior to normal retirement age. If age plus benefit service is at least 90, the benefit is the greater of the reduced early retirement benefit or the accrued benefit based on benefit service limited to 30 years unreduced for early commencement.
Deferred vested	
• Eligibility	5 years of vesting service.
• Benefit	Accrued benefit payable at normal retirement age. If the participant has 10 years of service, a reduced benefit may commence as early as age 55. The reduction is ½% for each month prior to normal retirement age.
Disability	
• Eligibility	10 years of vesting service and totally and permanently disabled.

Schedule SB, Part V — Summary of Plan Provisions

• Benefit	Accrued benefit payable immediately. If the participant is not eligible for Social Security benefits, an additional amount equal to the accrued benefit is payable until normal retirement date.
Surviving family term benefit	
• Eligibility	Death in active employment after completion of 10 years of benefit service.
• Benefit	50% of the accrued benefit unreduced for early retirement and payable for 5 years.
Pre-retirement death	
• Eligibility	5 years of vesting service.
• Benefit	Spouses of married participants who are vested and die prior to earliest retirement age will receive a monthly benefit as if the employee had terminated on date of death and elected the Joint and 50% Survivor Option Annuity at the date of death with the benefit commencing at the participant's earliest possible retirement age. The benefit is offset by any surviving family term benefit.
Form of benefits	
• Automatic form for unmarried participants	Benefits are payable for life, except for Cedar Rapids 20, Cedar Rapids 22, and Middletown unions, where benefits are payable for 5 years certain and life.
• Automatic form for married participants	An actuarially reduced benefit is payable, which provides 50% of the benefit payable to the spouse if the participant predeceases the spouse.
• Optional forms	For terminations on or after October 1, 2002, joint & survivor benefits provide a pop-up feature that is fully subsidized by the employer. In the event the retiree's beneficiary died in first 5 years of retirement, the retiree's benefit will increase, or pop up, to the life only benefit amount.
• Optional form conversion factors	7.00% interest with the 76 PET 96.45 Mortality Table, a table based on experience underlying the 1971 Group Annuity Mortality Table, without margins, with a projection of mortality improvements to 1976.
Miscellaneous	
• Maximum compensation	Compensation for any 12-month period used to determine frozen accrued benefits as of December 31, 2015 may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins.
• Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. The limit is indexed annually. For 2025, this limit is $280,000.

Benefits included or excluded

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

- **Most recent plan amendments included:** Effective December 31, 2015, accrued benefits are frozen for all participants based on benefit service and the benefit rate on that date or termination date if earlier.

- **Plan amendments excluded:** None.

Schedule SB, Part V — Summary of Plan Provisions

- **Late retirement increases:**

  a) *Active participants:* All plans provide benefit suspension notices to participants who work beyond normal retirement; therefore, late retirement actuarial increases only apply to participants who defer retirement beyond age 70½. This valuation includes increases for current participants over age 70.

  b) *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase.

- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.

- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

Plan provisions specific to funding

Additional benefits included or excluded

- **IRC Section 436 benefit restrictions:**

  c) *Unpredictable contingent event benefits:* This valuation excludes restricted contingent event benefits that occurred before the valuation date but includes contingent event benefits which are expected to occur on or after the valuation date regardless of anticipated funding-based limitations.

  d) *Plan amendments:* See above.

  e) *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.

  f) *Benefit accruals:* The plan's funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.

2) **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.

Schedule SB, line 24 — Change in Actuarial Assumptions

Actuarial assumption changes since prior valuation

- Interest rates were updated from 2024 to 2025 in accordance with PPA.

- Expected administrative expenses decreased from $2,340,000 to $1,860,000 to reflect our expectations for the current year.

Schedule SB, line 25 — Change in Method

Method changes since prior valuation

The asset method has changed to a 2-year smoothed market value of assets from the market value method.

Schedule SB, line 26 — Schedule of Active Participant Data

Attained age	Years of credited service										
	Under 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & up	Total
Under 25											
25–29											
30–34		1									1
35–39			4	2							6
40–44		3	4	7							14
45–49		2	2	11	4	1					20
50–54		2	9	9	21	9	2				52
55–59	2	1	11	4	11	12	6	1			48
60–64	3	2	7	13	11	14	10	9	1		70
65–69			6		3	2	4	6	19	1	41
70 & up			1			1			2	3	7
Total	5	11	44	46	50	39	22	16	22	4	259

In each cell, the number is the count of active participants for each age/service combination. Average annual frozen benefit is not shown for plans with less than 1,000 active participants.

Plan: SCHNEIDER ELECTRIC USA, INC. COORDINATED BARGAINING EMPLOYEES' PENSION PLAN
EIN/PN: 36-4141566/203
Valuation Date: 01/01/2025

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	508,810	422,278	22,677,414	23,608,502
2026	787,429	478,445	21,949,547	23,215,421
2027	998,283	577,933	21,190,555	22,766,771
2028	1,166,503	678,304	20,399,504	22,244,311
2029	1,311,836	841,426	19,579,832	21,733,094
2030	1,431,202	930,515	18,735,085	21,096,802
2031	1,524,131	1,010,581	17,866,677	20,401,389
2032	1,590,381	1,117,975	16,977,764	19,686,120
2033	1,648,617	1,217,369	16,071,931	18,937,917
2034	1,692,923	1,353,925	15,153,202	18,200,050
2035	1,716,913	1,450,976	14,225,937	17,393,826
2036	1,736,760	1,568,758	13,294,758	16,600,276
2037	1,738,220	1,645,427	12,364,580	15,748,227
2038	1,727,846	1,724,977	11,440,479	14,893,302
2039	1,710,214	1,781,476	10,527,647	14,019,337
2040	1,684,774	1,803,254	9,631,412	13,119,440
2041	1,652,691	1,829,018	8,757,199	12,238,908
2042	1,613,859	1,814,711	7,910,441	11,339,011
2043	1,571,224	1,807,993	7,096,391	10,475,608
2044	1,520,785	1,812,350	6,319,995	9,653,130
2045	1,465,750	1,773,673	5,585,744	8,825,167
2046	1,407,902	1,726,893	4,897,550	8,032,345
2047	1,345,466	1,681,686	4,258,567	7,285,719
2048	1,279,941	1,623,640	3,671,043	6,574,624
2049	1,211,807	1,559,318	3,136,347	5,907,472
2050	1,141,006	1,492,004	2,654,920	5,287,930
2051	1,068,324	1,421,927	2,226,273	4,716,524
2052	994,636	1,351,904	1,849,056	4,195,596
2053	920,815	1,281,556	1,521,065	3,723,436
2054	847,668	1,205,329	1,239,351	3,292,348
2055	776,165	1,130,034	1,000,397	2,906,596
2056	706,959	1,052,216	800,229	2,559,404
2057	640,516	974,448	634,621	2,249,585
2058	577,329	897,289	499,271	1,973,889
2059	517,711	821,289	389,961	1,728,961
2060	461,876	746,981	302,691	1,511,548
2061	409,965	674,884	233,773	1,318,622
2062	362,036	605,484	179,901	1,147,421
2063	318,058	539,235	138,169	995,462
2064	277,953	476,552	106,090	860,595
2065	241,603	417,799	81,581	740,983
2066	208,870	363,273	62,922	635,065
2067	179,582	313,177	48,735	541,494
2068	153,552	267,625	37,934	459,111
2069	130,572	226,644	29,680	386,896
2070	110,420	190,190	23,337	323,947
2071	92,872	158,134	18,428	269,434
2072	77,700	130,274	14,596	222,570
2073	64,670	106,350	11,578	182,598
2074	53,549	86,055	9,182	148,786

Schedule SB, line 32 — Schedule of Amortization Bases

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

Shortfall bases					
Year established		Outstanding balance	Years remaining		2025 installment
2023	$	36,584,120	13	$	3,759,961
2024		(9,149,257)	14		(893,456)
2025		(2,659,516)	15		(247,975)
Total	$	24,775,347		$	2,618,530

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

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

Special:

(A) Retirement age	(B) Retirement percent	(C) Lx	(D) Number of employees expected to retire (B) x (C)	(E) (A) x (D)
55	10.0%	10,000	1,000	55,000
56	8.0%	9,000	720	40,320
57	8.0%	8,280	662	37,757
58	5.0%	7,618	381	22,091
59	8.0%	7,237	579	34,157
60	13.0%	6,658	866	51,931
61	20.0%	5,792	1,158	70,666
62	35.0%	4,634	1,622	100,554
63	30.0%	3,012	904	56,926
64	35.0%	2,108	738	47,228
65	50.0%	1,370	685	44,540
66	20.0%	685	137	9,045
67	20.0%	548	110	7,346
68	20.0%	439	88	5,964
69	20.0%	351	70	4,842
70	20.0%	281	56	3,929
71	50.0%	225	112	7,971
72	50.0%	112	56	4,042
73	50.0%	56	28	2,049
74	50.0%	28	14	1,038
75	50.0%	14	7	526
76	50.0%	7	3	267
77	50.0%	4	2	135
78	50.0%	2	1	68
79	50.0%	1	0	35
80	100.0%	1	1	35
Total			10,000	608,461
Average				60.85

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

Regular:

(A) Retirement age	(B) Retirement percent	(C) Lx	(D) Number of employees expected to retire (B) x (C)	(E) (A) x (D)
55	2.50%	10,000	250	13,750
56	2.50%	9,750	244	13,650
57	2.50%	9,506	238	13,546
58	4.00%	9,269	371	21,503
59	4.00%	8,898	356	20,999
60	8.00%	8,542	683	41,001
61	8.00%	7,859	629	38,350
62	35.00%	7,230	2,530	156,889
63	30.00%	4,699	1,410	88,819
64	35.00%	3,290	1,151	73,687
65	50.00%	2,138	1,069	69,493
66	20.00%	1,069	214	14,112
67	20.00%	855	171	11,461
68	20.00%	684	137	9,306
69	20.00%	547	109	7,554
70	20.00%	438	88	6,131
71	50.00%	350	175	12,437
72	50.00%	175	88	6,306
73	50.00%	88	44	3,197
74	50.00%	44	22	1,620
75	50.00%	22	11	821
76	50.00%	11	5	416
77	50.00%	6	3	211
78	50.00%	3	1	107
79	50.00%	2	1	54
80	100.00%	1	1	55
Total			10,000	625,474
Average				62.55

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

	Assumption	Average	Weighted Average
Retirement rates Non-Rule of 90	75%	62.55	46.91
Retirement rates Rule of 90	25%	60.85	15.21
Total			62.12
Average			62

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2028	1,166,503	678,304	20,399,504	22,244,311
2029	1,311,836	841,426	19,579,832	21,733,094
2030	1,431,202	930,515	18,735,085	21,096,802
2031	1,524,131	1,010,581	17,866,677	20,401,389
2032	1,590,381	1,117,975	16,977,764	19,686,120
2033	1,648,617	1,217,369	16,071,931	18,937,917
2034	1,692,923	1,353,925	15,153,202	18,200,050
2035	1,716,913	1,450,976	14,225,937	17,393,826
2036	1,736,760	1,568,758	13,294,758	16,600,276
2037	1,738,220	1,645,427	12,364,580	15,748,227
2038	1,727,846	1,724,977	11,440,479	14,893,302
2039	1,710,214	1,781,476	10,527,647	14,019,337
2040	1,684,774	1,803,254	9,631,412	13,119,440
2041	1,652,691	1,829,018	8,757,199	12,238,908
2042	1,613,859	1,814,711	7,910,441	11,339,011
2043	1,571,224	1,807,993	7,096,391	10,475,608
2044	1,520,785	1,812,350	6,319,995	9,653,130
2045	1,465,750	1,773,673	5,585,744	8,825,167
2046	1,407,902	1,726,893	4,897,550	8,032,345
2047	1,345,466	1,681,686	4,258,567	7,285,719
2048	1,279,941	1,623,640	3,671,043	6,574,624
2049	1,211,807	1,559,318	3,136,347	5,907,472
2050	1,141,006	1,492,004	2,654,920	5,287,930
2051	1,068,324	1,421,927	2,226,273	4,716,524
2052	994,636	1,351,904	1,849,056	4,195,596
2053	920,815	1,281,556	1,521,065	3,723,436
2054	847,668	1,205,329	1,239,351	3,292,348
2055	776,165	1,130,034	1,000,397	2,906,596
2056	706,959	1,052,216	800,229	2,559,404
2057	640,516	974,448	634,621	2,249,585
2058	577,329	897,289	499,271	1,973,889
2059	517,711	821,289	389,961	1,728,961
2060	461,876	746,981	302,691	1,511,548
2061	409,965	674,884	233,773	1,318,622
2062	362,036	605,484	179,901	1,147,421
2063	318,058	539,235	138,169	995,462
2064	277,953	476,552	106,090	860,595
2065	241,603	417,799	81,581	740,983
2066	208,870	363,273	62,922	635,065
2067	179,582	313,177	48,735	541,494
2068	153,552	267,625	37,934	459,111
2069	130,572	226,644	29,680	386,896
2070	110,420	190,190	23,337	323,947
2071	92,872	158,134	18,428	269,434
2072	77,700	130,274	14,596	222,570
2073	64,670	106,350	11,578	182,598
2074	53,549	86,055	9,182	148,786

Schedule SB, Part V — Summary of Plan Provisions

Summary of major plan provisions

Effective date and plan year	Original plan: February 11, 1958 Restated plan: September 15, 2014 Plan year: January 1 through December 31
Status of the plan	Benefit accruals were frozen as of December 31, 2015 for all participants.
Significant events that occurred during the year	None
Definitions	
• Participation	Oxford employees hired on or after October 31, 2004 are not eligible. All other employees hired on or after October 3, 2011 are not eligible. Participation date is same as hire date.
• Vesting service	Completion of at least 1,000 hours of service in a calendar year.
• Accrued benefit	Effective December 31, 2015, accrued benefits (and benefit service) are frozen for all participants based on benefit service and the benefit rate on that date or termination date if earlier.
Normal retirement	
• Eligibility	Age 65 with 5 years of vesting service.
• Benefit	Effective October 1, 2008, $44 multiplied by years of benefit service for Non-Oxford employees hired before September 12, 2005; the rate increased to $46 effective November 1, 2011. Oxford employees and employees hired on or after September 12, 2005 are eligible for pension plan multipliers of $41 and $35, respectively; the rates increased to $43 and $37, respectively, effective November 1, 2011. For participants in the Middletown and Milwaukee 68 Plans, the benefit is offset by the purchased annuity. Effective December 31, 2015, accrued benefits are frozen for all participants based on benefit service and the benefit rate on that date or termination date if earlier.
Early retirement	
• Eligibility	Age 55 with 10 years of vesting service.
• Benefit	Accrued benefit payable at normal retirement age. If payment commences prior to normal retirement age, amount is reduced ½% for each month prior to normal retirement age. If age plus benefit service is at least 90, the benefit is the greater of the reduced early retirement benefit or the accrued benefit based on benefit service limited to 30 years unreduced for early commencement.
Deferred vested	
• Eligibility	5 years of vesting service.
• Benefit	Accrued benefit payable at normal retirement age. If the participant has 10 years of service, a reduced benefit may commence as early as age 55. The reduction is ½% for each month prior to normal retirement age.
Disability	
• Eligibility	10 years of vesting service and totally and permanently disabled.

Schedule SB, Part V — Summary of Plan Provisions

• Benefit	Accrued benefit payable immediately. If the participant is not eligible for Social Security benefits, an additional amount equal to the accrued benefit is payable until normal retirement date.
Surviving family term benefit	
• Eligibility	Death in active employment after completion of 10 years of benefit service.
• Benefit	50% of the accrued benefit unreduced for early retirement and payable for 5 years.
Pre-retirement death	
• Eligibility	5 years of vesting service.
• Benefit	Spouses of married participants who are vested and die prior to earliest retirement age will receive a monthly benefit as if the employee had terminated on date of death and elected the Joint and 50% Survivor Option Annuity at the date of death with the benefit commencing at the participant's earliest possible retirement age. The benefit is offset by any surviving family term benefit.
Form of benefits	
• Automatic form for unmarried participants	Benefits are payable for life, except for Cedar Rapids 20, Cedar Rapids 22, and Middletown unions, where benefits are payable for 5 years certain and life.
• Automatic form for married participants	An actuarially reduced benefit is payable, which provides 50% of the benefit payable to the spouse if the participant predeceases the spouse.
• Optional forms	For terminations on or after October 1, 2002, joint & survivor benefits provide a pop-up feature that is fully subsidized by the employer. In the event the retiree's beneficiary died in first 5 years of retirement, the retiree's benefit will increase, or pop up, to the life only benefit amount.
• Optional form conversion factors	7.00% interest with the 76 PET 96.45 Mortality Table, a table based on experience underlying the 1971 Group Annuity Mortality Table, without margins, with a projection of mortality improvements to 1976.
Miscellaneous	
• Maximum compensation	Compensation for any 12-month period used to determine frozen accrued benefits as of December 31, 2015 may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins.
• Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. The limit is indexed annually. For 2025, this limit is $280,000.

Benefits included or excluded

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

- **Most recent plan amendments included:** Effective December 31, 2015, accrued benefits are frozen for all participants based on benefit service and the benefit rate on that date or termination date if earlier.

- **Plan amendments excluded:** None.

Schedule SB, Part V — Summary of Plan Provisions

- **Late retirement increases:**

  a) *Active participants:* All plans provide benefit suspension notices to participants who work beyond normal retirement; therefore, late retirement actuarial increases only apply to participants who defer retirement beyond age 70½. This valuation includes increases for current participants over age 70.

  b) *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase.

- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.

- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

Plan provisions specific to funding

Additional benefits included or excluded

- **IRC Section 436 benefit restrictions:**

  c) *Unpredictable contingent event benefits:* This valuation excludes restricted contingent event benefits that occurred before the valuation date but includes contingent event benefits which are expected to occur on or after the valuation date regardless of anticipated funding-based limitations.

  d) *Plan amendments:* See above.

  e) *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.

  f) *Benefit accruals:* The plan's funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.

2) **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.

Schedule SB, line 32 — Schedule of Amortization Bases

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

Shortfall bases					
Year established		Outstanding balance	Years remaining		2025 installment
2023	$	36,584,120	13	$	3,759,961
2024		(9,149,257)	14		(893,456)
2025		(2,659,516)	15		(247,975)
Total	$	24,775,347		$	2,618,530

Schedule SB, line 25 — Change in Method

Method changes since prior valuation

The asset method has changed to a 2-year smoothed market value of assets from the market value method.

Schedule SB, line 24 — Change in Actuarial Assumptions

Actuarial assumption changes since prior valuation

- Interest rates were updated from 2024 to 2025 in accordance with PPA.

- Expected administrative expenses decreased from $2,340,000 to $1,860,000 to reflect our expectations for the current year.