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
KANSAS CITY DIVISION HOURLY EMPLOYEES' PENSION PLAN

1b Three-digit plan number (PN) ▶ 203

1c Effective date of plan 12/15/1964

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)
HONEYWELL INTERNATIONAL INC.

BENEFIT PLAN REPORTING

855 S. MINT STREET
CHARLOTTE, NC 28202

2b Employer Identification Number (EIN) 22-2640650

2c Plan Sponsor's telephone number 877-258-3699

2d Business code (see instructions) 339900

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.	10/11/2026	CLIFF KENYON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2026	CLIFF KENYON
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

5	Total number of participants at the beginning of the plan year	**5**	2481
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)**	410
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	378
b	Retired or separated participants receiving benefits	**6b**	1414
c	Other retired or separated participants entitled to future benefits	**6c**	275
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	2067
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	294
f	Total. Add lines **6d** and **6e**.	**6f**	2361
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1B 3H

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

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

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

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

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

A Name of plan
KANSAS CITY DIVISION HOURLY 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
HONEYWELL INTERNATIONAL INC.

D Employer Identification Number (EIN)
22-2640650

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**	382159226
b Actuarial value	**2b**	378949109

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	1785	208541896	208541896
b For terminated vested participants	286	9584893	9584893
c For active participants	410	31473889	33319537
d Total	2481	249600678	251446326

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**	5.34 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	1285242
b Expected plan-related expenses	**6b**	430000
c Target normal cost	**6c**	1715242

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

09/23/2026
Date

AXAY A. PATEL
Type or print name of actuary

26-07879
Most recent enrollment number

AON CONSULTING, INC.
Firm name

732-668-8485
Telephone number (including area code)

MSC #17741
P.O. BOX 6718
SOMERSET, NJ 08875

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	70593703
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	70593703
10	Interest on line 9 using prior year's actual return of 6.35 %	0	4482700
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 5.05 %		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	75076403

Part III Funding Percentages

14	Funding target attainment percentage	14	120.84 %
15	Adjusted funding target attainment percentage	15	150.70 %
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	124.32 %
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

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**	1715242
b Excess assets, if applicable, but not greater than line 31a	**31b**	1715242

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

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

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

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

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

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

Part IX Pension Funding Relief Under 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
KANSAS CITY DIVISION HOURLY EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 203

C Plan sponsor's name as shown on line 2a of Form 5500
HONEYWELL INTERNATIONAL INC.

D Employer Identification Number (EIN)
22-2640650

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name: CROWE LLP
b EIN: 35-0921680
c Position: ACCOUNTANT
d Address: 225 WEST WACKER DRIVE, SUITE 2600
CHICAGO, IL 60606
e Telephone: 312-899-7000

Explanation: RFP

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
KANSAS CITY DIVISION HOURLY 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
HONEYWELL INTERNATIONAL INC.

D Employer Identification Number (EIN)
22-2640650

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: HONEYWELL INTL MASTER RETIREMENT TR

b Name of sponsor of entity listed in (a): HONEYWELL INTERNATIONAL 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)
36-6968926-001	M	376484610

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II **Information on Participating Plans (to be completed by DFEs, 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
KANSAS CITY DIVISION HOURLY EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 203

C Plan sponsor's name as shown on line 2a of Form 5500
HONEYWELL INTERNATIONAL INC.

D Employer Identification Number (EIN)
22-2640650

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)	382159227	376484610
(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	382159227	376484610
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		
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	382159227	376484610

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)		
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)		
(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)		
(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)		
(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)		

		(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)		15936431
(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		15936431
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	21611048	
(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)		21611048
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(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)		
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		21611048
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-5674617
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: DELOITTE & TOUCHE LLP **(2)** EIN: 13-3891517

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		75000000
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 580074.

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
KANSAS CITY DIVISION HOURLY EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 203

C Plan sponsor's name as shown on line 2a of Form 5500
HONEYWELL INTERNATIONAL INC.

D Employer Identification Number (EIN)
22-2640650

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): 36-1561860

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 | 8

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Public Equity: 26.8 % Private Equity: 14.4 % Investment-Grade Debt and Interest Rate Hedging Assets: 49.4 %
High-Yield Debt: 2.2 % Real Assets: 6.2 % Cash or Cash Equivalents: 1.0 % Other: 0.0 %

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

Kansas City Division Hourly Employees Pension Plan

Employer ID No.: 22-2640650
Plan Number: 203

Financial Statements as of December 31, 2025 and 2024,
and for the Year Ended December 31, 2025, and
Independent Auditor's Report

KANSAS CITY DIVISION HOURLY EMPLOYEES PENSION PLAN

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NOTE: Schedules required by 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted as the conditions under which they are required are not present.

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of the Kansas City Division Hourly Employees Pension Plan

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

We have performed an audit of the financial statements of Kansas City Division Hourly 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 statement of net assets available for benefits as of December 31, 2025, and the related statement of changes in net assets available for benefits for the year then ended, and the statement of accumulated plan benefits as of December 31, 2025, and the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

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

Management has obtained a certification from a qualified institution as of December 31, 2025, and for the year then ended, stating that the certified investment information, as described in Note 7 to the financial statements, is complete and accurate.

Opinion

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

- The amounts and disclosures in the 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).

Basis for Opinion

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. 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 the Plan's ability to continue as a going concern for one year after 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.

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit 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.

Predecessor Auditor's Opinion on the 2024 Financial Statements

Predecessor auditors performed an audit of the 2024 financial statements of the Plan. In accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the prior year audit did not extend to any statements or information related to assets held for investment of the Plan that were certified by a qualified institution. Their report dated October 14, 2025, indicated that (a) the amounts and disclosures in the 2024 financial statements, other than those agreed to or derived from the certified investment information, were presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America, and (b) the information in the 2024 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).

Deloitte + Touche LLP

October 14, 2026

KANSAS CITY DIVISION HOURLY EMPLOYEES PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF DECEMBER 31, 2025 AND 2024

	2025	2024
ASSETS:		
Plan interest in Honeywell International Inc. Master Retirement Trust	$ 376,484,610	$ 382,159,227
Total assets and net assets available for benefits	$ 376,484,610	$ 382,159,227

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

KANSAS CITY DIVISION HOURLY EMPLOYEES PENSION PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEAR ENDED DECEMBER 31, 2025

ADDITIONS TO NET ASSETS ATTRIBUTED TO:	
Net investment income from Plan interest in Honeywell International Inc. Master Retirement Trust	$ 16,373,380
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:	
Benefits paid directly to participants or their beneficiaries	21,611,048
Plan expenses	436,949
Total deductions	22,047,997
Net decrease	(5,674,617)
NET ASSETS AVAILABLE FOR BENEFITS:	
Beginning of year	382,159,227
End of year	$ 376,484,610

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

KANSAS CITY DIVISION HOURLY EMPLOYEES PENSION PLAN

STATEMENTS OF ACCUMULATED PLAN BENEFITS
AS OF DECEMBER 31, 2025 AND 2024

	2025	2024
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS:		
Vested benefits:		
Participants and beneficiaries currently receiving payments	$ 204,392,438	$ 206,547,689
Other vested participants	37,798,916	40,330,022
Total vested benefits	242,191,354	246,877,711
Nonvested benefits	1,926,601	1,865,439
TOTAL ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS	$ 244,117,955	$ 248,743,150

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

KANSAS CITY DIVISION HOURLY EMPLOYEES PENSION PLAN

STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS
AS OF DECEMBER 31, 2025

ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT—Beginning of year	$ 248,743,150
INCREASE (DECREASE) DURING THE YEAR ATTRIBUTABLE TO:	
Changes in actuarial assumptions	5,607,352
Benefits accumulated and actuarial (gains)/losses	(1,978,071)
Increase for interest due to the decrease in discount period	13,356,572
Benefits paid	(21,611,048)
Net decrease	(4,625,195)
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS AT—End of year	$ 244,117,955

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

KANSAS CITY DIVISION HOURLY EMPLOYEES PENSION PLAN

NOTES TO FINANCIAL STATEMENTS
AS OF AND FOR THE YEARS ENDED DECEMBER 31, 2025 AND 2024

1. DESCRIPTION OF THE PLAN

The Kansas City Division Hourly Employees Pension Plan (the "Plan"), which is sponsored by Honeywell International Inc. (the "Company"), is a defined benefit pension plan which provides retirement benefits to hourly employees subject to a collective bargaining agreement with the Kansas City Division. Hourly employees are generally eligible to participate in the Plan immediately, or after the completion of 1,000 hours of service in the twelve-month period beginning with their employment commencement date. Participants in the Plan generally become fully vested upon the completion of three years of service. Employees hired on or after January 1, 2012 shall participate in a 2.0% Pension equity formula, as set forth in the Plan document. Employees hired after November 2017 are no longer eligible to participate in the Plan, although benefits continue to accrue for the participants. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The following description of the Plan provides only general information. Plan participants should refer to the Plan document for a more complete description of the Plan's provisions.

Regular Benefits—The Plan provides for regular retirement benefits for participants who have attained the normal retirement age. Normal retirement age is the later of the fifth anniversary of the date upon which the employee became a participant in the Plan or age sixty-five. Monthly annuity benefits are generally equal to a specified monthly benefit rate multiplied by years of service.

Early Retirement Benefits—The Plan provides for early retirement benefits at reduced benefit amounts for those participants who meet the age and service requirements under the Plan.

Survivor Benefits—Eligible participants shall be deemed to have automatically elected the joint and 50% survivor benefit option, which provides for reduced benefits for the life of the participant and for the life of the surviving spouse. Election of a 100%, 75% or no survivor benefit option is also permitted under the Plan.

Disability Benefits—Participants who become permanently and totally disabled and have completed the number of years of service required, as specified in the Plan document, are eligible for disability pension benefits paid either as a level single life annuity or a level joint and 50% surviving spouse annuity. The amount of the benefit provided is equal to either the participant's accrued benefit or a minimum disability benefit as specified in the Plan document. In addition, the disability benefit shall be offset by the amount of any worker's compensation benefit to which the participant is entitled as long as the offset does not exceed the subsidized portion of the benefit.

Lump Sum Option—A terminated vested participant may elect to receive the current value of their account in a cash lump sum if the value of the account exceeds $5,000 but is less than $10,000, as of the date of the termination of employment and prior to the participant's normal retirement date. Married participants must have spousal consent to make such election.

Administration—The administration of the Plan, which includes determining administrative actions and interpreting and applying the Plan's provisions, is performed by the Company ("Plan Administrator"). The Plan Administrator is assigned with the right to settle claims or debts, and to defend any claims arising from the operation of the Plan. The Plan Administrator is also responsible for advising The Northern Trust Company (the "Trustee") regarding benefits that become payable.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

Use of Estimates—The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits and changes therein at the date of the financial statements. Actual results could differ from those estimates.

Investment Valuation and Income Recognition—The assets of the Plan are held in the Honeywell International Inc. Master Retirement Trust (the "Master Trust") (see Note 5). Master Trust investments are stated at fair value as further described in Note 6. The Plan's interest is stated at fair value based on the beginning of year value of the Plan's interest in the Master Trust plus current year contributions and allocated investment income / (loss) less actual Plan distributions and allocated expenses.

Investment income (loss) is allocated proportionately to the participating plans by the Trustee on a basis equivalent to each plan's proportionate share in the Master Trust.

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 services employees have rendered to the Company through the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) current employees or their beneficiaries. Benefits payable under all circumstances, retirement, death, disability, and termination of employment, are included, to the extent they are deemed attributable to employee service rendered through the valuation date.

The actuarial present value of accumulated plan benefits is determined by an independent actuary and represents the 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 actuarial cost method used for purposes of the December 31, 2025 and 2024 valuations was the Standard Unit Credit Cost Method.

The significant actuarial assumptions used in the valuations as of December 31, 2025 and 2024 were as follows:

- **Mortality**: Pri-2012 mortality table with a generational projection from 2012 using Scale MP-2021 for December 31, 2025 and 2024.
- **Retirement age**: Graded from age 49 to 70. The retirement age assumption for terminated vested participants is age 64 at December 31, 2025 and 2024.
- **Discount rate (Settlement Rate)**: The 2025 and 2024 valuations assumed a settlement rate of 5.33% and 5.61%, respectively.

The actuarial assumptions used are based on the presumption that the Plan will continue. If the Plan were to be terminated, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The effect of plan amendments on accumulated plan benefits are recognized during the year in which such amendments are adopted. There were no amendments effective January 1, 2026 recognized in the actuarial present value of accumulated plan benefits.

The actuarial present value of accumulated plan benefits presented in the accompanying financial statements are presented using the beginning of year benefit information date. The actuarial present value of accumulated plan benefits is measured as of January 1, 2026. Had the valuations been performed as of December 31, there would be no material differences.

Expenses—Administrative expenses of the Plan are paid by the Plan as provided in the plan document.

Payment of Benefits—Benefit payments to participants or their beneficiaries are recorded upon distribution.

3. FUNDING POLICY

Company contributions to the Plan are based on annual actuarial valuations performed by an independent actuary and are transferred to the Trustee at the appropriate due date. The Company makes contributions to the Plan in amounts that are at least equal to the minimum funding requirements under ERISA. The Company can elect to make voluntary contributions in excess of the minimum funding requirements. Contributions can be made in cash and/or in Honeywell Common Stock. Contributions were not required by ERISA in 2025 and the Company also did not make a voluntary contribution in 2025.

4. PLAN TERMINATION

Although it has not expressed any intention to do so, the Company has the right under the Plan to terminate the Plan at any time, subject to the provisions set forth in ERISA. In the event the Plan terminates, accrued benefits up to the date of such termination will become non-forfeitable. After providing for Plan expenses, any assets remaining will be distributed in accordance with ERISA. Any residual assets may be distributed to the Company if all liabilities with respect to retired members, surviving beneficiaries, and active and vested members have been satisfied.

The Plan is insured by the Pension Benefit Guaranty Corporation ("PBGC"). In the event of termination, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor pensions; however, the PBGC does not guarantee all types of plan benefits and the amount of benefit protection is subject to certain limitations. Should the Plan terminate, the payment of certain benefits not covered by the PBGC will depend on the sufficiency of the Plan's assets.

5. INTEREST IN THE HONEYWELL INTERNATIONAL INC. MASTER RETIREMENT TRUST

The Plan's investments are held in the Master Trust, which was established for the investment of assets of the Plan and several other Honeywell sponsored retirement plans. Each participating plan has an undivided interest in the Master Trust. At December 31, 2025 and 2024, the Plan's interest in the net assets of the Master Trust was approximately 2.16% and 2.14%, respectively. Company contributions and benefit payments are identified with each participating plan, whereas investment income (loss), Trustee fees and administrative expenses for the investment management of the Master Trust are allocated proportionately to the participating plans by the Trustee on a basis equivalent to the proportionate units of participation.

The Master Trust and the Plan's interest in the Master Trust is comprised of the following types of investments, at fair value, as of December 31, 2025:

	2025 Master Trust Balances	Plan's Interest in Master Trust Balances
Investments at fair value:		
Honeywell common stock	$ 2,590,183,983	$ 55,860,975
Common stocks	1,050,160,492	22,648,194
Fixed income investments	9,809,679,016	211,559,578
Private funds	1,331,664,694	28,719,229
Direct investments	2,675,300,552	57,696,634
Collateral held under securities lending arrangement	132,917,042	2,866,544
Total investments	17,589,905,779	379,351,154
Obligation to return collateral under securities lending arrangeme	(132,917,042)	(2,866,544)
Net assets of Master Trust and Plan's interest in Master Trust	$ 17,456,988,737	$ 376,484,610

The Master Trust and the Plan's interest in the Master Trust is comprised of the following types of investments, at fair value, as of December 31, 2024:

	2024 Master Trust Balances	Plan's Interest in Master Trust Balances
Investments at fair value:		
Honeywell common stock	$ 3,541,502,742	$ 75,747,635
Common stocks	883,423,078	18,895,145
Fixed income investments	9,512,847,578	203,466,088
Private funds	1,439,702,498	30,793,160
Direct investments	2,489,985,425	53,257,199
Total assets	17,867,461,321	382,159,227
Total investments in Master Trust and Plan's interest in Master Trust	$ 17,867,461,321	$ 382,159,227

Investment income (loss) for the Master Trust for the year ended December 31, 2025, is as follows:

Net appreciation in fair value of investments	$ 416,723,190
Interest and dividends	520,496,751
Investment management fees and other administrative expenses	(36,638,537)
Total investment income	$ 900,581,404

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the

Master Trust's gains and losses on investments bought and sold as well as held during the year. From time to time, investment managers may use derivative financial instruments including forward foreign currency exchange contracts and futures contracts. Derivative instruments are used primarily to mitigate exposure to equity risk and interest rate fluctuations as well as manage the investment composition within the portfolio.

Securities Lending —The Plan participates in a securities lending program through the Trustee. Under this program, the Plan's investment securities are loaned to investment brokers for a fee. Securities so loaned are fully collateralized by cash. At December 31, 2025, $129,243,108 of the Plan's securities were on loan under the Trustee's securities lending program. The fair value of the collateral received as a percentage of the total current value of the securities on loan by the Plan was approximately 103% percent at December 31, 2025. Income from the program was $708,559 for the year ended December 31, 2025.

Futures Contracts—Futures contracts are agreements to buy or sell a financial instrument for a set price in the future. The Master Trust enters into futures contracts to gain exposure to certain markets. Sufficient cash or cash equivalents are held by the Master Trust to cover the notional value of the futures contracts. Initial margin deposits are made upon entering into futures contracts which can be in cash, certain money market instruments, treasury securities or other liquid, high grade debt securities. During the period the futures contracts are open, changes in the market price of the contracts are recognized as unrealized gains or losses by "marking-to-market" at the end of each trading day. Variation margin payments on futures contracts are received or made, depending upon whether unrealized gains or losses are incurred. When the contract is closed, the Master Trust records a realized gain or loss equal to the difference between the proceeds from (or cost of) the closing transactions and the Master Trust basis in the contract. Use of futures contracts subjects the Master Trust to risk of loss in excess of the amounts shown on the Statements of Net Assets Available for Benefits for futures contracts, up to the notional values of the futures contracts.

Futures contracts outstanding as of December 31, 2025 are as follows:

Contract Name	Risk Type	Number of Contracts	Expiration Date	Notional Value at December 31,	Unrealized Appreciation/ (Depreciation)
EMINI S&P 500	Equity contract	2,795	Mar-2026	$ 963,226,875	$ (8,100,781)
EMINIRUS2K	Equity contract	493	Mar-2026	61,575,700	(1,868,696)
EMINI NSDQ	Equity contract	41	Mar-2026	20,874,535	(12,384)
CBT IQB	Interest contract	20	Mar-2026	2,140,502	(6,450)
CBT UL T-BONDS	Interest contract	45	Mar-2026	5,310,000	(116,811)
CBT UL TNOTE	Interest contract	1,460	Mar-2026	(167,922,813)	155,188
U.S. T-BONDS	Interest contract	1,600	Mar-2026	184,950,000	(1,179,110)
U.S. 2 YEAR T-NOTE	Interest contract	2,900	Mar-2026	605,488,281	291,161
U.S 10 YR T-NOTES	Interest contract	200	Mar-2026	22,487,500	252,650
U.S. 5 YR T-NOTE	Interest contract	3,800	Mar-2026	415,357,813	(339,286)
Total		13,354		$2,113,488,393	$(10,924,519)

Futures contracts outstanding as of December 31, 2024 are as follows:

Contract Name	Risk Type	Number of Contracts	Expiration Date	Notional Value at December 31,	Unrealized Appreciation/ (Depreciation)
EMINI S&P 500	Equity contract	4,670	Mar-2025	$ 1,385,997,625	$ (43,264,824)
U.S. T-BONDS	Interest contract	500	Mar-2025	59,453,125	(2,878,925)
EMINIRUS2K	Equity contract	789	Mar-2025	88,754,610	(4,046,095)
CBT 5Y T-NOTE	Interest contract	1,900	Mar-2025	201,978,906	(1,446,084)
U.S. 2 YEAR T-NOTE	Interest contract	2,000	Mar-2025	411,218,750	(521,110)
Total		9,859		$ 2,147,403,016	$ (52,157,038)

6. FAIR VALUE MEASUREMENT

ASC 820, *Fair Value Measurement*, provides a framework for measuring fair value. 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 are described as follows:

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

Level 2—Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability; and
- 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.

A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

The following is a description of the valuation methodologies used for instruments measured at fair value, including the general classification of such instruments pursuant to the valuation hierarchy. There have been no changes in the methodologies used at December 31, 2025 and 2024.

Common Stocks and Short-Term Investments—Common stocks and short-term investments are valued at the closing price reported in the active market in which the individual securities are traded. As quoted prices are available in an active market for these securities, they are classified within Level 1 of the valuation hierarchy. Short-term investments include unrealized depreciation of $10,294,519 for the year ended December 31, 2025 related to the futures contracts included as part of Note 5. The short-term investments

also include commercial paper of $605,793,733 and $744,795,444 at December 31, 2025 and 2024, respectively. The commercial paper is valued either by using pricing models, bids provided by brokers or dealers, quoted prices of securities with similar characteristics or discounted cash flows. Such securities are classified within Level 2 of the valuation hierarchy.

U.S. Government Securities, Non U.S. Government Securities, Corporate Bonds, Mortgage- and Asset-Backed Securities, and Insurance Contracts—U.S. Government Securities, Non U.S. Government Securities, Corporate Bonds, Mortgage and Asset-Backed Securities, and Insurance Contracts are valued either by using pricing models, bids provided by brokers or dealers, quoted prices of securities with similar characteristics or discounted cash flows. Such securities are classified within Level 2 of the valuation hierarchy.

Derivatives—Exchange traded futures contracts are based on the closing price on the exchange for which the futures contracts are traded. As such, these derivative instruments are classified within Level 1 of the valuation hierarchy.

Private Equity/Debt Funds, Hedge Funds, and Real Estate Funds—The investments in private equity/debt funds, hedge funds, and real estate funds are valued quarterly using the estimated value based on the Net Asset Value ("NAV") provided by the investment advisor and/or general partner and as such, these investments are excluded from the valuation hierarchy.

Collective Trust Fund—The fund seeks to maintain a one dollar per share unit value and is valued based on the net asset value as reported daily by the investment manager. The collective trust provides for daily redemptions by the Plan at reported net asset values per share, with no advance notice requirement.

Direct Private Investments and Real Estate Properties—Investments in real estate properties are valued based upon property valuations as estimated by the investment advisors or third-party appraisers who apply discounted cash flow, direct capitalization and/or sales comparison methodologies. For investments in direct private investments, management or general partners/other third parties apply comparable transaction multiples and/or comparable trading multiples, where such comparable multiples are available and appropriate, and/or a discounted cash flow analysis, where appropriate, to estimate fair value. Management establishes valuation processes and procedures to ensure that the valuation techniques for investments are fair, consistent and verifiable. In determining the reasonableness of the methodology used to estimate fair value, management evaluates a variety of factors including the investment manager's assumptions, economic conditions and industry and market developments. Investments in real estate properties and direct private investments are all classified within Level 3 of the valuation hierarchy.

For the year ended December 31, 2025, purchases of direct private investments totaled $319,713,772 and purchase of real estate properties totaled $49,333,061. For the year ended December 31, 2025, sales and settlements of direct private investments totaled $212,508,362 and sales and settlements of real estate properties totaled $31,444,003.

The following table presents the Master Trust's assets measured at fair value as of December 31, 2025, within the fair value valuation hierarchy.

	(Level 1)	(Level 2)	(Level 3)	Total
Collateral held under securities lending arrangement—cash	$ 132,917,042	$ -	$ -	$ 132,917,042
Equities:				
Honeywell common stock	2,590,183,983	-	-	2,590,183,983
Common stocks	1,050,160,492	-	-	1,050,160,492
Fixed income investments:				
Short-term Investments	119,258,117	820,944,988	-	940,203,105
U.S. government securities	-	1,948,766,637	-	1,948,766,637
Non-U.S. government securities		268,399,785		268,399,785
Corporate bonds	412,931,211	5,452,088,096	-	5,865,019,307
Mortgage/asset-backed securities	-	779,103,281	-	779,103,281
Insurance contracts	-	8,186,901	-	8,186,901
Direct investments:				
Direct private investments	-	-	1,595,136,433	1,595,136,433
Real estate properties	-	-	1,080,164,119	1,080,164,119
Total investments in fair value hierarchy	$ 4,305,450,845	$ 9,277,489,688	$ 2,675,300,552	$ 16,258,241,085
Investments measured at net asset value*— investments in private funds:				
Real estate funds				5,772,492
Private equity/debt funds				1,325,741,807
Hedge funds				150,395
Total investments at fair value				$ 17,589,905,779

* Investments measured at fair value using net asset value per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table for such investments are intended to permit reconciliation of the fair value hierarchy to the investments at fair value line item presented in Note 5.

The following table presents the Master Trust's assets measured at fair value as of December 31, 2024, within the fair value valuation hierarchy.

	(Level 1)	(Level 2)	(Level 3)	Total
Equities:				
Honeywell common stock	$ 3,541,502,742	$ -	$ -	$ 3,541,502,742
Common stocks	883,423,078	-	-	883,423,078
Fixed income investments:				
Short-term Investments	89,822,468	747,824,157	-	837,646,625
U.S. government securities	-	2,082,557,567	-	2,082,557,567
Non-U.S. government securities		227,443,696		227,443,696
Corporate bonds	248,161,088	5,256,193,744	-	5,504,354,832
Mortgage/asset-backed securities	-	852,657,957	-	852,657,957
Insurance contracts	-	8,186,901	-	8,186,901
Direct investments:				
Direct private investments	-	-	1,441,934,473	1,441,934,473
Real estate properties	-	-	1,048,050,952	1,048,050,952
Total investments in fair value hierarchy	$ 4,762,909,376	$ 9,174,864,022	$ 2,489,985,425	16,427,758,823
Investments measured at net asset value*— investments in private funds:				
Real estate funds				8,160,201
Private equity/debt funds				1,431,372,401
Hedge funds				169,896
Total investments at fair value				$ 17,867,461,321

* Investments measured at fair value using net asset value per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in this table for such investments are intended to permit reconciliation of the fair value hierarchy to the investments at fair value line item presented in Note 5.

Quantitative Information about Significant Unobservable Inputs Used in Level 3 Fair Value Measurements—The following table presents information regarding the Plan's real estate properties level 3 investments and the valuation techniques used by the investment advisor or third-party appraiser (as described in Note 6) to measure their fair values, and the significant unobservable inputs and the ranges used for such inputs. This table is not intended to be all-inclusive, but rather provides information on the significant unobservable Level 3 inputs as provided by the investment advisor or third-party appraiser at December 31, 2025 and 2024:

Instrument	Fair Value	Principal Valuation Method	Range of Significant Unobservable Inputs	Significant Input Values
December 31, 2025				
Real estate—properties	$ 1,080,164,119	Discounted cash flow	Discount rate Capitalization rate	6.75%-10.00% 5.40% - 8.50%

Instrument	Fair Value	Principal Valuation Method	Range of Significant Unobservable Inputs	Significant Input Values
December 31, 2024				
Real estate—properties	$ 1,048,050,952	Discounted cash flow	Discount rate Capitalization rate	6.75%–9.75% 5.25%–8.50%

The Master Trust also holds certain direct private equity and debt investments valued at $1,595,136,433 and $1,441,934,473 at December 31, 2025 and 2024, respectively. The valuation process for such investments is described in Note 6. Such investments are with third parties who maintain the direct relationship with the underlying companies. As a result, management does not have access to all significant inputs which the third parties have utilized in arriving at a valuation.

Fair Value of Investments that Calculate Net Asset Value—The Master Trust uses NAV to determine the fair value of all the underlying investments which (a) do not have readily determinable fair values and (b) either have the attributes of an investment company or prepare their financial statements consistent with the measurement principles of an investment company.

The following table summarizes investments measured at fair value based on net asset value (NAV) per share as of December 31 2025 and 2024, respectively.

Category of Investment	Investment Strategy	Fair Value Determined Using NAV	Unfunded Commitments	Approx. Remaining Life	Redemption Terms	Redemption Restrictions and Terms	Redemption Restrictions and Terms in Place at Year End
Private equity/debt funds	Global diversified private funds	$ 1,325,741,807	$ 378,615,915	Up to 13 years	Redemption not permitted during the life of the fund.	Not applicable	Not applicable
Real estate funds	Real estate strategy	5,772,492	3,747,485	Up to 7 years	Redemption not permitted during the life of the fund.	Not applicable	Not applicable
Hedge funds	Global multi-strategy investments	150,395	-	Not applicable	Not applicable	Not applicable	Not applicable
Total		$ 1,331,664,694	$ 382,363,400				

		2024					
Category of Investment	Investment Strategy	Fair Value Determined Using NAV	Unfunded Commitments	Approx. Remaining Life	Redemption Terms	Redemption Restrictions and Terms	Redemption Restrictions and Terms in Place at Year End
Private Equity/Debt Funds	Global diversified private funds	$ 1,431,372,401	$ 362,960,172	Up to 13 years	Redemption not permitted during the life of the fund	Not applicable	Not applicable
Real Estate Funds	Real Estate Funds	8,160,201	5,462,562	Up to 7 years	Redemption not permitted during the life of the fund	Not applicable	Not applicable
Hedge Funds	Global multi-strategy investments	169,896	-	Not applicable	Not applicable	Not applicable	Not applicable
Total		$ 1,439,702,498	$ 368,422,734				

7. CERTIFIED INVESTMENT INFORMATION

The following is a summary of the information regarding the Plan as of and for the year ended December 31, 2025, included in the Plan's financial statements that were prepared or derived from information prepared by The Northern Trust Company, the trustee of the Plan and furnished to the Plan administrator. The Plan administrator has obtained a certification from the trustee that such information is complete and accurate.

	2025
Statement of Net Assets Available for Benefits	
Plan interest in Honeywell International Inc. Master Retirement Trust:	
Honeywell common stock	$ 55,860,975
Common stock	22,648,194
Fixed income investments	211,559,578
Private funds	28,719,229
Direct investments	57,696,634
Total	$ 376,484,610
Statement of Changes in Net Assets Available for Benefits	
Net investment income from Plan interest in Honeywell International Inc. Master Retirement Trust	$ 16,373,380

Notes 5 and 6: All investment balances and investment information, excluding the level of investments and the unfunded commitment and redemption frequency, other redemption restrictions, and redemption notice period in Note 6, Fair Value Measurement

Certain information in the accompanying financial statements related to investments held at December 31, 2024 was obtained by management and agreed to or derived from information certified as complete and accurate by The Northern Trust Company, the trustee of the Plan.

8. FEDERAL INCOME TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated September 30, 2016, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter; however the Plan Administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. The Master Trust is entitled to an exemption from federal income taxes under the provisions of Section 501(a) of the IRC. Accordingly, no provision for federal income taxes has been made.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. As of December 31, 2025 and 2024, the Company has analyzed the tax positions by the Plan, and has concluded that as of December 31, 2025 and 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan Administrator believes it is no longer subject to tax examinations for years prior to 2022.

9. RISKS AND UNCERTAINTIES

Company contributions and the actuarial present value of accumulated plan benefits are based on certain assumptions pertaining to interest, investment and inflation rates, and employee demographics, all of which are subject to change. Due to the level of uncertainty 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.

The Plan's and the Master Trust's investment securities, including derivatives, are exposed to various risks, such as interest rate, liquidity, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the value of investment securities will occur in the near term. Such changes could materially affect the amounts reported in the statements of net assets available for benefits and the statement of changes in net assets available for benefits.

10. RELATED PARTY TRANSACTIONS AND EXEMPT PARTY-IN-INTEREST TRANSACTIONS

Certain Master Trust investments consist of units in investment funds managed by the Trustee and as such are considered party-in-interest investments.

The Master Trust also holds investments in Honeywell common stock valued at $2,590,183,983 and $3,541,502,742 at December 31, 2025 and 2024, respectively. During the year ended December 31, 2025, there were no purchases of shares and sales of shares totaled $499,999,627. The Master Trust earned dividends of $54,761,824 on Honeywell common stock for the year ended December 31, 2025.

Custody fees paid to the Trustee, recordkeeping fees paid to Aon Hewitt, and audit fees for the year ended December 31, 2025 also qualify as party-in-interest transactions.

11. SUBSEQUENT EVENTS

The Plan has evaluated subsequent events for recognition and disclosure through October 14, 2026, which is the date the financial statements are available to be issued.

Effective June 29, 2026, concurrent with the spin-off of Honeywell Aerospace Inc. from the Company (the "Aerospace Spin-Off"), Honeywell Aerospace or an affiliate assumed sponsorship and administration of the Plan. The entire Plan (all assets and liabilities) was transferred to Honeywell Aerospace. 90% of the Plan assets were transferred in an initial transfer. A second transfer of the remaining trust assets will be made within 12 months subject to true-up amounts and final participant reconciliation.

To execute the Aerospace Spin-Off on June 29, 2026, the Company distributed all of the issued and outstanding shares of Honeywell Aerospace common stock pro rata to Honeywell shareowners of record, including the Plan's Master Trust, which holds investments in Honeywell common stock. The Master Trust received one share of Honeywell Aerospace common stock for every two shares of Honeywell common stock held at the close of business on June 15, 2026. Immediately after this distribution, the Company completed a 1-for-2 reverse stock split and a proportionate reduction in the Company's number of authorized shares of common stock. Assets transferred to the Aerospace master trust included the transfer of Aerospace common stock, subject to legal limits prescribed by ERISA.

* * * * * *

Schedule SB Attachment (Form 5500) —2025 Plan Year
The Kansas City Division (Honeywell International Inc.) Hourly Employees' Pension Plan
EIN: 22-2640650 PN: 203

Schedule SB, line 26a — Schedule of Active Participant Data as of January 1, 2025

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29			13							
30-34			45	2						
35-39			49	4	13					
40-44			28	10	13	2				
45-49			19	6	9	5				
50-54			17	2	16	5	2			
55-59			11	4	13	3				
60-64			18	6	11	9	3	1	6	10
65-69			10	2	4	1	2	2	8	20
70+			2					1		3

N-410

Schedule SB Attachment (Form 5500) —2025 Plan Year
The Kansas City Division (Honeywell International Inc.) Hourly Employees' Pension Plan
EIN: 22-2640650 PN: 203

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2024), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor, reflecting funding relief under ARPA.
1st Segment Rate	5.07%
2nd Segment Rate	5.31%
3rd Segment Rate	5.50%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2024), without regard to interest rate stabilization
1st Segment Rate	5.07%
2nd Segment Rate	5.33%
3rd Segment Rate	5.36%

Assumed Pay Increase

Service	Pay Increase	Service	Pay Increase
0	5.82%	18	2.80%
1	5.61%	19	2.75%
2	5.41%	20	2.75%
3	5.20%	21	2.75%
4	5.00%	22	2.75%
5	4.95%	23	2.75%
6	4.80%	24	2.75%
7	4.59%	25	2.75%
8	4.39%	26	2.75%
9	4.23%	27	2.75%
10	4.18%	28	2.75%
11	3.98%	29	2.75%
12	3.77%	30	2.75%
13	3.57%	31	2.75%
14	3.36%	32	2.75%
15	2.95%	33	2.75%
16	2.90%	34	2.75%
17	2.85%	35+	2.75%

Schedule SB Attachment (Form 5500) —2025 Plan Year
The Kansas City Division (Honeywell International Inc.) Hourly Employees' Pension Plan
EIN: 22-2640650 PN: 203

Optional Payment Form Election Percentage	Non Retirement Earnings participants: 50% life annuity 50% joint and 50% survivor annuity Retirement Earnings participants: 75% lump sum 12.5% life annuity 12.5% joint and 50% survivor annuity
Optional Payment Form Conversion Interest Rate	5.00%
Optional Payment Form Conversion Mortality	Current IRC section 417(e)(3) table for lump sums
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 64
Mortality Rates	
Healthy and Disabled	2024 generational mortality tables for annuitants and non-annuitants per section 1.430(h)(3)-1(b)
Withdrawal Rates	See Table 2
Disability Rates	See Table 3
Decrement Timing	Middle of year decrements, with 100% retirement occurring at beginning of year
Surviving Spouse Benefit	It is assumed that 85% of males and 65% of females have an eligible spouse, and that males are three years older than their spouses.
Valuation Compensation	2024 plan year compensation adjusted with salary increase assumption
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of $280,000 and the IRC section 401(a)(17) compensation limit of $350,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market

	values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2023 Plan Year	6.75%, limited to 5.74%
2024 Plan Year	7.00%, limited to 5.59%
2025 Plan Year	7.25%, limited to 5.50%
Trust Expenses Included in Target Normal Cost	$430,000
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2025

Schedule SB Attachment (Form 5500) —2025 Plan Year
The Kansas City Division (Honeywell International Inc.) Hourly Employees' Pension Plan
EIN: 22-2640650 PN: 203

Table 1

Retirement Rates

Age	Rate
49	1.00%
50	1.00%
51	1.00%
52	1.00%
53	1.00%
54	1.00%
55	5.00%
56	5.00%
57	5.00%
58	5.00%
59	5.00%
60	10.00%
61	10.00%
62	10.00%
63	15.00%
64	20.00%
65	40.00%
66	40.00%
67	20.00%
68	20.00%
69	20.00%
70+	100.00%

Schedule SB Attachment (Form 5500) —2025 Plan Year
The Kansas City Division (Honeywell International Inc.) Hourly Employees' Pension Plan
EIN: 22-2640650 PN: 203

Table 2

Withdrawal Rates

Age	Rate	Age	Rate
20	12.00%	50	4.00%
21	12.00%	51	4.00%
22	12.00%	52	4.00%
23	12.00%	53	4.00%
24	12.00%	54	4.00%
25	12.00%	55+	4.00%
26	12.00%		
27	12.00%		
28	11.00%		
29	10.00%		
30	9.00%		
31	8.20%		
32	7.40%		
33	6.60%		
34	5.80%		
35	5.00%		
36	4.90%		
37	4.80%		
38	4.70%		
39	4.60%		
40	4.50%		
41	4.40%		
42	4.30%		
43	4.20%		
44	4.10%		
45	4.00%		
46	4.00%		
47	4.00%		
48	4.00%		
49	4.00%		

Schedule SB Attachment (Form 5500) —2025 Plan Year
The Kansas City Division (Honeywell International Inc.) Hourly Employees' Pension Plan
EIN: 22-2640650 PN: 203

Table 3

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.04%	0.04%	45	0.22%	0.34%
16	0.04%	0.04%	46	0.25%	0.37%
17	0.04%	0.04%	47	0.29%	0.41%
18	0.04%	0.04%	48	0.34%	0.46%
19	0.04%	0.04%	49	0.40%	0.51%
20	0.04%	0.04%	50	0.46%	0.56%
21	0.04%	0.04%	51	0.55%	0.62%
22	0.04%	0.04%	52	0.65%	0.68%
23	0.04%	0.04%	53	0.75%	0.75%
24	0.04%	0.04%	54	0.85%	0.82%
25	0.04%	0.04%	55	0.96%	0.89%
26	0.04%	0.05%	56	1.07%	0.96%
27	0.04%	0.05%	57	1.20%	1.04%
28	0.04%	0.05%	58	1.33%	1.12%
29	0.04%	0.05%	59	1.47%	1.19%
30	0.04%	0.06%	60	1.61%	1.27%
31	0.04%	0.06%	61	1.77%	1.34%
32	0.04%	0.07%	62	1.94%	1.41%
33	0.04%	0.08%	63	2.11%	1.47%
34	0.05%	0.09%	64	2.29%	1.52%
35	0.05%	0.10%	65+	0.00%	0.00%
36	0.06%	0.11%			
37	0.07%	0.13%			
38	0.08%	0.14%			
39	0.09%	0.16%			
40	0.11%	0.18%			
41	0.12%	0.21%			
42	0.14%	0.24%			
43	0.17%	0.27%			
44	0.19%	0.30%			

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
KANSAS CITY DIVISION HOURLY EMPLOYEES' PENSION PLAN

1b Three-digit plan number (PN) ▶ 203

1c Effective date of plan 12/15/1964

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)
HONEYWELL INTERNATIONAL INC.

BENEFIT PLAN REPORTING

855 S. MINT STREET

CHARLOTTE, NC 28202

2b Employer Identification Number (EIN) 22-2640650

2c Plan Sponsor's telephone number (877) 258-3699

2d Business code (see instructions) 339900

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

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

SIGN HERE		10.12.26	CLIFF KENYON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10.12.26	CLIFF KENYON
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	
5 Total number of participants at the beginning of the plan year	**5**	2481
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)**	410
a(2) Total number of active participants at the end of the plan year	**6a(2)**	378
b Retired or separated participants receiving benefits	**6b**	1414
c Other retired or separated participants entitled to future benefits	**6c**	275
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	2067
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	294
f Total. Add lines **6d** and **6e**.	**6f**	2361
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1B 3H

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

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

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

a Pension Schedules

(1) [X] **R** (Retirement Plan Information)

(2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) [X] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

(4) [ ] **DCG** (Individual Plan Information) – Number Attached _____

(5) [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

(1) [X] **H** (Financial Information)

(2) [ ] **I** (Financial Information – Small Plan)

(3) [ ] **A** (Insurance Information) – Number Attached _____

(4) [X] **C** (Service Provider Information)

(5) [X] **D** (DFE/Participating Plan Information)

(6) [ ] **G** (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

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

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

A Name of plan
KANSAS CITY DIVISION HOURLY 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
HONEYWELL INTERNATIONAL INC.

D Employer Identification Number (EIN)
22-2640650

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**	382,159,226
b Actuarial value	**2b**	378,949,109

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	1,785	208,541,896	208,541,896
b For terminated vested participants	286	9,584,893	9,584,893
c For active participants	410	31,473,889	33,319,537
d Total	2,481	249,600,678	251,446,326

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**	5.34%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	1,285,242
b Expected plan-related expenses	**6b**	430,000
c Target normal cost	**6c**	1,715,242

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 Axay A. Patel AAP — Signature of actuary — 09/23/2026 — Date

Axay A. Patel — Type or print name of actuary — 2607879 — Most recent enrollment number

AON CONSULTING, INC. — Firm name — 732-668-8485 — Telephone number (including area code)

MSC #17741
P.O. Box 6718
SOMERSET NJ 08875
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	70,593,703
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	70,593,703
10	Interest on line 9 using prior year's actual return of 6.35 %	0	4,482,700
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 5.05 %		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	75,076,403

Part III Funding Percentages

14	Funding target attainment percentage	14	120.84 %
15	Adjusted funding target attainment percentage	15	150.70 %
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	124.32 %
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

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

21 Discount rate:

a Segment rates:

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

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

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	**31a**	1,715,242
b Excess assets, if applicable, but not greater than line 31a	**31b**	1,715,242

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

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

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

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

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

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

Schedule SB Attachment (Form 5500) —2025 Plan Year
The Kansas City Division (Honeywell International Inc.) Hourly Employees' Pension Plan
EIN: 22-2640650 PN: 203

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

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

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
49.5	1.00%	1.0000	0.50
50.5	1.00%	0.9900	0.50
51.5	1.00%	0.9801	0.50
52.5	1.00%	0.9703	0.51
53.5	1.00%	0.9606	0.51
54.5	1.00%	0.9510	0.52
55.5	5.00%	0.9415	2.61
56.5	5.00%	0.8944	2.53
57.5	5.00%	0.8497	2.44
58.5	5.00%	0.8072	2.36
59.5	5.00%	0.7668	2.28
60.5	10.00%	0.7285	4.41
61.5	10.00%	0.6556	4.03
62.5	10.00%	0.5901	3.69
63.5	15.00%	0.5311	5.06
64.5	20.00%	0.4514	5.82
65.5	40.00%	0.3611	9.46
66.5	40.00%	0.2167	5.76
67.5	20.00%	0.1300	1.76
68.5	20.00%	0.1040	1.42
69.5	20.00%	0.0832	1.16
70	100.00%	0.0666	4.66
		Weighted Average	62.49

Schedule SB Attachment (Form 5500) —2025 Plan Year
The Kansas City Division (Honeywell International Inc.) Hourly Employees' Pension Plan
EIN: 22-2640650 PN: 203

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	644,151	382,196	21,375,715	22,402,062
2026	1,137,707	463,698	20,743,447	22,344,852
2027	1,520,235	484,986	20,079,368	22,084,589
2028	1,921,364	500,346	19,377,126	21,798,836
2029	2,142,708	501,345	18,672,916	21,316,969
2030	2,281,583	502,094	17,950,572	20,734,249
2031	2,341,421	524,500	17,225,982	20,091,903
2032	2,390,158	550,914	16,486,157	19,427,229
2033	2,418,190	551,386	15,732,254	18,701,830
2034	2,442,575	559,689	14,965,737	17,968,001
2035	2,456,081	565,534	14,188,443	17,210,058
2036	2,463,596	570,858	13,402,585	16,437,039
2037	2,464,600	574,584	12,610,679	15,649,863
2038	2,464,932	584,998	11,815,451	14,865,381
2039	2,458,426	581,648	11,019,822	14,059,896
2040	2,443,261	572,266	10,226,837	13,242,364
2041	2,425,337	572,947	9,439,684	12,437,968
2042	2,394,977	575,398	8,661,753	11,632,128
2043	2,365,258	586,922	7,896,678	10,848,858
2044	2,320,524	596,543	7,148,382	10,065,449
2045	2,272,700	608,255	6,421,104	9,302,059
2046	2,221,965	605,229	5,719,398	8,546,592
2047	2,162,804	621,050	5,048,080	7,831,934
2048	2,095,422	606,640	4,412,056	7,114,118
2049	2,022,899	612,474	3,816,096	6,451,469
2050	1,936,623	627,475	3,264,516	5,828,614
2051	1,841,347	655,802	2,760,804	5,257,953
2052	1,743,476	662,923	2,307,306	4,713,705
2053	1,644,053	650,235	1,905,065	4,199,353
2054	1,538,943	631,218	1,553,763	3,723,924
2055	1,436,283	610,643	1,251,742	3,298,668
2056	1,341,088	586,550	996,209	2,923,847
2057	1,249,905	593,773	783,459	2,627,137
2058	1,157,239	592,873	609,148	2,359,260
2059	1,072,758	574,319	468,608	2,115,685

Schedule SB Attachment (Form 5500) —2025 Plan Year
The Kansas City Division (Honeywell International Inc.) Hourly Employees' Pension Plan
EIN: 22-2640650 PN: 203

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2060	992,933	568,494	357,075	1,918,502
2061	921,513	544,590	269,919	1,736,022
2062	854,163	527,898	202,815	1,584,876
2063	791,567	505,539	151,859	1,448,965
2064	732,824	483,801	113,646	1,330,271
2065	677,928	462,560	85,293	1,225,781
2066	627,620	441,688	64,425	1,133,733
2067	579,545	421,067	49,143	1,049,755
2068	533,635	400,591	37,962	972,188
2069	490,280	380,179	29,747	900,206
2070	448,854	359,772	23,648	832,274
2071	409,352	339,341	19,048	767,741
2072	371,610	318,881	15,508	705,999
2073	335,589	298,418	12,723	646,730
2074	301,280	277,996	10,481	589,757

Schedule SB Attachment (Form 5500) —2025 Plan Year
The Kansas City Division (Honeywell International Inc.) Hourly Employees' Pension Plan
EIN: 22-2640650 PN: 203

Schedule SB, Part V — Summary of Plan Provisions

Applicable Group	Hourly employees represented by IAM Local Lodge No. 778 who were hired before November 20, 2017
Effective Date	December 15, 1964, as amended and restated. This valuation reflects benefit increases negotiated on November 19, 2017.

For Participants Hired Before January 1, 2012

Eligibility for Benefits

Normal Pension	The later of age 65 or five years of service
Early Pension	Age 55 and 10 years of service or 80 points
Disability Pension	Ten years of service
Deferred Vested Pension	Five years of service
Preretirement Spouse's Benefit	Five years of service
Special Age-65 Benefit	Retired employee (or surviving spouse) over age 65 excluding those receiving a deferred vested pension.

Amount of Pension

Normal Pension	The monthly benefit is based on the following dollar amounts times years of service: ● $61.00 effective October 10, 2011; ● $62.00 effective October 15, 2012; ● $63.00 effective October 14, 2013; ● $64.00 effective October 13, 2014; ● $65.00 effective October 12, 2015; ● $67.50 effective October 10, 2016; and ● $70.00 effective November 19, 2020
Early Pension	The early retirement benefit is equal to the normal retirement benefit reduced by 1/6 of 1% for each of the first 60 months plus 1/3 of 1% for each month in excess of 60 that early retirement precedes age 65. If retiring under the 80 point option, there is a maximum 25% normal retirement benefit reduction.
Disability Pension	Accrued benefit payable immediately, unreduced. Additional temporary benefit payable until the earlier of eligibility for unreduced Social Security benefits or age 65

Deferred Vested Pension	Normal pension deferred to age 65. An early pension may be taken (on or after age 55), but the benefit is reduced actuarially from age 65.
Preretirement Survivor's Benefit	An automatic special preretirement survivor benefit is in effect for an employee who is eligible for a deferred vested or early retirement benefit which pays a survivor benefit to the spouse in the event of death prior to retirement. The spouse benefit will be determined on the assumption that the employee retired on the date of his death and elected the automatic 50% joint and survivor benefit.
Special Age-65 Benefit	A monthly amount based on date of retirement:

Date of Retirement	Monthly Amount
December 21, 1994 to October 10, 1999	$ 12.20
October 11, 1999 to October 13, 2002	$ 15.00
October 14, 2002 and later	$ 20.00

Normal Form of Payment

With Spouse	Automatic 50% joint and survivor annuity unless rejected in writing. The benefit is reduced 10% + (–) 0.5% for each full year that the spouse's age is less than (exceeds) the employee's age.
Without Spouse	Single life annuity.
Optional Form of Payment	Level income option, where benefits before age 62 are increased by $600, reduced 2% per year that payments begin before age 62. After age 62, payments are decreased by $600.

Schedule SB Attachment (Form 5500) —2025 Plan Year
The Kansas City Division (Honeywell International Inc.) Hourly Employees' Pension Plan
EIN: 22-2640650 PN: 203

For Participants Hired on or After January 1, 2012 but Before November 20, 2017

Eligibility for Benefits

Normal Retirement	The later of age 65 and three years of service
Vested Pension	Three years of service
Disability Pension	Eligibility for Social Security disability benefits
Preretirement Death Benefit	Any age

Amount of Pension

Formula	A lump sum equal to final average compensation times 2% for each year of credited service
Vested Pension	Accrued benefit reflecting pay and credited service through date of termination. Payments may commence immediately.
Disability Pension	Pension equity benefit calculated as for normal retirement payable at age 65, (i.e., final average pay is frozen as of disability, but credits continue to accrue until the earlier of recovery or age 65). Participant may also elect immediate payment of accrued benefit, but service stops.
Preretirement Death Benefit	For married participants, the surviving spouse will receive the participant's pension equity benefit converted to an equivalent single-life annuity for the life of the spouse. The surviving spouse may also elect to receive the pension equity benefit as a single-sum value. For unmarried participants, the pension equity benefit is payable to the participant's beneficiary or estate as a single sum value.

Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Schedule SB Attachment (Form 5500) —2025 Plan Year
The Kansas City Division (Honeywell International Inc.) Hourly Employees' Pension Plan
EIN: 22-2640650 PN: 203

Schedule SB, line 24 — Change in Actuarial Assumptions

The funding valuation reflects the following assumption change:

- A change in the unlimited expected rate of return on assets from 7.00 percent to 7.25 percent

This change was made to better reflect the anticipated plan experience. This assumption change did not reduce the funding shortfall; as such, approval of the Commissioner is not required.