

|                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2023</div> <div>This Form is Open to Public Inspection</div> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|

|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|--------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I                                                                                     | Annual Report Identification Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| A                                                                                          | This return/report is for: <div><div><input type="checkbox"/> a multiemployer plan</div><div><input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)</div><div><input checked="" type="checkbox"/> a single-employer plan</div><div><input type="checkbox"/> a DFE (specify) _____</div><div><input type="checkbox"/> the first return/report</div><div><input type="checkbox"/> the final return/report</div><div><input type="checkbox"/> an amended return/report</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div></div> |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. .... ▶ <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| D                                                                                          | Check box if filing under: <div><div><input checked="" type="checkbox"/> Form 5558</div><div><input type="checkbox"/> automatic extension</div><div><input type="checkbox"/> the DFVC program</div><div><input type="checkbox"/> special extension (enter description)</div></div>                                                                                                                                                                                                                                                                                                                                                                                                       |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

|         |                                                                                                                                                                                                                                                                                                                                  |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                           |
| 1a      | Name of plan<br>ROLLER BEARING COMPANY OF AMERICA, INC. UNION PENSION PLAN                                                                                                                                                                                                                                                       |
| 1b      | Three-digit plan number (PN) ▶ 047                                                                                                                                                                                                                                                                                               |
| 1c      | Effective date of plan<br>08/15/1956                                                                                                                                                                                                                                                                                             |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>RBC BEARINGS INCORPORATED<br><br>ONE TRIBOLOGY CENTER<br>OXFORD, CT 06478 |
| 2b      | Employer Identification Number (EIN)<br>13-3426227                                                                                                                                                                                                                                                                               |
| 2c      | Plan Sponsor's telephone number<br>203-267-5014                                                                                                                                                                                                                                                                                  |
| 2d      | Business code (see instructions)<br>333200                                                                                                                                                                                                                                                                                       |

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. | 10/15/2024 | ROB SULLIVAN                                                 |
|           | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| SIGN HERE |                                                   |            |                                                              |
|           | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE |                                                   |            |                                                              |
|           | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor<br><br>RBC BEARINGS INCORPORATED<br><br>ONE TRIBOLOGY CENTER<br>OXFORD, CT 06478                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>3b</b> Administrator's EIN<br>13-3426227<br><br><b>3c</b> Administrator's telephone number<br>203-267-5014<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                            |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                         |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>5</b> 369                                                                                                                                                                                                                              |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> 23<br><b>6a(2)</b> 19<br><b>6b</b> 17<br><b>6c</b> 0<br><b>6d</b> 36<br><b>6e</b> 0<br><b>6f</b> 36<br><b>6g(1)</b><br><b>6g(2)</b><br><b>6h</b> 0 |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>7</b>                                                                                                                                                                                                                                  |

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

1B

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

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

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

**a Pension Schedules**

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

**b General Schedules**

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

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

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

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

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

**11c** Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

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

|                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                   |                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE SB<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Single-Employer Defined Benefit Plan<br/>Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div> | <div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection</div> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                                                                    |                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023                                         |                                                                                                                                                  |
| ▶ 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<br>ROLLER BEARING COMPANY OF AMERICA, INC. UNION PENSION PLAN                                                       | B Three-digit plan number (PN) ▶ 047                                                                                                             |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>RBC BEARINGS INCORPORATED                                     | D Employer Identification Number (EIN)<br>13-3426227                                                                                             |
| E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |

|        |                                                                                                                                                                                                  |                            |                           |                          |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| Part I | Basic Information                                                                                                                                                                                |                            |                           |                          |
| 1      | Enter the valuation date: Month 01 Day 01 Year 2023                                                                                                                                              |                            |                           |                          |
| 2      | Assets:                                                                                                                                                                                          |                            |                           |                          |
| a      | Market value                                                                                                                                                                                     | 2a                         | 24589301                  |                          |
| b      | Actuarial value                                                                                                                                                                                  | 2b                         | 25443055                  |                          |
| 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                                                                                                                                     | 295                        | 15326057                  | 15326057                 |
| b      | For terminated vested participants                                                                                                                                                               | 53                         | 1710067                   | 1710067                  |
| c      | For active participants                                                                                                                                                                          | 23                         | 2491279                   | 2525886                  |
| d      | Total                                                                                                                                                                                            | 371                        | 19527403                  | 19562010                 |
| 4      | If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>                                                                                          |                            |                           |                          |
| 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                          | 5.13 %                    |                          |
| 6      | Target normal cost                                                                                                                                                                               |                            |                           |                          |
| a      | Present value of current plan year accruals                                                                                                                                                      | 6a                         | 30293                     |                          |
| b      | Expected plan-related expenses                                                                                                                                                                   | 6b                         | 121100                    |                          |
| c      | Target normal cost                                                                                                                                                                               | 6c                         | 151393                    |                          |

**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.

|                          |                                                                                                                                                                                                                                                                |                                                                                                                                                                              |
|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div>SIGN<br/>HERE</div> | <div>Signature of actuary</div> <div>NORMAN E. YAMAMOTO</div> <div>Type or print name of actuary</div> <div>USI CONSULTING GROUP</div> <div>Firm name</div> <div>95 GLASTONBURY BLVD. SUITE 102<br/>GLASTONBURY, CT 06033</div> <div>Address of the firm</div> | <div>10/15/2024</div> <div>Date</div> <div>23-04754</div> <div>Most recent enrollment number</div> <div>860-521-8400</div> <div>Telephone number (including area code)</div> |
|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| 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                     | 3983978                |
| 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                     | 3983978                |
| 10                                                          | Interest on line 9 using prior year's actual return of <u>-0.70</u> % .....                                                                              | 0                     | -27888                 |
| 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 <u>5.29</u> % ..... |                       | 0                      |
| b(2)                                                        | Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       |                        |
| 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 .....                                                                                                   |                       |                        |
| 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                     | 3956090                |

| Part III Funding Percentages |                                                                                                                                                                  |    |          |
|------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----------|
| 14                           | Funding target attainment percentage .....                                                                                                                       | 14 | 109.84 % |
| 15                           | Adjusted funding target attainment percentage .....                                                                                                              | 15 | 130.06 % |
| 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 | 114.22 % |
| 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<br>(MM-DD-YYYY)                                                          | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>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? .....                                                           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....              | <input type="checkbox"/> Yes <input type="checkbox"/> 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                                                             |
|                                                                                                                               |                                                                     |

|               |                                                                            |
|---------------|----------------------------------------------------------------------------|
| <b>Part V</b> | <b>Assumptions Used to Determine Funding Target and Target Normal Cost</b> |
|---------------|----------------------------------------------------------------------------|

|                                                                                                                                                                                              |                        |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                        |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>4.75 % | 2nd segment:<br>5.00 % | 3rd segment:<br>5.74 %                              |
|                                                                                                                                                                                              |                        |                        | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....                                                                                                                                                  |                        |                        | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                        |                        | <b>22</b> 64                                        |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                                                     |

|                |                            |
|----------------|----------------------------|
| <b>Part VI</b> | <b>Miscellaneous Items</b> |
|----------------|----------------------------|

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

|                 |                                                                                |
|-----------------|--------------------------------------------------------------------------------|
| <b>Part VII</b> | <b>Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b> |
|-----------------|--------------------------------------------------------------------------------|

|                                                                                                                                     |           |   |
|-------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years .....                                                           | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                   | <b>30</b> | 0 |

|                  |                                                       |
|------------------|-------------------------------------------------------|
| <b>Part VIII</b> | <b>Minimum Required Contribution For Current Year</b> |
|------------------|-------------------------------------------------------|

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6c).....                                                                                                                                           |                     | <b>31a</b>         | 151393        |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           |                     | <b>31b</b>         | 151393        |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 0                   | 0                  |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |               |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... |                     | <b>33</b>          |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....                                                           |                     | <b>34</b>          | 0             |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                                                                               |                     |                    | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35).....                                                                                                                   |                     | <b>36</b>          | 0             |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....                                                   |                     | <b>37</b>          | 0             |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36)                                                                                                                             |                     | <b>38a</b>         | 0             |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                |                     | <b>38b</b>         |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      |                     | <b>39</b>          | 0             |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  |                     | <b>40</b>          | 0             |

|                |                                                                                             |
|----------------|---------------------------------------------------------------------------------------------|
| <b>Part IX</b> | <b>Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b> |
|----------------|---------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2023                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023 |                                                      |     |
| A Name of plan<br>ROLLER BEARING COMPANY OF AMERICA, INC. UNION PENSION PLAN               | B Three-digit plan number (PN) ▶                     | 047 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>RBC BEARINGS INCORPORATED        | D Employer Identification Number (EIN)<br>13-3426227 |     |

|        |                                                 |
|--------|-------------------------------------------------|
| 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 |
|------------------------------------------------------------------------------------------------------------|

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

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

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

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

---

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

---

---

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

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

VANGUARD GROUP, INC.

P.O. BOX 982903  
EL PASO, TX 79998

23-2186884

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 64                     | RECORDKEEPING                                                                                     | 9580                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

VANGUARD GROUP, INC.

P.O. BOX 982903  
EL PASO, TX 79998

23-2186884

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 26                     | TRUSTEE                                                                                           | 5977                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

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

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

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(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<br>(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<br>(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)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              |                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Financial Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                             |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>2023</b>                                   |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>This Form is Open to Public Inspection</b> |

|                                                                                                          |                                         |            |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------|------------|
| For calendar plan year 2023 or fiscal plan year beginning <u>01/01/2023</u> and ending <u>12/31/2023</u> |                                         |            |
| <b>A</b> Name of plan<br><u>ROLLER BEARING COMPANY OF AMERICA, INC. UNION PENSION PLAN</u>               | <b>B</b> Three-digit plan number (PN) ▶ | <u>047</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>RBC BEARINGS INCORPORATED</u>        |                                         |            |
| <b>D</b> Employer Identification Number (EIN)<br><u>13-3426227</u>                                       |                                         |            |

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

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

| Assets                                                                                             |                 | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                      | <b>1a</b>       | <u>134698</u>         | <u>11849</u>    |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                       |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                            | <b>1b(1)</b>    |                       |                 |
| <b>(2)</b> Participant contributions .....                                                         | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other .....                                                                             | <b>1b(3)</b>    | <u>0</u>              | <u>455387</u>   |
| <b>c</b> General investments:                                                                      |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....   | <b>1c(1)</b>    | <u>12522360</u>       | <u>8572596</u>  |
| <b>(2)</b> U.S. Government securities .....                                                        | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                            |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                         | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....                                                                         | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                      |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                         | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                            | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                               | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                   | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                 | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                     | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                    | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                            | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                  | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....        | <b>1c(13)</b>   | <u>11932243</u>       | <u>0</u>        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) ..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....                                                                            | <b>1c(15)</b>   |                       |                 |

|                                                                           |              |                       |                 |
|---------------------------------------------------------------------------|--------------|-----------------------|-----------------|
| <b>1d</b> Employer-related investments:                                   |              | (a) Beginning of Year | (b) End of Year |
| (1) Employer securities .....                                             | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                          | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....        | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) .....      | <b>1f</b>    | 24589301              | 9039832         |
| <b>Liabilities</b>                                                        |              |                       |                 |
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b>    |                       |                 |
| <b>h</b> Operating payables .....                                         | <b>1h</b>    |                       |                 |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b>    |                       |                 |
| <b>j</b> Other liabilities .....                                          | <b>1j</b>    | 17723                 | 17314           |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b>    | 17723                 | 17314           |
| <b>Net Assets</b>                                                         |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f) .....                 | <b>1l</b>    | 24571578              | 9022518         |

**Part II Income and Expense Statement**

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

|                                                                                                            |                 |            |           |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>Income</b>                                                                                              |                 | (a) Amount | (b) Total |
| <b>a</b> Contributions:                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: (A) Employers .....                                               | <b>2a(1)(A)</b> |            |           |
| (B) Participants .....                                                                                     | <b>2a(1)(B)</b> |            |           |
| (C) Others (including rollovers) .....                                                                     | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 0         |
| <b>b</b> Earnings on investments:                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit) .....              | <b>2b(1)(A)</b> | 329981     |           |
| (B) U.S. Government securities .....                                                                       | <b>2b(1)(B)</b> |            |           |
| (C) Corporate debt instruments .....                                                                       | <b>2b(1)(C)</b> |            |           |
| (D) Loans (other than to participants) .....                                                               | <b>2b(1)(D)</b> |            |           |
| (E) Participant loans .....                                                                                | <b>2b(1)(E)</b> |            |           |
| (F) Other .....                                                                                            | <b>2b(1)(F)</b> |            |           |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                                     | <b>2b(1)(G)</b> |            | 329981    |
| (2) Dividends: (A) Preferred stock .....                                                                   | <b>2b(2)(A)</b> |            |           |
| (B) Common stock .....                                                                                     | <b>2b(2)(B)</b> |            |           |
| (C) Registered investment company shares (e.g. mutual funds) .....                                         | <b>2b(2)(C)</b> |            |           |
| (D) Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                         | <b>2b(2)(D)</b> |            | 0         |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: (A) Aggregate proceeds .....                                        | <b>2b(4)(A)</b> |            |           |
| (B) Aggregate carrying amount (see instructions) .....                                                     | <b>2b(4)(B)</b> |            |           |
| (C) Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                         | <b>2b(4)(C)</b> |            |           |
| (5) Unrealized appreciation (depreciation) of assets: (A) Real estate .....                                | <b>2b(5)(A)</b> |            |           |
| (B) Other .....                                                                                            | <b>2b(5)(B)</b> |            |           |
| (C) Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....                | <b>2b(5)(C)</b> |            |           |

|                                                                                                 |        | (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)  |            |           |
| (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     |            | 0         |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | 329981    |

**Expenses**

|                                                                                      |        |          |          |
|--------------------------------------------------------------------------------------|--------|----------|----------|
| e Benefit payment and payments to provide benefits:                                  |        |          |          |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1)  | 15784334 |          |
| (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)  |          | 15784334 |
| 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)  | 9580     |          |
| (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)  | 5977     |          |
| (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) | 79150    |          |
| (12) Total administrative expenses. Add lines 2i(1) through (11) .....               | 2i(12) |          | 94707    |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j     |          | 15879041 |

**Net Income and Reconciliation**

|                                                          |       |  |           |
|----------------------------------------------------------|-------|--|-----------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | -15549060 |
| l Transfers of assets:                                   |       |  |           |
| (1) To this plan .....                                   | 2l(1) |  | 0         |
| (2) From this plan .....                                 | 2l(2) |  | 0         |

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **FIONDELLA, MILONE & LASARACINA, LLP**

(2) EIN: **06-1648707**

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

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

**Part IV Compliance Questions**

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

During the plan year:

|                                                                                                                                                                                                                                                                                                                  | Yes                                 | No                                  | Amount |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|--------|
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) .....                 |                                     | <input checked="" type="checkbox"/> |        |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) ..... |                                     | <input checked="" type="checkbox"/> |        |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                                                                                                             |                                     | <input checked="" type="checkbox"/> |        |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) .....                                                                                                                  |                                     | <input checked="" type="checkbox"/> |        |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> |                                     | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                          |                                     | <input checked="" type="checkbox"/> |        |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                                       |                                     | <input checked="" type="checkbox"/> |        |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                             |                                     | <input checked="" type="checkbox"/> |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                                                                                                   | <input checked="" type="checkbox"/> |                                     |        |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) .....                                                                                     | <input checked="" type="checkbox"/> |                                     |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                                              |                                     | <input checked="" type="checkbox"/> |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                               |                                     | <input checked="" type="checkbox"/> |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                     |                                     |                                     |        |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                                                                                                         |                                     |                                     |        |

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 521485.

|                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2023</div> <div>This Form is Open to Public Inspection.</div> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

|                                                                                                 |                                                                  |
|-------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| <div>A Name of plan<br/>ROLLER BEARING COMPANY OF AMERICA, INC. UNION PENSION PLAN</div>        | <div>B Three-digit plan number (PN) ▶ 047</div>                  |
| <div>C Plan sponsor's name as shown on line 2a of Form 5500<br/>RBC BEARINGS INCORPORATED</div> | <div>D Employer Identification Number (EIN)<br/>13-3426227</div> |

|        |               |
|--------|---------------|
| 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):<br><br>EIN(s): 04-3581074 |   |   |
| 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 | 0 |

|         |                                                                                                                                                                        |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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)? .....                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> 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 _____<br>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? .....                                                                                                                                                                                                                                                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> 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? .....                                                                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No            | <input checked="" type="checkbox"/> 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. .... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input checked="" type="checkbox"/> 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? .....                                                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11 | a Does the ESOP hold any preferred stock? .....                                                                                                                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> 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.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12 | Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

Schedule R (Form 5500) 2023  
v. 230707

**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): \_\_\_\_\_

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                        |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|--|
| <b>14</b> 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:<br><b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment) .....<br><b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....<br><b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) ..... | <b>14a</b><br><br><br><br><br><br><br><b>14b</b><br><br><br><br><br><br><br><b>14c</b> |  |
| <b>15</b> Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                        |  |
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>15a</b>                                                                             |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>15b</b>                                                                             |  |
| <b>16</b> Information with respect to any employers who withdrew from the plan during the preceding plan year:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                        |  |
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>16a</b>                                                                             |  |
| <b>b</b> If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>16b</b>                                                                             |  |
| <b>17</b> 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..... <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                        |  |

|                |                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------|
| <b>Part VI</b> | <b>Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans</b> |
|----------------|---------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>18</b> 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..... <input type="checkbox"/>                                                                                                                                                                                                                                                                                                             |  |
| <b>19</b> If the total number of participants is 1,000 or more, complete lines (a) and (b):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| <b>a</b> Enter the percentage of plan assets held as:<br>Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%<br>High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| <b>b</b> Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:<br><input type="checkbox"/> 0-5 years <input type="checkbox"/> 5-10 years <input type="checkbox"/> 10-15 years <input type="checkbox"/> 15 years or more                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
| <b>20 PBGC missed contribution reporting requirements.</b> If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| <b>a</b> Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| <b>b</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:<br><input type="checkbox"/> Yes.<br><input type="checkbox"/> 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.<br><input type="checkbox"/> 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.<br><input type="checkbox"/> No. Other. Provide explanation: _____ |  |

|                 |                                 |
|-----------------|---------------------------------|
| <b>Part VII</b> | <b>IRS Compliance Questions</b> |
|-----------------|---------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>21a</b> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                              |  |
| <b>21b</b> 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).<br><input type="checkbox"/> Design-based safe harbor method<br><input type="checkbox"/> "Prior year" ADP test<br><input type="checkbox"/> "Current year" ADP test<br><input checked="" type="checkbox"/> N/A |  |
| <b>22</b> 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 _____.                                                                                                                                                                                                                                                                        |  |

*Financial Statements and Supplemental Schedules*

***Roller Bearing Company of America, Inc.  
Union Pension Plan***

*Years ended December 31, 2023 and 2022  
with Independent Auditors' Report*



EXPERIENCE THAT COUNTS  
ASSURANCE · TAX · ADVISORY SERVICES

Roller Bearing Company of America, Inc. Union Pension Plan

Financial Statements and Supplemental Schedules

Years ended December 31, 2023 and 2022

Contents

|                                                                    |    |
|--------------------------------------------------------------------|----|
| Independent Auditors' Report.....                                  | 1  |
| Statements of Net Assets Available for Benefits.....               | 5  |
| Statements of Changes in Net Assets Available for Benefits .....   | 6  |
| Notes to Financial Statements.....                                 | 7  |
| Supplemental Schedules                                             |    |
| Schedule H, Line 4i—Schedule of Assets (Held at End of Year) ..... | 15 |
| Schedule H, Line 4j—Schedule of Reportable Transactions.....       | 16 |



## Independent Auditors' Report

To the Plan Administrator of the  
Roller Bearing Company of America, Inc. Union Pension Plan

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

We have performed an audit of the accompanying financial statements of the Roller Bearing Company of America, Inc. Union Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(c) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2023 and 2022, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the 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 audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the 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, 2023 and 2022, and for the years then ended, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

### Opinion

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

- The amounts and disclosures in the accompanying financial statements referred to above, 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 referred to above 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).

## Independent Auditors' Report (continued)

### **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. 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 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 generally accepted auditing standards 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.

## Independent Auditors' Report (continued)

In performing an audit in accordance with generally accepted auditing standards, we:

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

Our audits did not extend to the certified investment information, except for obtaining and reading the 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 audits.

### **Supplemental Schedules Required by ERISA**

The supplemental Schedule of Assets (Held At Year End) and supplemental Schedule of Reportable Transactions as of and for the year ended December 31, 2023 are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements.

## Independent Auditors' Report (continued)

The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion;

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

*Fiondella, Milone & LaSaracina LLP*

October 14, 2024  
Glastonbury, Connecticut

# Roller Bearing Company of America, Inc. Union Pension Plan

## Statements of Net Assets Available for Benefits

|                                                            | December 31, |               |
|------------------------------------------------------------|--------------|---------------|
|                                                            | 2023         | 2022          |
| <b>Assets</b>                                              |              |               |
| Cash                                                       | \$ 11,849    | \$ 134,698    |
| Investments, at fair value:                                |              |               |
| Money market funds                                         | 8,572,596    | 12,522,360    |
| Mutual funds                                               | -            | 11,932,242    |
| Total investments, at fair value                           | 8,572,596    | 24,454,602    |
| Receivables                                                |              |               |
| American United Life Insurance annuity contract receivable | 455,387      | -             |
| Total receivables                                          | 455,387      | -             |
| Total assets                                               | 9,039,832    | 24,589,300    |
| <b>Liabilities</b>                                         |              |               |
| Accrued administrative expenses                            | 17,314       | 17,722        |
| Net assets available for benefits                          | \$ 9,022,518 | \$ 24,571,578 |

*See accompanying notes.*

# Roller Bearing Company of America, Inc. Union Pension Plan

## Statements of Changes in Net Assets Available for Benefits

|                                                      | Years Ended December 31, |               |
|------------------------------------------------------|--------------------------|---------------|
|                                                      | 2023                     | 2022          |
| <b>Additions</b>                                     |                          |               |
| Interest and dividend income                         | \$ 524,819               | \$ 482,482    |
| Total additions                                      | 524,819                  | 482,482       |
| <b>Deductions</b>                                    |                          |               |
| Net depreciation in fair value of investments        | 194,838                  | 669,987       |
| Benefits paid as part of AUL annuity contract        | 15,137,113               | -             |
| Benefits paid to participants                        | 647,221                  | 1,643,779     |
| Administrative expenses                              | 94,707                   | 130,822       |
| Total deductions                                     | 16,073,879               | 2,444,588     |
| Net decrease in assets available for benefits        | (15,549,060)             | (1,962,106)   |
| Net assets available for benefits, beginning of year | 24,571,578               | 26,533,684    |
| Net assets available for benefits, end of year       | \$ 9,022,518             | \$ 24,571,578 |

*See accompanying notes.*

# Roller Bearing Company of America, Inc. Union Pension Plan

## Notes to Financial Statements

Years Ended December 31, 2023 and 2022

### 1. Plan Description

The following description of the Roller Bearing Company of America, Inc. Union Pension Plan (the Plan), provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

#### General

The Plan is a noncontributory defined benefit plan extended to all hourly employees covered by a collective bargaining agreement of the RBC Heim Bearings (hired before March 1, 2005), Tyson Bearing Company, Inc. (hired before November 1, 2009), Bremen Bearings, Inc. (hired before August 10, 2002), and Nice Bearings, Inc. (hired before November 1, 2009). The Plan, which provides for pension and certain death benefits, is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and the Pension Protection Act of 2006 (PPA).

The Plan provides for normal retirement benefits upon reaching age 65 and has provisions for early, late, deferred and disability benefits for those participants who are eligible to receive such benefits. Participants become 100% vested after five years of service.

Benefits are determined under the Plan using a flat dollar benefit, as defined in the Plan document based upon the retirement date, multiplied by years of service. Benefits are payable in the form of a joint and survivor annuity or a single life annuity.

All hourly employees from Tyson Bearing Company, Inc., Bremen Bearings, Inc., and Nice Bearings, Inc. have been frozen with respect to new entry into the Plan and accrual of benefits. The accrued benefit of those Plan participants shall not exceed the amount of his or her accrued benefit under the Plan as of November 1, 2009 and none of those Plan participants have earned credited service or additional benefits for any period after November 1, 2009. Employees from RBC Heim Bearings can accrue benefits under the Plan; however, employees hired after March 1, 2005 are no longer eligible to participate.

On March 30, 2023, RBC executed a non-participating Single Premium Group Annuity Contract with American United Life Insurance Company ("AUL"), a OneAmerica Company. The Contract transferred the burden of making future benefit payments to certain annuitants in the Plan in return for a fixed one-time premium. On March 31, 2023 RBC transferred \$15.6M in cash from the Plan's assets to AUL to cover the single premium. The cash was derived from Plan's asset account administered by Vanguard on behalf of RBC. In February 2024, \$0.5M true-up adjustment was made to the premium as part of the contract, which was recorded as a receivable to the Plan as of December 31, 2023, and a reduction to the premium paid in 2023.

# Roller Bearing Company of America, Inc. Union Pension Plan

## Notes to Financial Statements (continued)

### **2. Significant Accounting Policies**

#### **Basis of Accounting**

The accompanying financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

#### **Use of Estimates**

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires Plan management to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein. Actual results could differ from those estimates. The Plan utilizes various investment instruments, including money market funds and mutual funds. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and such changes could materially affect the amounts reported in the financial statements.

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

#### **Actuarial Present Value of Accumulated Plan Benefits**

The actuarially computed value of vested benefits (see Note 6) represents the present value, at the date of determination, of the sum of (a) the benefits expected to become payable to former employees who have retired or who have terminated service with vested rights, at the date of determination; and (b) the benefits, based on service rendered prior to the date of determination, expected to become payable at future dates to present employees, taking into account the probable time that employees will retire, at the vesting percentages applicable at the date of determination. The actuarially computed value of non-vested benefits represents the present value, at the same date, of the benefits based on service at the date of determination expected to become payable at future dates to present employees who are not yet vested.

# Roller Bearing Company of America, Inc. Union Pension Plan

## Notes to Financial Statements (continued)

### 2. Significant Accounting Policies (continued)

#### Investment Valuation and Income Recognition

The Plans investments are stated at fair value. Shares of mutual funds and money market funds are valued at quoted market prices, which represent the asset value of shares held by the Plan at year end.

The Plan presents in the statement of changes in net assets the net appreciation (depreciation) in the fair value of its investments, which consist of undistributed realized gains and losses and appreciation (depreciation) on these investments. Purchases and sales of securities are recorded on a trade-date basis at the average cost of the security. Premiums and discounts on debt securities purchased are amortized and accreted, respectively, to interest income over the lives of the respective securities. Interest income is recorded on the accrual basis. Dividends are recorded at the ex-dividend date.

#### Fair Value of Financial Instruments

The Company accounts for the fair value of financial instruments pursuant to Accounting Standards Codification Topic 820 (ASC 820), *Fair Value Measurements*, for all financial assets and liabilities and nonfinancial assets and liabilities that are recognized or disclosed at fair value in the financial statements on a recurring basis. ASC 820 defines fair value, establishes a fair value hierarchy, and expands disclosures about fair value measurements.

ASC 820 defines fair value as the price that would be received upon sale of an asset or paid upon transfer of a liability in an orderly transaction between market participants at the measurement date and in the principal or most advantageous market for that asset or liability.

The fair value should be calculated based on assumptions that market participants would use in pricing the asset or liability, not on assumptions specific to the entity. In addition, the fair value of liabilities should include consideration of non-performance risk, including the Company's own credit risk.

#### Benefit Payments

Benefit payments are recorded upon distribution.

#### Administrative Expenses

Roller Bearing Company of America (the Company), the Plan's sponsor, provides certain administrative services to the Plan at no cost. All other administrative expenses are paid by the Plan.

## Roller Bearing Company of America, Inc. Union Pension Plan

### Notes to Financial Statements (continued)

#### **3. Funding Policy**

Contributions to provide benefits under the Plan are made solely by the Company. Annual contributions are actuarially computed using the unit credit actuarial cost method. For the 2023 and 2022 Plan years the Plan met the minimum funding requirements of ERISA as the Plan was overfunded on a Pension Protection Act basis, thus no contribution was required under ERISA standards. No contributions were made for the 2023 and 2022 Plan years.

#### **4. Information Certified by the Trustee (Unaudited)**

The following information was provided to the Plan Administrator, and certified as complete and accurate by the trustee Vanguard Fiduciary Trust Company and was used in the preparation of the financial statements and related supplemental schedules by the Plan Administrator in compliance with ERISA:

##### **(a) Investments**

The cost and fair value of investments, in the aggregate and by fund, at December 31, 2023 and 2022.

##### **(b) Interest and Dividend Income**

The amount of interest and dividend income received by the Plan for the years ended December 31, 2023 and 2022.

##### **(c) Net Appreciation and Depreciation**

The amount of net appreciation and depreciation in the fair value of investments, individual and in the aggregate, for the years ended December 31, 2023 and 2022.

##### **(d) Investment Transactions**

All purchases and sales of investments during 2023 and 2022, including the gain or loss on sales.

##### **(e) Supplemental Schedules**

The information provided on the Supplemental Schedule of Assets (Held at End of Year) and Supplemental Schedule of Reportable Transactions as of December 31, 2023.

# Roller Bearing Company of America, Inc. Union Pension Plan

## Notes to Financial Statements (continued)

### 5. Fair Value Measurements

Fair value measurements are determined by maximizing the use of observable inputs and minimizing the use of unobservable inputs. The hierarchy under ASC 820 prioritizes the inputs into three levels based on the extent to which inputs used in measuring fair value are observable in the market. Each fair value measurement is reported in one of three levels which is determined by the lowest level input that is significant to the fair value measurement in its entirety.

These levels are:

Level 1 - Inputs are based upon unadjusted quoted prices for identical instruments traded in active markets.

Level 2 - Inputs are based upon quoted prices for similar instruments in active markets, quoted prices for identical or similar instruments in markets that are not active, and model-based valuation techniques for which all significant assumptions are observable in the market or can be corroborated by observable market data for substantially the full term of the assets or liabilities.

Level 3 - Inputs are generally unobservable and typically reflect management's estimates of assumptions that market participants would use in pricing the asset or liability. The fair values are therefore determined using model-based techniques that include option pricing models, discounted cash flow models, and similar techniques.

The following table summarizes the fair values and levels within the fair value hierarchy in which the fair value measurements fall for assets measured on a recurring basis as of December 31:

| Description        | Level 1       | Level 2 | Level 3 | Total         |
|--------------------|---------------|---------|---------|---------------|
| 2023               |               |         |         |               |
| Investments        |               |         |         |               |
| Mutual funds       | \$ -          | \$ -    | \$ -    | \$ -          |
| Money market funds | 8,572,596     | -       | -       | 8,572,596     |
| Total Investments  | \$ 8,572,596  | \$ -    | \$ -    | \$ 8,572,596  |
| 2022               |               |         |         |               |
| Investments        |               |         |         |               |
| Mutual funds       | \$ 11,932,242 | \$ -    | \$ -    | \$ 11,932,242 |
| Money market funds | 12,522,360    | -       | -       | 12,522,360    |
| Total Investments  | \$ 24,454,602 | \$ -    | \$ -    | \$ 24,454,602 |

# Roller Bearing Company of America, Inc. Union Pension Plan

## Notes to Financial Statements (continued)

### 6. Accumulated Plan Benefits

Accumulated Plan benefits are those estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to services rendered by the employees to the valuation date. Accumulated Plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, and (b) present employees or their beneficiaries. Benefits for active, retired or terminated employees or their beneficiaries are based on years of credited service, as defined by the Plan. 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 to the valuation date.

The actuarial present value of accumulated Plan benefits is determined by the Plan's actuary, and is the present value of future benefit payments that are attributable, under the Plan's provisions, to participants' service rendered prior to the benefit valuation date. The actuarial present value of accumulated Plan benefits at January 1, 2023 and 2022, the date of the last actuarial valuation for each Plan year is as follows:

|                                                              | <b>2023</b>                 | <b>2022</b>          |
|--------------------------------------------------------------|-----------------------------|----------------------|
| Vested benefits of participants currently receiving payments | \$ <b>16,294,682</b>        | \$ 13,272,042        |
| Other vested benefits                                        | <b>5,094,812</b>            | 4,258,109            |
| Nonvested benefits                                           | <b>34,275</b>               | 30,205               |
| Total actuarial present value of accumulated Plan benefits   | <u><b>\$ 21,423,769</b></u> | <u>\$ 17,560,356</u> |

The following are changes in the actuarial present value of accumulated Plan benefits for the years ended January 1, 2023 and 2022:

|                                                                         | <b>January 1,<br/>2023</b>  | <b>2022</b>          |
|-------------------------------------------------------------------------|-----------------------------|----------------------|
| Actuarial present value of accumulated Plan benefits, beginning of year | \$ <b>17,560,356</b>        | \$ 17,823,516        |
| Increase (decrease) during the year attributed to:                      |                             |                      |
| Increase for interest due to decrease in discount period                | <b>586,094</b>              | 1,150,460            |
| Benefits paid                                                           | <b>(1,643,779)</b>          | (1,585,222)          |
| Change in actuarial assumptions*                                        | <b>4,591,181</b>            | 374,740              |
| Benefits accumulated including actuarial gains                          | <b>329,917</b>              | (203,138)            |
| Net increase/(decrease)                                                 | <u><b>3,863,413</b></u>     | <u>(263,160)</u>     |
| Actuarial present value of accumulated Plan benefits, end of year       | <u><b>\$ 21,423,769</b></u> | <u>\$ 17,560,356</u> |

\*Changes in actuarial assumptions are primarily driven by change in the discount rate. See below.

## Roller Bearing Company of America, Inc. Union Pension Plan

### Notes to Financial Statements (continued)

#### 6. Accumulated Plan Benefits (continued)

The January 1, 2023 and 2022 actuarial present value of accumulated Plan benefits represented in the above table was calculated using the Pri-2012 Private Retirement Plan Blue Collar Projected with Scale MP-2021, which is the latest available mortality projection scale as of the date of issuance of the financial statements.

Actuarial calculations for the Plan were made by consulting actuaries. The significant assumptions used in the calculation of the liabilities, as of January 1, 2023 and 2022, are as follows:

|                 | <b>2023</b>                                                                         | <b>2022</b>                                                                         |
|-----------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Discount Rate   | 3.50%                                                                               | 6.50%                                                                               |
| Mortality basis | Pri-2012 Private<br>Retirement Plan<br>Blue Collar<br>Projected w/ Scale<br>MP-2021 | Pri-2012 Private<br>Retirement Plan<br>Blue Collar<br>Projected w/<br>Scale MP-2021 |
| Retirement age  | 64.00                                                                               | 64.00                                                                               |

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

#### 7. Priorities upon Termination

Should the Plan terminate at some future time, its net assets generally will not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated Plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (the PBGC) at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guaranty, while other benefits may not be provided for at all.

# Roller Bearing Company of America, Inc. Union Pension Plan

## Notes to Financial Statements (continued)

### **8. Risks and Uncertainties**

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

Plan contributions are made and the actuarial present value of accumulated Plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, changes in these estimates and assumptions in the near term could materially affect the Plan's actuarially computed benefit obligation.

### **9. Party-in-Interest/Related Party**

During the years ended December 31, 2023 and 2022, there were transactions involving the investment of Plan Assets in investment funds maintained by the Plans' trustee, a party-in-interest as defined in Section 3(14) of ERISA and a related party under U.S. GAAP. Further, during years 2023 and 2022 the Plan Sponsor paid \$68,565 and \$5,515, respectively, of expenses relating to the annuity purchase.

### **10. Income Tax Status**

The Plan has received a determination letter from the Internal Revenue Service dated December 5, 2013, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the Code) and, therefore, the related trust is exempt from taxation. The Plan Administrator believes that the Plan and related trust are designed and are currently being operated in accordance with applicable sections of the Code. The Plan Administrator is of the opinion that the Plan continues to maintain its tax-exempt status for the years ended December 31, 2023 and 2022 and as such, no provision for income taxes has been reflected in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to 2020.

### **11. Subsequent Events**

The Plan has evaluated events occurring between December 31, 2023 and October 14, 2024, the date the financial statements were available to be issued.

In February 2024, \$0.5 million adjustment was received from AUL which was made to the premium as part of the annuity contract, which was recorded as a receivable to the plan as of December 31, 2023, and a reduction to the premium paid.

## Supplemental Schedules

Roller Bearing Company of America, Inc. Union Pension Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

EIN: #13-3426227 Plan #047

As of December 31, 2023

| (a) , (b)                         | (c)                                                  | (d)          | (e)           |
|-----------------------------------|------------------------------------------------------|--------------|---------------|
| Identity of Issue                 | Investment Description                               | Cost         | Current Value |
| <i>Cash and Cash Equivalents</i>  |                                                      |              |               |
| *Vanguard Fiduciary Trust Company | Cash                                                 | \$ 11,849    | \$ 11,849     |
| <i>Money Market Funds</i>         |                                                      |              |               |
| *Vanguard Fiduciary Trust Company | Vanguard Treasury Money Market (8,572,596.30 shares) | 8,572,596    | 8,572,596     |
|                                   |                                                      | \$ 8,584,445 | \$ 8,584,445  |

*\*Party-in-Interest*

Roller Bearing Company of America, Inc. Union Pension Plan

Schedule H, Line 4j - Schedule of Reportable Transactions

EIN: #13-3426227 Plan #047

Year Ended December 31, 2023

| (a)                                                                                   | (b)                                                      | (c)                    | (d)               | (g)                | (h)<br>Current Value of<br>Asset on<br>Transaction<br>Date |                  | (i)                    |
|---------------------------------------------------------------------------------------|----------------------------------------------------------|------------------------|-------------------|--------------------|------------------------------------------------------------|------------------|------------------------|
| Identity of Party Involved                                                            | Description of Assets                                    | Number of<br>Purchases | Purchase<br>Price | Number<br>of Sales | Selling<br>Price                                           | Cost of<br>Asset | Net<br>Gain/(Loss)     |
| <u>Category (i) - Single transactions in excess of 5% of Plan assets</u>              |                                                          |                        |                   |                    |                                                            |                  |                        |
| *Vanguard Fiduciary Trust Company                                                     | Vanguard Treasury Money Market Fund                      | 1                      | \$ 8,550,330      | -                  | \$ -                                                       | \$ -             | -                      |
| *Vanguard Fiduciary Trust Company                                                     | Vanguard Short-Term Investment-Grade Fund Admiral Shares |                        |                   | 2                  | \$ 7,339,333                                               | \$ 7,799,065     | \$ 7,339,333 (459,732) |
| *Vanguard Fiduciary Trust Company                                                     | Vanguard Utilities Index Fund Admiral Shares             |                        |                   | 1                  | \$ 3,592,500                                               | \$ 2,851,053     | \$ 3,592,500 741,447   |
| *Vanguard Fiduciary Trust Company                                                     | Vanguard Federal Money Market Fund                       |                        |                   | 2                  | \$ 12,288,558                                              | \$ 12,288,558    | \$ 12,288,558 -        |
| <u>Category (iii) - Transactions of the same issue in excess of 5% of Plan assets</u> |                                                          |                        |                   |                    |                                                            |                  |                        |
| *Vanguard Fiduciary Trust Company                                                     | Vanguard Treasury Money Market Fund                      | 3                      | \$ 8,571,919      | 8                  | \$ 159,974                                                 | \$ 159,974       | \$ 159,974 -           |
| *Vanguard Fiduciary Trust Company                                                     | Vanguard Short-Term Investment-Grade Fund Admiral Shares |                        |                   | 2                  | \$ 7,339,333                                               | \$ 7,799,065     | \$ 7,339,333 (459,732) |
| *Vanguard Fiduciary Trust Company                                                     | Vanguard Utilities Index Fund Admiral Shares             |                        |                   | 2                  | \$ 4,514,938                                               | \$ 3,641,291     | \$ 4,514,938 873,648   |
| *Vanguard Fiduciary Trust Company                                                     | Vanguard Federal Money Market Fund                       | 1                      | \$ 128,877        | 16                 | \$ 12,876,948                                              | \$ 12,876,948    | \$ 12,876,948 -        |

*\*Party-in-Interest*

*There were no category (ii) or (iv) reportable transactions*

*Columns for "Lease Rental" and "Expenses Incurred with Transactions" are not applicable.*

**Attachment to Schedule SB (2023 Form 5500)**  
**Line 26 - Schedule of Active Participant Data**

**Roller Bearing Company of America, Inc. Union Pension Plan**  
EIN: 13-3426227    PN: 047

| Attained Age | Completed Years of Credited Service |            |        |            |        |            |          |            |          |            |          |            |          |            |          |            |          |            |             |            |
|--------------|-------------------------------------|------------|--------|------------|--------|------------|----------|------------|----------|------------|----------|------------|----------|------------|----------|------------|----------|------------|-------------|------------|
|              | Under 1                             |            | 1 to 4 |            | 5 to 9 |            | 10 to 14 |            | 15 to 19 |            | 20 to 24 |            | 25 to 29 |            | 30 to 34 |            | 35 to 39 |            | 40 and over |            |
|              | No.                                 | Avg. Comp. | No.    | Avg. Comp. | No.    | Avg. Comp. | No.      | Avg. Comp. | No.      | Avg. Comp. | No.      | Avg. Comp. | No.      | Avg. Comp. | No.      | Avg. Comp. | No.      | Avg. Comp. | No.         | Avg. Comp. |
| Under 25     |                                     |            |        |            |        |            |          |            |          |            |          |            |          |            |          |            |          |            |             |            |
| 25 to 29     |                                     |            |        |            |        |            |          |            |          |            |          |            |          |            |          |            |          |            |             |            |
| 30 to 34     |                                     |            |        |            |        |            |          |            |          |            |          |            |          |            |          |            |          |            |             |            |
| 35 to 39     |                                     |            |        |            |        |            |          |            |          |            |          |            |          |            |          |            |          |            |             |            |
| 40 to 44     |                                     |            |        |            |        |            |          |            |          |            |          |            |          |            |          |            |          |            |             |            |
| 45 to 49     |                                     |            |        |            |        |            |          |            |          |            |          |            | 1        |            |          |            |          |            |             |            |
| 50 to 54     |                                     |            |        |            |        |            |          |            |          |            | 2        |            | 2        |            |          |            |          |            |             |            |
| 55 to 59     |                                     |            |        |            | 1      |            | 1        |            | 1        |            |          |            |          |            |          |            |          |            |             |            |
| 60 to 64     |                                     |            |        |            | 1      |            |          |            |          |            | 3        |            |          |            | 2        |            |          |            | 1           |            |
| 65 to 69     |                                     |            |        |            |        |            |          |            | 1        |            | 1        |            | 2        |            | 1        |            |          |            | 2           |            |
| 70 & over    |                                     |            |        |            |        |            |          |            |          |            |          |            |          |            |          |            |          |            | 1           |            |



## Description of Actuarial Methods

### Asset Valuation Method

The Actuarial Value of assets used in the development of plan contributions phases in recognition of the difference between the actual return on Market Value and the expected return on Market Value over a two-year period at 50% per year. The Actuarial Value is adjusted, if necessary, to comply with the IRC Sec. 430 requirement that the Actuarial Value of assets be within the range of 90% to 110% of the Market Value of assets. This method is equivalent to the smoothed market value method without phase-in described in Approval 3.16 of Revenue Procedure 2000-40. This was first used for the 2009 valuation.

### Actuarial Cost Method

Funding Target Liability: Unit Credit Actuarial Cost Method.

Maximum Liability: Projected Unit Credit Actuarial Cost Method. The allocation of projected benefits between past years and future years is in proportion to the applicable rates of benefit accrual under the Plan.



## Description of Actuarial Assumptions

### Changes in Actuarial Assumptions as of January 1, 2023

The valuation reflects changes in the actuarial assumptions listed below. (The assumptions used before and after these changes are more fully described in the next section.)

- Mortality

With the exception of the valuation interest rate, the assumptions indicated were changed to represent the Enrolled Actuary's current best estimate of anticipated experience of the Plan.

### Interest Rates

The American Rescue Plan Act of 2021 (ARPA) was signed into law on March 11, 2021. ARPA continues to use a 24-month bond averaging period methodology for determining the segmented interest rates used in the calculation of the Plan's target liability and a corridor based on a 25-year bond averaging period. However, now the corridor based on 25-year average segment rates and the applicable minimum and maximum percentages used for purposes of calculating the Plan's target liability to adjust the 24-month average segment rates has been extended. In addition, any 25-year average segment rate that is less than 5% is deemed to be 5%.

The Infrastructure Investment and Jobs Act was signed into law on November 15, 2021 that further extended funding stabilization. The corridors under the new laws are as follows:

| <u>Corridor After ARPA</u> |                             | <u>Corridor after Infrastructure Investment and Jobs Act</u> |                             |
|----------------------------|-----------------------------|--------------------------------------------------------------|-----------------------------|
| <u>Years</u>               | <u>Corridor</u>             | <u>Years</u>                                                 | <u>Corridor</u>             |
| 2020-2021                  | 95% to 105% if not deferred | 2020-2021                                                    | 95% to 105% if not deferred |
| 2022-2025                  | 95%-105%                    | 2022-2030                                                    | 95%-105%                    |
| 2026                       | 90%-110%                    | 2031                                                         | 90%-110%                    |
| 2027                       | 85%-115%                    | 2032                                                         | 85%-115%                    |
| 2028                       | 80%-120%                    | 2033                                                         | 80%-120%                    |
| 2029                       | 75%-125%                    | 2034                                                         | 75%-125%                    |
| 2030+                      | 70%-130%                    | 2035+                                                        | 70%-130%                    |

The corridor rates are used for purposes of the calculation of the Plan's minimum required contribution and the determination of the Plan's AFTAP certification, but cannot be reflected in the calculation of the Plan's maximum tax deductible contribution or the PBGC variable premium liability. This report reflects the rates under ARPA as allowed under current legislation.

Valuation: Segment rates for the 4<sup>th</sup> month preceding the Valuation Date (i.e., September). The rates are shown below.

| Segment | 2023              |                  | 2022              |                  |
|---------|-------------------|------------------|-------------------|------------------|
|         | Before Adjustment | After Adjustment | Before Adjustment | After Adjustment |
| 1st     | 1.41%             | 4.75%            | 1.07%             | 4.75%            |
| 2nd     | 3.09%             | 5.00%            | 2.68%             | 5.18%            |
| 3rd     | 3.58%             | 5.74%            | 3.36%             | 5.92%            |



### Interest Rates (cont.)

The rates before adjustment are the standard 24-month segment rates determined under any prior interest rate relief laws. They are used in the determination of the Plan's maximum tax deductible contribution.

The rates after adjustment reflect the application of the applicable corridor around the 25-year average rates. They are used in the determination of the Plan's minimum required contribution and AFTAP for benefit restriction purposes.

PBGC premium: Valuation basis, before adjustment, last elected for the 2010 plan year.

### Expected Return for Asset Smoothing

| Year | Assumption | Not to Exceed |
|------|------------|---------------|
| 2023 | 6.50%      | 5.74%         |
| 2022 | 6.50%      | 5.92%         |
| 2021 | 6.75%      | 5.47%         |
| 2020 | 6.75%      | 5.94%         |

The expected long-term rate of return on assets is estimated using the Plan Sponsor's long-term target asset allocation and the long-term capital market assumption for each asset class in that allocation.

### Mortality

RP-2014 Adjusted to 2006 Total Dataset Mortality Table projected to valuation date with Scale MP-2021. Separate tables for annuitants and non-annuitants.

Prior: RP-2014 Adjusted to 2006 Total Dataset Mortality Table projected to valuation date with Scale MP-2020. Separate tables for annuitants and non-annuitants.

### Mortality Improvement

Projected using Scale MP-2021 for 8 years for males, and 9 years for females, after the valuation date. Projection period is modified based upon participant's age on valuation date.

Prior: Projected using Scale MP-2020 for 8 years for males, and 9 years for females, after the valuation date. Projection period is modified based upon participant's age on valuation date.

The mortality assumption above was updated to the latest approved table. The change in assumption increased liabilities by about 0.3%.

### Inflation

2.40%.

This assumption is consistent with the Social Security Administration's current best estimate of the ultimate long-term (75-year horizon) annual percentage increase in CPI, as published in the 2023 OASDI Trustees Report.

### Increases in IRC Sec. 401(a)(17) compensation limit

As required by law, no increases are assumed.

### Increases in IRC Sec. 415(b) limit on benefits

As required by law, no increases are assumed.

### Social Security taxable wage base increases

N/A.



## Retirement

| Retirement Rates |        |
|------------------|--------|
| Age              | Rate   |
| 55-59            | 2.5%   |
| 60               | 5.0%   |
| 61               | 10.0%  |
| 62               | 20.0%  |
| 63-64            | 10.0%  |
| 65               | 40.0%  |
| 66               | 20.0%  |
| 67-68            | 30.0%  |
| 69               | 50.0%  |
| 70               | 100.0% |

## Termination prior to retirement

| Sample Rates |        |
|--------------|--------|
| Age          | Rate   |
| 20           | 29.90% |
| 25           | 21.90% |
| 30           | 13.90% |
| 35           | 9.85%  |
| 40           | 5.80%  |
| 45           | 3.60%  |
| 50           | 1.40%  |
| 55           | 0.70%  |

## Disability

| Sample Rates |        |
|--------------|--------|
| Age          | Rate   |
| 30           | 0.071% |
| 35           | 0.099% |
| 40           | 0.162% |
| 45           | 0.270% |
| 50           | 0.493% |
| 55           | 0.914% |
| 60           | 1.470% |
| 65           | 2.077% |

The actuarial assumptions in regards to rates of decrement shown above are based on the results of an actuarial experience study for the period January 1, 2004 through January 1, 2014.

## Administrative expenses

The service cost includes an estimate of the administrative expenses for the upcoming year. The estimate is based on actual expenses paid from the trust in the prior year.

## Percent of active employees married

90% of males and 90% of females.

## Spouse's age

Husbands are assumed to be 3 years older than wives.

Roller Bearing Company of America, Inc. Union Pension Plan

Schedule H, Line 4j - Schedule of Reportable Transactions

EIN: #13-3426227 Plan #047

Year Ended December 31, 2023

| (a)                                                                                   | (b)                                                      | (c)                    | (d)               | (g)                | (h)<br>Current Value of<br>Asset on<br>Transaction<br>Date |                  | (i)                    |
|---------------------------------------------------------------------------------------|----------------------------------------------------------|------------------------|-------------------|--------------------|------------------------------------------------------------|------------------|------------------------|
| Identity of Party Involved                                                            | Description of Assets                                    | Number of<br>Purchases | Purchase<br>Price | Number<br>of Sales | Selling<br>Price                                           | Cost of<br>Asset | Net<br>Gain/(Loss)     |
| <u>Category (i) - Single transactions in excess of 5% of Plan assets</u>              |                                                          |                        |                   |                    |                                                            |                  |                        |
| *Vanguard Fiduciary Trust Company                                                     | Vanguard Treasury Money Market Fund                      | 1                      | \$ 8,550,330      | -                  | \$ -                                                       | \$ -             | -                      |
| *Vanguard Fiduciary Trust Company                                                     | Vanguard Short-Term Investment-Grade Fund Admiral Shares |                        |                   | 2                  | \$ 7,339,333                                               | \$ 7,799,065     | \$ 7,339,333 (459,732) |
| *Vanguard Fiduciary Trust Company                                                     | Vanguard Utilities Index Fund Admiral Shares             |                        |                   | 1                  | \$ 3,592,500                                               | \$ 2,851,053     | \$ 3,592,500 741,447   |
| *Vanguard Fiduciary Trust Company                                                     | Vanguard Federal Money Market Fund                       |                        |                   | 2                  | \$ 12,288,558                                              | \$ 12,288,558    | \$ 12,288,558 -        |
| <u>Category (iii) - Transactions of the same issue in excess of 5% of Plan assets</u> |                                                          |                        |                   |                    |                                                            |                  |                        |
| *Vanguard Fiduciary Trust Company                                                     | Vanguard Treasury Money Market Fund                      | 3                      | \$ 8,571,919      | 8                  | \$ 159,974                                                 | \$ 159,974       | \$ 159,974 -           |
| *Vanguard Fiduciary Trust Company                                                     | Vanguard Short-Term Investment-Grade Fund Admiral Shares |                        |                   | 2                  | \$ 7,339,333                                               | \$ 7,799,065     | \$ 7,339,333 (459,732) |
| *Vanguard Fiduciary Trust Company                                                     | Vanguard Utilities Index Fund Admiral Shares             |                        |                   | 2                  | \$ 4,514,938                                               | \$ 3,641,291     | \$ 4,514,938 873,648   |
| *Vanguard Fiduciary Trust Company                                                     | Vanguard Federal Money Market Fund                       | 1                      | \$ 128,877        | 16                 | \$ 12,876,948                                              | \$ 12,876,948    | \$ 12,876,948 -        |

*\*Party-in-Interest*

*There were no category (ii) or (iv) reportable transactions*

*Columns for "Lease Rental" and "Expenses Incurred with Transactions" are not applicable.*

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2023</b><br><br><b>This Form is Open to Public Inspection</b> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

For calendar plan year 2023 or fiscal plan year beginning 01/01/2023 and ending 12/31/2023

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

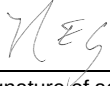
▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br>ROLLER BEARING COMPANY OF AMERICA, INC. UNION PENSION PLAN                                                       | <b>B</b> Three-digit plan number (PN) ▶ 047                                                                                                             |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>RBC BEARINGS INCORPORATED                                     | <b>D</b> Employer Identification Number (EIN)<br>13-3426227                                                                                             |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |

|                                                                                                                                                                                                                 |                                                                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                                                                                                                                   | <b>Basic Information</b>                                                                                     |
| <b>1</b>                                                                                                                                                                                                        | Enter the valuation date: Month 01 Day 01 Year 2023                                                          |
| <b>2</b>                                                                                                                                                                                                        | Assets:                                                                                                      |
| <b>a</b> Market value.....                                                                                                                                                                                      | <b>2a</b> 24,589,301                                                                                         |
| <b>b</b> Actuarial value .....                                                                                                                                                                                  | <b>2b</b> 25,443,055                                                                                         |
| <b>3</b>                                                                                                                                                                                                        | Funding target/participant count breakdown                                                                   |
| <b>a</b> For retired participants and beneficiaries receiving payment .....                                                                                                                                     | (1) Number of participants 295 (2) Vested Funding Target 15,326,057 (3) Total Funding Target 15,326,057      |
| <b>b</b> For terminated vested participants.....                                                                                                                                                                | 53 1,710,067 1,710,067                                                                                       |
| <b>c</b> For active participants.....                                                                                                                                                                           | 23 2,491,279 2,525,886                                                                                       |
| <b>d</b> Total .....                                                                                                                                                                                            | 371 19,527,403 19,562,010                                                                                    |
| <b>4</b>                                                                                                                                                                                                        | If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/> |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions.....                                                                                                                                        | <b>4a</b>                                                                                                    |
| <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor ..... | <b>4b</b>                                                                                                    |
| <b>5</b> Effective interest rate.....                                                                                                                                                                           | <b>5</b> 5.13%                                                                                               |
| <b>6</b>                                                                                                                                                                                                        | Target normal cost                                                                                           |
| <b>a</b> Present value of current plan year accruals.....                                                                                                                                                       | <b>6a</b> 30,293                                                                                             |
| <b>b</b> Expected plan-related expenses .....                                                                                                                                                                   | <b>6b</b> 121,100                                                                                            |
| <b>c</b> Target normal cost.....                                                                                                                                                                                | <b>6c</b> 151,393                                                                                            |

**Statement by Enrolled Actuary**

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

|                                |                                                                                     |                                        |
|--------------------------------|-------------------------------------------------------------------------------------|----------------------------------------|
| <b>SIGN HERE</b>               |  | 10/15/2024                             |
|                                | Signature of actuary                                                                | Date                                   |
| Norman E. Yamamoto             | Type or print name of actuary                                                       | 2304754                                |
|                                |                                                                                     | Most recent enrollment number          |
| USI Consulting Group           | Firm name                                                                           | 860-521-8400                           |
|                                |                                                                                     | Telephone number (including area code) |
| 95 Glastonbury Blvd. Suite 102 |                                                                                     |                                        |
| Glastonbury CT 06033           | 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 |
| <b>7</b>  | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                                      | 0                                                   | 3,983,978              |
| <b>8</b>  | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                                   | 0                                                   | 0                      |
| <b>9</b>  | Amount remaining (line 7 minus line 8) .....                                                                                                                         | 0                                                   | 3,983,978              |
| <b>10</b> | Interest on line 9 using prior year's actual return of <u>-0.70</u> % .....                                                                                          | 0                                                   | -27,888                |
| <b>11</b> | Prior year's excess contributions to be added to prefunding balance:                                                                                                 |                                                     |                        |
|           | <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                      |                                                     | 0                      |
|           | <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.29</u> % ..... |                                                     | 0                      |
|           | <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                                                     |                        |
|           | <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                                                     | 0                      |
|           | <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                                                     |                        |
| <b>12</b> | Other reductions in balances due to elections or deemed elections .....                                                                                              | 0                                                   | 0                      |
| <b>13</b> | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                                   | 0                                                   | 3,956,090              |

| Part III  |                                                                                                                                                                  | Funding Percentages |          |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|----------|
| <b>14</b> | Funding target attainment percentage .....                                                                                                                       | <b>14</b>           | 109.84 % |
| <b>15</b> | Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b>           | 130.06 % |
| <b>16</b> | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b>           | 114.22 % |
| <b>17</b> | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. ....                                        | <b>17</b>           | %        |

| Part IV                                                                                  |                                   | Contributions and Liquidity Shortfalls |                          |                                   |                                 |
|------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------|--------------------------|-----------------------------------|---------------------------------|
| <b>18</b> Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                        |                          |                                   |                                 |
| (a) Date<br>(MM-DD-YYYY)                                                                 | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees        | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|                                                                                          |                                   |                                        |                          |                                   |                                 |
|                                                                                          |                                   |                                        |                          |                                   |                                 |
|                                                                                          |                                   |                                        |                          |                                   |                                 |
|                                                                                          |                                   |                                        |                          |                                   |                                 |
|                                                                                          |                                   |                                        |                          |                                   |                                 |
|                                                                                          |                                   |                                        |                          |                                   |                                 |
|                                                                                          |                                   |                                        |                          |                                   |                                 |
|                                                                                          |                                   |                                        |                          |                                   |                                 |
|                                                                                          |                                   |                                        |                          |                                   |                                 |
|                                                                                          |                                   |                                        |                          |                                   |                                 |
|                                                                                          |                                   |                                        |                          |                                   |                                 |
|                                                                                          |                                   |                                        |                          |                                   |                                 |
|                                                                                          |                                   |                                        |                          |                                   |                                 |
|                                                                                          |                                   |                                        |                          |                                   |                                 |
|                                                                                          |                                   |                                        |                          |                                   |                                 |
|                                                                                          |                                   |                                        |                          |                                   |                                 |
|                                                                                          |                                   |                                        |                          |                                   |                                 |
|                                                                                          |                                   |                                        |                          |                                   |                                 |
|                                                                                          |                                   |                                        |                          |                                   |                                 |
| <b>Totals ►</b>                                                                          |                                   |                                        | <b>18(b)</b>             | 0                                 | <b>18(c)</b>                    |
|                                                                                          |                                   |                                        |                          |                                   | 0                               |

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

|                  |                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |
|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>Part V</b>    | <b>Assumptions Used to Determine Funding Target and Target Normal Cost</b>                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |
| <b>21</b>        | Discount rate:                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |
| <b>a</b>         | Segment rates:                                                                                                                                                                                                                                                                              | <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">1st segment:<br/>4.75 %</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">2nd segment:<br/>5.00 %</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">3rd segment:<br/>5.74 %</div> </div> | <input type="checkbox"/> N/A, full yield curve used                 |
| <b>b</b>         | Applicable month (enter code).....                                                                                                                                                                                                                                                          | <b>21b</b>                                                                                                                                                                                                                                                                                                                                                                           | 4                                                                   |
| <b>22</b>        | Weighted average retirement age .....                                                                                                                                                                                                                                                       | <b>22</b>                                                                                                                                                                                                                                                                                                                                                                            | 64                                                                  |
| <b>23</b>        | Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |
| <b>Part VI</b>   | <b>Miscellaneous Items</b>                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |
| <b>24</b>        | Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                            |                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |
| <b>25</b>        | Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. .... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |
| <b>26</b>        | Demographic and benefit information                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |
| <b>a</b>         | Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                      | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>b</b>         | Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>27</b>        | If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment .....                                                                                                                                                                  | <b>27</b>                                                                                                                                                                                                                                                                                                                                                                            |                                                                     |
| <b>Part VII</b>  | <b>Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |
| <b>28</b>        | Unpaid minimum required contributions for all prior years.....                                                                                                                                                                                                                              | <b>28</b>                                                                                                                                                                                                                                                                                                                                                                            | 0                                                                   |
| <b>29</b>        | Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) .....                                                                                                                                                                  | <b>29</b>                                                                                                                                                                                                                                                                                                                                                                            | 0                                                                   |
| <b>30</b>        | Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                                                                                                                                                                                     | <b>30</b>                                                                                                                                                                                                                                                                                                                                                                            | 0                                                                   |
| <b>Part VIII</b> | <b>Minimum Required Contribution For Current Year</b>                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |
| <b>31</b>        | Target normal cost and excess assets (see instructions):                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |
| <b>a</b>         | Target normal cost (line 6c).....                                                                                                                                                                                                                                                           | <b>31a</b>                                                                                                                                                                                                                                                                                                                                                                           | 151,393                                                             |
| <b>b</b>         | Excess assets, if applicable, but not greater than line 31a .....                                                                                                                                                                                                                           | <b>31b</b>                                                                                                                                                                                                                                                                                                                                                                           | 151,393                                                             |
| <b>32</b>        | Amortization installments:                                                                                                                                                                                                                                                                  | Outstanding Balance                                                                                                                                                                                                                                                                                                                                                                  | Installment                                                         |
| <b>a</b>         | Net shortfall amortization installment .....                                                                                                                                                                                                                                                | 0                                                                                                                                                                                                                                                                                                                                                                                    | 0                                                                   |
| <b>b</b>         | Waiver amortization installment .....                                                                                                                                                                                                                                                       | 0                                                                                                                                                                                                                                                                                                                                                                                    | 0                                                                   |
| <b>33</b>        | If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount .....                                                                                                                  | <b>33</b>                                                                                                                                                                                                                                                                                                                                                                            |                                                                     |
| <b>34</b>        | Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....                                                                                                                                                                            | <b>34</b>                                                                                                                                                                                                                                                                                                                                                                            | 0                                                                   |
|                  | Carryover balance                                                                                                                                                                                                                                                                           | Prefunding balance                                                                                                                                                                                                                                                                                                                                                                   | Total balance                                                       |
| <b>35</b>        | Balances elected for use to offset funding requirement.....                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                      | 0                                                                   |
| <b>36</b>        | Additional cash requirement (line 34 minus line 35) .....                                                                                                                                                                                                                                   | <b>36</b>                                                                                                                                                                                                                                                                                                                                                                            | 0                                                                   |
| <b>37</b>        | Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                                                                                                                                   | <b>37</b>                                                                                                                                                                                                                                                                                                                                                                            | 0                                                                   |
| <b>38</b>        | Present value of excess contributions for current year (see instructions)                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |
| <b>a</b>         | Total (excess, if any, of line 37 over line 36)                                                                                                                                                                                                                                             | <b>38a</b>                                                                                                                                                                                                                                                                                                                                                                           | 0                                                                   |
| <b>b</b>         | Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                                                                                                                                | <b>38b</b>                                                                                                                                                                                                                                                                                                                                                                           |                                                                     |
| <b>39</b>        | Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                                                                                                                                       | <b>39</b>                                                                                                                                                                                                                                                                                                                                                                            | 0                                                                   |
| <b>40</b>        | Unpaid minimum required contributions for all years.....                                                                                                                                                                                                                                    | <b>40</b>                                                                                                                                                                                                                                                                                                                                                                            | 0                                                                   |
| <b>Part IX</b>   | <b>Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |
| <b>41</b>        | If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021 |                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |

**Attachment to 2023 Form 5500 Schedule SB  
Line 22 -- Weighted Average Retirement Age**

**Plan Name**      Roller Bearing Company of America, Inc. Union Pension Plan  
**Sponsor's EIN**    13-3423227  
**Plan No.**          047

**Calculation of Weighted Average Retirement Age**  
*(ignoring other sources of terminations)*

| Age   | Rates of Retirement | Lives | (a)         | (b)               |
|-------|---------------------|-------|-------------|-------------------|
|       |                     |       | Retirements | Retirements x Age |
| 55    | 0.0250              | 1,000 | 25          | 1,375             |
| 56    | 0.0250              | 975   | 24          | 1,344             |
| 57    | 0.0250              | 951   | 24          | 1,368             |
| 58    | 0.0250              | 927   | 23          | 1,334             |
| 59    | 0.0250              | 904   | 23          | 1,357             |
| 60    | 0.0500              | 881   | 44          | 2,640             |
| 61    | 0.1000              | 837   | 84          | 5,124             |
| 62    | 0.2000              | 753   | 151         | 9,362             |
| 63    | 0.1000              | 602   | 60          | 3,780             |
| 64    | 0.1000              | 542   | 54          | 3,456             |
| 65    | 0.4000              | 488   | 195         | 12,675            |
| 66    | 0.2000              | 293   | 59          | 3,894             |
| 67    | 0.3000              | 234   | 70          | 4,690             |
| 68    | 0.3000              | 164   | 49          | 3,332             |
| 69    | 0.5000              | 115   | 58          | 4,002             |
| 70    | 1.0000              | 57    | 57          | 3,990             |
| Total |                     |       | 1,000       | 63,723            |

**Weighted Average Retirement Age: (b) / (a) = 64**



## Summary of Plan Provisions

*This exhibit summarizes the major provisions of the Plan. It is not intended to be, nor should it be interpreted as a complete statement of all plan provisions. To the extent that this summary does not accurately reflect the plan provisions, then the results of this valuation may not be accurate.*

### **Bremen**

#### **Effective date**

Original: January 1, 1999.

Latest amendment: December 31, 2018.

#### **Plan year**

The calendar year.

#### **Participation**

An employee becomes a plan participant after completion of one Hour of Service.

#### **Year of Vesting Service**

For a Part-time Employee, a Plan Year during which an Employee is credited with at least 870 Hours of Service.  
For any other employee, a 12-month period of service.

#### **Year of Benefit Service**

For a Part-time Employee, a Plan Year during which an Employee is credited with at least 870 Hours of Service.  
For any other employee, Vesting Service except for service while ineligible or service for non-participating employees. Service does not accrue effective November 1, 2009.

#### **Accrued benefit**

The product of (A) and (B), as follows:

(A) \$29.00 per month,\*

(B) years of Benefit Service.

\*If retired prior to:

June 30, 2003—\$28.75 per month

June 30, 2002—\$28.50 per month

June 30, 2001—\$28.00 per month

June 30, 2000—\$27.50 per month

June 30, 1999—\$27.00 per month

Benefits are frozen effective November 1, 2009.

#### **Normal retirement**

Eligibility: The last day of the month in which employee reaches age 65, or, if later the fifth anniversary of participation.

Benefit: Accrued benefit as of normal retirement date.



### **Early retirement**

Eligibility: The first day of the month coinciding with or following the later of age 55 and 10 Years of Benefit Service.

Benefit: Accrued benefit as of early retirement date.

Reduction factors: 1/15 for each of the first 5 years, and 1/30 for each of the next 5 years, by which benefit commencement precedes normal retirement.

### **Late retirement benefit**

Accrued benefit as of late retirement date.

### **Termination prior to retirement**

Vesting schedule: 100% after completion of 5 Years of Vesting Service.

Benefit: Vested portion of accrued benefit as of date of termination, first payable upon normal retirement eligibility. Earlier benefit commencement may be elected, subject to early retirement eligibility and reduction factors.

### **Death prior to retirement**

Eligibility: Completion of 5 Years of Vesting Service. Must be married for at least 12 months prior to death.

Benefit: Surviving spouse's benefit is 50% of the benefit that would have been payable to the participant if the participant had: (1) terminated immediately before death, (2) elected to retire at earliest retirement eligibility, or date of death if later, and (3) elected a 50% joint and survivor annuity. The surviving spouse's benefit is first payable on the date that would have been the participant's earliest retirement date. If the participant had already satisfied early retirement eligibility, the surviving spouse's benefit is payable immediately.

Cost of Death Benefit Coverage: Normal form of retirement benefit is reduced by: One-eighth of 1% for each year of coverage prior to age 35. One-quarter of 1% for each year of coverage between age 35 and age 55. One-half of 1% for each year between age 55 and age 60 and 1% for each year between age 60 and age 65.

### **Disability retirement**

Eligibility: The completion of 10 Years of Benefit Service and disabled six consecutive months.

Benefit: Accrued benefit at date of termination, payable immediately.

### **Form of benefit**

Normal form: Life annuity. For married participants, payable as an actuarially equivalent 50% joint and survivor annuity.

Optional forms: Life annuity, 100%, 75%, or 50% joint and survivor annuity.

Automatic lump sum: Payable immediately, without participant or spousal consent, if the present value is \$3,500 or less.

### **Actuarial equivalence for optional forms**

Interest: PBGC rate at beginning of Plan Year.

Mortality: UP 1984.



## **RBC Heim**

### **Effective date**

Original: August 15, 1956.

Latest amendment: December 31, 2018.

### **Plan year**

The calendar year.

### **Participation**

An employee becomes a plan participant after completion of one Hour of Service. Employees hired on or after March 1, 2005 will not be covered by the pension plan.

### **Year of Vesting Service**

For a Part-time Employee, a Plan Year during which an Employee is credited with at least 1,000 Hours of Service. If less than 1,000 hours, a fraction shall be credited.

### **Year of Benefit Service**

For a Part-time Employee, a Plan Year during which an Employee is credited with at least 1,700 Hours of Service. If less than 1,700 hours, a fraction shall be credited.

### **Accrued benefit**

The product of (A) and (B), as follows:

(A) \$34.25 per month,\*

(B) years of Benefit Service.

\*If retired prior to:

February 1, 2025 - \$34.00 per month  
February 1, 2024 - \$33.75 per month  
February 1, 2023 - \$33.50 per month  
February 1, 2020 – \$33.00 per month  
February 1, 2019 – \$32.50 per month  
February 1, 2018 – \$31.75 per month  
February 1, 2015 – \$31.00 per month  
February 1, 2014 – \$30.25 per month  
February 1, 2013 – \$29.50 per month  
February 1, 2012 – \$28.75 per month  
February 1, 2011 – \$28.00 per month  
February 1, 2010 – \$27.00 per month  
February 1, 2009 – \$26.25 per month  
February 1, 2008 – \$25.50 per month  
February 1, 2007 – \$24.75 per month  
February 1, 2006 – \$24.00 per month  
February 1, 2005 – \$23.25 per month  
February 1, 2002 – \$21.75 per month  
February 1, 1999 – \$20.25 per month  
February 1, 1998 – \$19.25 per month  
February 1, 1997 – \$18.25 per month



### **Normal retirement**

Eligibility: The first day of the month in which the participant turns age 65.

Benefit: Accrued benefit as of normal retirement date.

### **Early retirement**

Eligibility: The first day of the month coinciding with or following the later of age 55 and 10 Years of Vesting Service.

Benefit: Accrued benefit as of early retirement date.

Reduction factors: 6% per year for each year by which benefit commencement precedes normal retirement.

### **Late retirement benefit**

Accrued benefit as of late retirement date.

### **Termination prior to retirement**

Vesting schedule: 100% after completion of 5 Years of Vesting Service.

Benefit: Vested portion of accrued benefit as of date of termination, first payable upon normal retirement eligibility. Earlier benefit commencement may be elected, subject to early retirement eligibility and reduction factors.

### **Death prior to retirement**

Eligibility: Completion of 5 Years of Vesting Service.

Benefit: Surviving spouse's benefit is 50% of the benefit that would have been payable to the participant if the participant had: (1) terminated immediately before death, (2) elected to retire at earliest retirement eligibility, or date of death if later, and (3) elected a 50% joint and survivor annuity. The surviving spouse's benefit is first payable on the date that would have been the participant's earliest retirement date. If the participant had already satisfied early retirement eligibility, the surviving spouse's benefit is payable immediately.

### **Disability retirement**

Eligibility: The completion of 10 Years of Vesting Service.

Benefit: Accrued benefit at date of termination, payable immediately.

### **Form of benefit**

Normal form: Life annuity. For married participants, payable as an actuarially equivalent 55% joint and survivor annuity.

Optional forms: Life annuity, 10 Years Certain and Life, 55% joint and survivor annuity.

Automatic lump sum: Payable immediately, without participant or spousal consent, if the present value is \$3,500 or less.

### **Actuarial equivalence for optional forms**

Interest: GATT rate for the month prior to month of distribution.

Mortality: 1983 GAM.



## **Nice**

### **Effective date**

Original: March 1, 1997.

Latest amendment: December 31, 2018.

### **Plan year**

The calendar year.

### **Participation**

An employee becomes a plan participant after completion of one Hour of Service of employment.

### **Year of Vesting Service**

For a Part-time Employee, a Plan Year during which an Employee is credited with at least 870 Hours of Service. For any other employee, a 12-month period of service.

### **Year of Benefit Service**

For a Part-time Employee, a Plan Year during which an Employee is credited with at least 870 Hours of Service. For any other employee, Vesting Service except for service while ineligible or service for non-participating employees.

### **Accrued benefit**

The product of (A) and (B), as follows:

(A) \$32.25 per month,\*

(B) years of Benefit Service.

\* If retired prior to:

December 31, 2006 - \$31.50 per month

December 31, 2005 - \$30.75 per month

December 31, 2004 - \$30.00 per month

December 29, 1999 - \$27.00 per month

Note: The increase in benefits over \$30.00 was assumed to be effective December 31, 2004.

### **Normal retirement**

Eligibility: The last day of the month in which employee reaches age 65, or, if later the fifth anniversary of participation.

Benefit: Accrued benefit as of normal retirement date.

### **Early retirement**

Eligibility: The first day of the month coinciding with or following the later of age 55 and 10 Years of Benefit Service.

Benefit: Accrued benefit as of early retirement date.

Reduction factors: 1/15 for each of the first 5 years, and 1/30 for each of the next 5 years, by which benefit commencement date precedes normal retirement. No reduction is made if employee has 30 or more Years of Benefit Service.



### **Late retirement benefit**

Accrued benefit as of late retirement date.

### **Termination prior to retirement**

Vesting schedule: 100% after completion of 5 Years of Vesting Service.

Benefit: Vested portion of accrued benefit as of date of termination, first payable upon normal retirement eligibility. Earlier benefit commencement may be elected, subject to early retirement eligibility and reduction factors.

### **Death prior to retirement**

Eligibility: Completion of 5 Years of Vesting Service. Must be married for at least 12 months prior to death.

Benefit: Surviving spouse's benefit is 50% of the benefit that would have been payable to the participant if the participant had: (1) terminated immediately before death, (2) elected to retire at earliest retirement eligibility, or date of death if later, and (3) elected a 50% joint and survivor annuity. The surviving spouse's benefit is first payable on the date that would have been the participant's earliest retirement date. If the participant had already satisfied early retirement eligibility, the surviving spouse's benefit is payable immediately.

Cost of Death Benefit Coverage: Normal form of retirement benefit is reduced by: One-eighth of 1% for each year of coverage prior to age 35. One-quarter of 1% for each year of coverage between age 35 and age 55. One-half of 1% for each year between age 55 and age 60 and 1% for each year between age 60 and age 65.

### **Disability retirement**

Eligibility: 10 Years of Benefit Service and disabled 5 consecutive months.

Benefit: Greater of (1) accrued benefit at date of termination and (2) \$300 per month reduced by participant's Social Security Benefit.

### **Form of benefit**

Normal form: Life annuity. For married participants, payable as an actuarially equivalent 50% joint and survivor annuity.

Optional forms: Life annuity, 100%, 75%, or 50% joint and survivor annuity.

Automatic lump sum: Payable immediately, without participant or spousal consent, if the present value is \$3,500 or less.

### **Actuarial equivalence for optional forms**

Interest: PBGC rate at beginning of Plan Year.

Mortality: UP 1984.



## **Tyson**

### **Effective date**

Original: January 1, 2002.

Latest amendment: December 31, 2018.

### **Plan year**

The calendar year.

### **Participation**

An employee becomes a plan participant after completion of one Hour of Service.

### **Year of Vesting Service**

For a Part-time Employee, a Plan Year during which an Employee is credited with at least 870 Hours of Service.  
For any other employee, a 12-month period of service.

### **Year of Benefit Service**

For a Part-time Employee, a Plan Year during which an Employee is credited with at least 870 Hours of Service.  
For any other employee, Vesting Service except for service while ineligible or service for non-participating employees.

### **Accrued benefit**

The product of (A) and (B), as follows:

(A) \$35.00 per month effective May 1, 2007\*

(B) years of Benefit Service.

\*If terminated prior to:

May 1, 2007 - \$34 per month

May 1, 2006 - \$33 per month

May 1, 2005 - \$32 per month

January 1, 2004 - \$29 per month

### **Normal retirement**

Eligibility: The last day of the month in which employee reaches age 65, or, if later the fifth anniversary of participation.

Benefit: Accrued benefit as of normal retirement date.

### **Early retirement**

Eligibility: The first day of the month coinciding with or following the later of age 55 and 10 Years of Benefit Service.

Benefit: Accrued benefit as of early retirement date.

Reduction factors: 1/15 for each of the first 5 years, and 1/30 for each of the next 5 years, by which benefit commencement precedes normal retirement.



### **Late retirement benefit**

Accrued benefit as of late retirement date.

### **Termination prior to retirement**

Vesting schedule: 100% after completion of 5 Years of Vesting Service.

Benefit: Vested portion of accrued benefit as of date of termination, first payable upon normal retirement eligibility. Earlier benefit commencement may be elected, subject to early retirement eligibility and reduction factors.

### **Death prior to retirement**

Eligibility: Completion of 5 Years of Vesting Service. Must be married for at least 12 months prior to death.

Benefit: Surviving spouse's benefit is 50% of the benefit that would have been payable to the participant if the participant had: (1) terminated immediately before death, (2) elected to retire at earliest retirement eligibility, or date of death if later, and (3) elected a 50% joint and survivor annuity. The surviving spouse's benefit is first payable on the date that would have been the participant's earliest retirement date. If the participant had already satisfied early retirement eligibility, the surviving spouse's benefit is payable immediately.

Cost of Death Benefit Coverage: Normal form of retirement benefit is reduced by: One-eighth of 1% for each year of coverage prior to age 35. One-quarter of 1% for each year of coverage between age 35 and age 55. One-half of 1% for each year between age 55 and age 60 and 1% for each year between age 60 and age 65.

### **Disability retirement**

Eligibility: The completion of 10 Years of Benefit Service and disabled six consecutive months.

Benefit: Accrued benefit at date of termination, payable immediately.

### **Form of benefit**

Normal form: Life annuity. For married participants, payable as an actuarially equivalent 50% joint and survivor annuity.

Optional forms: Life annuity, 100%, 75%, or 50% joint and survivor annuity.

Automatic lump sum: Payable immediately, without participant or spousal consent, if the present value is \$5,000 or less.

### **Actuarial equivalence for optional forms**

Interest: PBGC rate at beginning of Plan Year.

Mortality: UP 1984.

Roller Bearing Company of America, Inc. Union Pension Plan

Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

EIN: #13-3426227 Plan #047

As of December 31, 2023

| (a) , (b)                         | (c)                                                  | (d)          | (e)           |
|-----------------------------------|------------------------------------------------------|--------------|---------------|
| Identity of Issue                 | Investment Description                               | Cost         | Current Value |
| <i>Cash and Cash Equivalents</i>  |                                                      |              |               |
| *Vanguard Fiduciary Trust Company | Cash                                                 | \$ 11,849    | \$ 11,849     |
| <i>Money Market Funds</i>         |                                                      |              |               |
| *Vanguard Fiduciary Trust Company | Vanguard Treasury Money Market (8,572,596.30 shares) | 8,572,596    | 8,572,596     |
|                                   |                                                      | \$ 8,584,445 | \$ 8,584,445  |

*\*Party-in-Interest*