

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">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).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan a DFE (specify) _____

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

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

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>FLOWSERVE CORPORATION PENSION PLAN</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>FLOWSERVE CORPORATION</u></p> <p><u>5215 NORTH O'CONNOR BLVD. STE 700</u> <u>IRVING, TX 75039</u></p>	<p>1c Effective date of plan <u>12/31/1950</u></p> <p>2b Employer Identification Number (EIN) <u>31-0267900</u></p> <p>2c Plan Sponsor's telephone number <u>972-443-6500</u></p> <p>2d Business code (see instructions) <u>333200</u></p>

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.	10/09/2025	CHRIS GAITHER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	8596
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	4630
	6a(2)	4039
	6b	1486
	6c	2073
	6d	7598
	6e	433
	6f	8031
	6g(1)	
	6g(2)	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

A Name of plan <u>FLOWERVE CORPORATION PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>FLOWERVE CORPORATION</u>	D Employer Identification Number (EIN) <u>31-0267900</u>	
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 type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	<u>380515044</u>
	b Actuarial value	2b	<u>409053965</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>1934</u>	<u>114075022</u>
	b For terminated vested participants	<u>2054</u>	<u>66295189</u>
	c For active participants	<u>4630</u>	<u>241304748</u>
	d Total	<u>8618</u>	<u>421674959</u>
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	<u>5.09 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>22010600</u>
	b Expected plan-related expenses	6b	<u>3700000</u>
	c Target normal cost	6c	<u>25710600</u>

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

SIGN HERE Signature of actuary <u>CHRISTY TRANG</u> Type or print name of actuary <u>WILLIS TOWERS WATSON US LLC</u> Firm name <u>500 NORTH AKARD STREET, SUITE 4300</u> <u>DALLAS, TX 75201</u> Address of the firm	<u>10/08/2025</u> Date <u>23-07869</u> Most recent enrollment number <u>214-530-4200</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	55356120
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	10072513
9	Amount remaining (line 7 minus line 8)	0	45283607
10	Interest on line 9 using prior year's actual return of <u>9.35</u> %	0	4234017
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>5.13</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		
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	49517624

Part III Funding Percentages			
14	Funding target attainment percentage	14	84.53 %
15	Adjusted funding target attainment percentage	15	84.53 %
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	86.44 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls		18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees		
08/01/2025	3000000	0					
08/29/2025	3000000	0					
09/08/2025	4000000	0					
			Totals ▶	18(b)	10000000	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 9214519
20	Quarterly contributions and liquidity shortfalls:	
	a Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	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
0	0	0
		(4) 4th
		0

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

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

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

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c)				31a 25710600
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	65759770		6242310	
b Waiver amortization installment			0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount				33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....				34 31952910
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	31952910		31952910	
36 Additional cash requirement (line 34 minus line 35)				36 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				37 9214519
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 9214519
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances				38b 9214519
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 0
40 Unpaid minimum required contributions for all years				40 0

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

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan FLOWERVE CORPORAION PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 FLOWERVE CORPORAION	D Employer Identification Number (EIN) 31-0267900	

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

BAIN CAPITAL CREDIT LP **200 CLARENDON ST.**
BOSTON, MA 02116

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

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

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

WILLIS TOWERS WATSON

WILLIS TOWERS WATSON
800 N. GLEBE ROAD
ARLINGTON, VA 22203

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	ACTUARY	550686	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)

T. ROWE PRICE

P.O. BOX 17215
BALTIMORE, MD 21297-1215

52-1714114

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 50	RECORDKEEPER	288060	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)

LEGAL AND GENERAL

35-7085469

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MANAGEMENT	140138	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"/>

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)

NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 20 49 50 62 72	TRUSTEE	127196	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)

WELLINGTON TRUST COMPANY

04-2755549

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MANAGEMENT	33790	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)

JP MORGAN INVESTMENT MANAGEMENT INC

13-3200244

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MANAGEMENT	27717	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"/>

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)

STATE STREET RESEARCH & MANAGEMENT

13-3142135

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MANAGEMENT	27711	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) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan <u>FLOWERVE CORPORATION PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>FLOWERVE CORPORATION</u>	D Employer Identification Number (EIN) <u>31-0267900</u>

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LGIM MSCI ACWI CIT</u>		
b Name of sponsor of entity listed in (a): <u>LEGAL & GENERAL</u>		
c EIN-PN <u>35-7085469-011</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>85158358</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>STATE STREET INTERMEDIATE GOV</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET</u>		
c EIN-PN <u>04-0025081-144</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>39624185</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>STATE STREET LONG GOV BOND INDEX</u>		
b Name of sponsor of entity listed in (a): <u>STATE STREET+</u>		
c EIN-PN <u>04-0025081-142</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>55045177</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LGIM TREASURY 15+ STRIPS CIT</u>		
b Name of sponsor of entity listed in (a): <u>LEGAL & GENERAL</u>		
c EIN-PN <u>35-7085469-021</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>24223857</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RESCAP GLOBAL REAL ESTATE CIT W CL</u>		
b Name of sponsor of entity listed in (a): <u>RESCAP</u>		
c EIN-PN <u>83-2160256-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>34791399</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LGIM GLOBAL CORE INFRASTRUCTURE CIT</u>		
b Name of sponsor of entity listed in (a): <u>LEGAL & GENERAL</u>		
c EIN-PN <u>35-7085469-013</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>33471715</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WELLINGTON SECURITIZED OPPORTUNITIE</u>		
b Name of sponsor of entity listed in (a): <u>WELLINGTON TRUST COMPANY</u>		
c EIN-PN <u>04-6913417-160</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>19334819</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: **BNY MELLON DB NSL EFF BETA FA FUND**

b Name of sponsor of entity listed in (a): **BNY MELON**

c EIN-PN 25-6078093-351	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13310010
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a Name of MTIA, CCT, PSA, or 103-12 IE: **JPM EMERGING MARKETS FUND**

b Name of sponsor of entity listed in (a): **JPMORGAN CHASE BANK N.A.**

c EIN-PN 82-3282328-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17192420
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a Name of MTIA, CCT, PSA, or 103-12 IE: **STATE STREET LONG CREDIT INDEX**

b Name of sponsor of entity listed in (a): **STATE STREET**

c EIN-PN 04-0025081-146	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13100370
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan FLOWERVE CORPORATION PENSION PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 FLOWERVE CORPORATION	D Employer Identification Number (EIN) 31-0267900

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	20000000	10000000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	5797905	3497264
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)	14616273	13724306
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	340711866	335252310
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	381126044	362473880
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	381126044	362473880

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	10000000	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		10000000
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	287643	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		287643
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		13467440
(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		1575206
d Total income. Add all income amounts in column (b) and enter total	2d		25330289

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	39777974	
(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)		39777974
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)	288060	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	229375	
(6) Bank or trust company trustee/custodial fees	2i(6)	127196	
(7) Actuarial fees	2i(7)	550686	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	3009162	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		4204479
j Total expenses. Add all expense amounts in column (b) and enter total	2j		43982453

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-18652164
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) 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: WHITLEY PENN LLP

(2) EIN: 75-2393478

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		20000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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.)

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 549829.

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>FLOWERVE CORPORATION PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>FLOWERVE CORPORATION</u>	D Employer Identification Number (EIN) <u>31-0267900</u>	

Part I	Distributions
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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	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>38-2702003</u>		
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	<u>387</u>

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

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

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

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

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

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

Part III	Amendments
-----------------	-------------------

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

Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer _____

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

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

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

(1) Contribution rate (in dollars and cents) _____

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Public Equity: 36.1 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 52.2 %
 High-Yield Debt: 10.1 % Real Assets: 0.0 % Cash or Cash Equivalents: 0.0 % Other: 1.6 %

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

**FLOWSERVE CORPORATION
PENSION PLAN**

**FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULES**

**YEARS ENDED DECEMBER 31, 2024 AND 2023
WITH REPORT OF INDEPENDENT AUDITORS**

**FLOWSERVE CORPORATION
PENSION PLAN**

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REPORT OF INDEPENDENT AUDITORS

To the Participants and Plan Administrator of the
FlowsERVE Corporation Pension Plan

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

We have performed audits of the financial statements of the FlowsERVE Corporation 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, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of December 31, 2023, the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 5 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, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (“GAAP”).

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor’s Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

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

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

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

Other Matter — Supplemental Schedules Required by ERISA

The supplemental schedules of Form 5500, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2024, and Form 5500, Schedule H, Line 4j – Schedule of Reportable Transactions for the year ended December 31, 2024, are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the 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 GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The 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).

Whitley Penn LLP

Fort Worth, Texas
October 3, 2025

**FLOWSERVE CORPORATION
PENSION PLAN**

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	2024	2023
ASSETS		
Investments, at fair value:		
Cash and cash equivalents	\$ 3,497,264	\$ 5,797,905
Limited partnership funds	13,724,306	14,616,273
Common/Collective trusts	<u>335,252,310</u>	<u>340,711,866</u>
Total investments, at fair value	352,473,880	361,126,044
Company contributions receivable	10,000,000	20,000,000
Net assets available for benefits	<u><u>\$ 362,473,880</u></u>	<u><u>\$ 381,126,044</u></u>

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

**FLOWSERVE CORPORATION
PENSION PLAN**

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Year Ended December 31,	
	2024	2023
Additions to Net Assets		
Investment income:		
Net appreciation in fair value of investments	\$ 13,566,986	\$ 31,111,090
Interest and dividends	1,575,206	1,814,084
Total investment income	15,142,192	32,925,174
Contributions:		
Company contributions	10,000,000	20,000,000
Total additions to net assets	25,142,192	52,925,174
Deductions from Net Assets		
Benefits paid to participants	(39,777,974)	(35,192,868)
Administrative expenses	(4,016,382)	(3,650,324)
Total deductions from net assets	(43,794,356)	(38,843,192)
Increase (decrease) in net assets available for benefits	(18,652,164)	14,081,982
Net assets available for benefits:		
Beginning of year	381,126,044	367,044,062
End of year	<u>\$ 362,473,880</u>	<u>\$ 381,126,044</u>

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

**FLOWSERVE CORPORATION
PENSION PLAN**

STATEMENT OF ACCUMULATED PLAN BENEFITS

	December 31, 2023
Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants currently receiving payments	\$ 107,514,235
Other vested participants	<u>287,449,824</u>
Total vested benefits	394,964,059
Non-vested benefits	<u>567,473</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$ 395,531,532</u></u>

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

**FLOWSERVE CORPORATION
PENSION PLAN**

STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS

	Year Ended
	<u>December 31, 2023</u>
Actuarial present value of accumulated plan benefits at January 1, 2023	\$ 373,212,196
Increase (decrease) in accumulated plan benefits during the year attributable to:	
Benefits paid	(35,192,868)
Increase for interest due to decrease in discount period	22,478,187
Actuarial gains	19,515,879
Plan amendment	17,798,148
Changes in actuarial assumptions and other	<u>(2,280,010)</u>
Net increase in actuarial present value of accumulated plan benefits	<u>22,319,336</u>
Actuarial present value of accumulated plan benefits at December 31, 2023	<u><u>\$ 395,531,532</u></u>

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

**FLOWERVE CORPORATION
PENSION PLAN**

NOTES TO FINANCIAL STATEMENTS

1. DESCRIPTION OF THE PLAN

General

The following is a general description of the Flowserve Corporation (the “Company”) Pension Plan (the “Plan”), including eligibility requirements, vesting and available benefits. Participants should refer to the Plan document for complete terms and provisions of the Plan.

The Plan is a defined benefit pension plan covering substantially all union and non-union employees of the Company in the United States. It is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (“ERISA”).

Non-union employees

The Plan is a non-contributory benefit arrangement that operates under a cash balance formula (the "Cash Balance Section") for all non-union participants. As a result, a notional account for each non-union participant is established. This account is credited with Company contributions and interest quarterly based upon each participant’s age, years of service and eligible compensation.

Effective December 31, 2023, the Cash Balance Section of the Plan was closed and no employees newly hired on or after January 1, 2024 were eligible to participate in the Cash Balance Section of the Plan (rehires were still be able to participate). Additionally, effective December 31, 2024, the Cash Balance Section of the Plan was frozen and active participants no longer receive any additional Contribution Credits after December 31, 2024. Interest credits will continue to be added to cash balance pension accounts. None of these changes apply to union employees.

Union employees

The Company has a number of collective bargaining agreements that require the Plan to provide benefits to employees covered under these agreements. While the pension benefits may vary from agreement to agreement, generally these agreements provide a monthly benefit calculated by multiplying a specified amount in the collective bargaining agreement by the covered employees’ years of service. The following current or former manufacturing sites have collective bargaining agreements with benefits provided under the Plan:

- Angola, New York
- Cleveland, Ohio
- Dayton, Ohio
- Jeffersonville, Indiana
- Lynchburg, Virginia
- Phillipsburg, New Jersey
- Tulsa, Oklahoma
- Vernon, California
- Williamsport, Pennsylvania

**FLOWERVE CORPORATION
PENSION PLAN**

NOTES TO FINANCIAL STATEMENTS (continued)

Vesting and benefit provisions

Participants who do not receive benefits under the cash balance formula vest 100% after completion of three years of service. Participants who receive benefits under the cash balance formula vest at a rate of 33 1/3% at the end of each year until they are fully vested upon completion of three years of service. Participants are eligible to receive payments in the form of lump-sum distributions or annuity payments from the Plan upon attainment of normal retirement eligibility requirements, early retirement eligibility requirements, disability retirement eligibility requirements and, for cash balance participants, upon termination of employment as defined by the Plan.

Administration

The Plan is administered by the Pension and Investment Committee (referred to as the “Plan Administrator”), which is appointed by the Organization and Compensation Committee of the Board of Directors. The Plan's trustee is The Northern Trust Company (“Northern Trust”).

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of accounting

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

Fair value

Investments are recorded at fair value. See Note 9 for a description of the determination of the investments' fair values. The receivable for Company contributions approximated fair value at December 31, 2024 due to the relatively short maturity of this instrument.

Investment transactions

Purchases and sales of securities are reflected on a trade-date basis. Dividend income is recorded on the ex-dividend date. Interest income is recorded as earned on an accrual basis. The net appreciation in the fair value of investments includes the realized gains or losses recognized during the year and the unrealized appreciation on those investments held at the end of the year.

Administrative expenses

The Plan is charged with investment manager and trustee fees, as well as Pension Benefit Guarantee Corporation (“PBGC”) premiums. Certain other administrative costs of the Plan are paid by the Company.

**FLOWSERVE CORPORATION
PENSION PLAN**

NOTES TO FINANCIAL STATEMENTS (continued)

Use of estimates

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

Refer to Note 4 for significant actuarial assumptions used in determining the Plan's present value of accumulated benefits.

Benefits

Benefits paid to participants are recorded upon distribution.

Actuarial present value of accumulated plan benefits

Accumulated plan benefits for participants under collective bargaining agreements are those future periodic payments that are attributable under the Plan's provisions to the years of service participants have rendered based on labor grade and/or years of service. Accumulated plan benefits for participants under the cash balance formula are calculated based on Company contributions and interest income, which are determined by, among other things, each participant's years of service and compensation.

Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees and (b) beneficiaries of employees who have died.

The calculation of the present value of all accrued benefits recognizes future changes in benefit eligibility that may occur due to aging and accrual of service. In addition, it includes the accrued portion of disabilities or pre-retirement death benefits, which is expected to become payable.

Risks and uncertainties

The Plan's investments are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with investments held by the Plan, it is at least reasonably possible that changes in the values of such investments could occur in the near term and that such changes could materially affect the present value of accumulated plan benefits and the amounts reported in the accompanying 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 estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the Plan's financial statements.

**FLOWSERVE CORPORATION
PENSION PLAN**

NOTES TO FINANCIAL STATEMENTS (continued)

Accounting developments

New accounting pronouncements

Pronouncements implemented

None.

Pronouncements not yet implemented

None.

Subsequent events

In preparing the accompanying financial statements, management has evaluated subsequent events and transactions for potential recognition or disclosure through October 3, 2025, the date the financial statements were available for issuance.

3. FUNDING POLICY

The funding policy of the Plan is designed to fund the Plan's current service costs on a current basis, to fund interest on the unfunded accrued liability and to reduce any unfunded accrued liability. An independent actuary calculates the Company's contributions necessary to meet minimum funding requirements under ERISA.

In years where net assets available for benefits fall short of accumulated plan benefits the shortfall may be reduced over time by the investment performance of the assets in the Plan. Additional Company contributions may also be considered to amend the shortfall, to the extent such additional contributions do not adversely affect the Company's cash flow needs, and to the extent such additional contributions are the most strategic use of the Company's assets.

For the 2024 and 2023 plan years, the Company made contributions to the Plan in amounts which exceeded the minimum contributions required under ERISA. Contributions of \$10.0 million and \$20.0 million were made before September 15, 2025 and 2024, respectively, which were recorded by the Plan and included in the accompanying financial statements as of December 31, 2024 and 2023.

**FLOWERVE CORPORATION
PENSION PLAN**

NOTES TO FINANCIAL STATEMENTS (continued)

4. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

The actuarial present value of accumulated plan benefits was determined by the Company's independent actuary and represents the amount that results from applying actuarial assumptions and the Plan's provisions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in determining the Plan's January 1, 2024 present value of accumulated plan benefits are as follows:

Interest discount rate	6.00% compounded annually
Life expectancy	MP-2021 Mortality Improvement Scale Table
Retirement age	From 55 to 70 with various probabilities

The interest discount rate for 2023 was 6.00%.

5. CERTIFIED INVESTMENTS

Certain information related to investments disclosed in the accompanying financial statements and ERISA - required supplemental schedules, including investments held at December 31, 2024 and 2023, and net appreciation in fair value of investments and interests and dividends for the years ended December 31, 2024 and 2023, was obtained by management and agreed to or derived from information certified as complete and accurate by Northern Trust (the trustee of the Plan).

6. PARTY-IN-INTEREST TRANSACTIONS

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who directly or indirectly owns 50% or more of such an employer or employee organization, or relatives of such aforementioned persons.

Northern Trust Collective Short Term Investment Fund is managed by Northern Trust, which is the trustee as defined by the Plan and, therefore, transactions with this money market fund qualifies as party-in-interest transactions, which are exempt from the prohibited transaction rules.

During the years ended December 31, 2024 and 2023, the Plan paid certain expenses related to plan operations and investment activity to various service providers. These transactions are party-in-interest transactions under ERISA.

7. INCOME TAX STATUS

The Plan received a determination letter from the Internal Revenue Service ("IRS") dated October 25, 2016, stating that the Plan, as then designed, was qualified under Section 401(a) of the Internal Revenue Code (the "Code") and, therefore, the related trust is exempt from taxation. Once qualified, the Plan is

**FLOWERVE CORPORATION
PENSION PLAN**

NOTES TO FINANCIAL STATEMENTS (continued)

required to operate in conformity with the Code to maintain its qualification. The Plan has been amended since receiving the determination letter; however, the Plan Administrator and the Company believe the amendments are not material and the Plan is designed and is currently being operated in compliance with the applicable requirements of the Code.

U.S. GAAP requires management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan Administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2024, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure 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.

8. PLAN TERMINATION

A general description of the priority order of participant claims to the assets of the Plan upon Plan termination and benefits guaranteed by the PBGC, a U.S. government agency, is provided in the Plan document. Should the Plan terminate, the net assets generally will not be available on a pro rata basis to provide participant benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Company and the level of benefits guaranteed by the PBGC. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guarantee, while other benefits may not be provided for at all.

9. FAIR VALUE OF INVESTMENTS

The Plan's investments, shown below, are presented at fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Where available, fair value is based on observable market prices or parameters or derived from such prices or parameters. Where observable prices or inputs are not available, valuation models may be applied.

Assets and liabilities are recorded at fair value in the statement of net assets available for benefits and categorized based upon the level of judgment associated with the lowest level of significant inputs used to measure their fair values. Hierarchical levels, as defined by U.S. GAAP are directly related to the amount of subjectivity associated with the inputs to fair valuation of these assets and liabilities, and are as follows:

Level I – Inputs are unadjusted, quoted prices in active markets for identical assets or liabilities at the measurement date.

Level II – Inputs (other than quoted prices included in Level I) are either directly or indirectly observable for the asset or liability through correlation with market data at the measurement date and for the duration of the instrument's anticipated life.

**FLOWERVE CORPORATION
PENSION PLAN**

NOTES TO FINANCIAL STATEMENTS (continued)

Level III – Inputs reflect the best estimate of what market participants would use in pricing the asset or liability at the measurement date. Consideration is given to the risk inherent in the valuation technique and the risk inherent in the inputs to the model.

As of December 31, 2024 and 2023 the Plan held no investments in Level III assets.

The fair values of the Plan’s investments were:

	December 31, 2024		
	Total	Level I	Level II
Cash and cash equivalents	\$ 3,497,264	\$ 3,497,264	\$ —
Limited partnership funds	13,724,306	—	13,724,306
Common/Collective trusts	335,252,310	—	335,252,310
Total investments	<u>\$ 352,473,880</u>	<u>\$ 3,497,264</u>	<u>\$ 348,976,616</u>

	December 31, 2023		
	Total	Level I	Level II
Cash and cash equivalents	\$ 5,797,905	\$ 5,797,905	\$ —
Limited partnership funds	14,616,273	—	14,616,273
Common/Collective trusts	340,711,866	—	340,711,866
Total investments	<u>\$ 361,126,044</u>	<u>\$ 5,797,905</u>	<u>\$ 355,328,139</u>

The following is a description of the valuation methodologies used for the investments measured at fair value:

Cash and cash equivalents- Money market funds represent the cash and cash equivalents balance. Fair value of the money market funds is based on quoted market prices on the last business day of the year and is classified as a Level I asset.

Common/Collective trusts- Fair values of common/collective trust funds are based on the fair values of the underlying securities, which are based on the last reported sales price or bid in active markets and are classified as Level II assets. Were the Plan to initiate a full redemption of the common/collective trust funds, such request would have to be submitted in writing.

Limited partnership funds- Fair values of limited partnership funds are based on the fair values of the underlying securities or assets, which are based on the last reported sales price or bid in active markets on the day of determination and are classified as Level II assets. Were the Plan to initiate a full redemption of the limited partnership funds, such request would have to be submitted in writing.

SUPPLEMENTAL SCHEDULES

SCHEDULE SB ATTACHMENTS

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

Attained Age	Attained Years of Credited Service ¹										Total	
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over		
Under 25	99	103	5	0	0	0	0	0	0	0	0	207
	69,983	68,704	-	-	-	-	-	-	-	-	-	69,083
25-29	96	227	40	2	0	0	0	0	0	0	0	365
	79,950	94,571	97,519	-	-	-	-	-	-	-	-	90,887
30-34	92	192	110	41	1	0	0	0	0	0	0	436
	82,866	97,479	114,191	124,117	-	-	-	-	-	-	-	101,052
35-39	87	164	117	100	66	0	0	0	0	0	0	534
	91,250	117,029	121,349	130,414	128,982	-	-	-	-	-	-	117,759
40-44	81	158	105	92	104	38	3	0	0	0	0	581
	99,848	110,141	118,238	122,453	145,375	112,119	-	-	-	-	-	118,442
45-49	52	129	91	73	84	71	35	0	0	0	0	535
	93,238	118,996	136,721	120,482	134,903	117,709	117,147	-	-	-	-	121,916
50-54	52	107	84	83	76	75	49	32	4	0	0	562
	89,772	117,991	111,738	116,751	127,817	110,140	146,723	151,100	-	-	-	119,129
55-59	37	150	72	70	68	64	72	69	28	0	0	630
	101,229	111,590	141,351	109,063	111,053	107,799	120,310	156,621	128,288	-	-	120,329
60-64	24	83	49	67	74	49	33	51	44	20	0	494
	105,929	100,427	111,155	101,452	112,848	120,146	122,134	119,394	146,457	107,391	0	113,504
65-69	7	24	21	29	35	25	17	16	13	30	0	217
	-	103,129	104,114	102,439	130,051	101,081	-	-	-	128,708	0	111,790
70 & over	1	4	3	7	8	11	7	3	8	17	0	69
	-	-	-	-	-	-	-	-	-	-	-	115,359
Total	628	1,341	697	564	516	333	216	171	97	67	0	4,630
	87,373	104,376	119,808	117,266	127,778	112,344	121,920	141,209	136,335	118,970	0	112,204

¹ Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Flowserve Corporation Pension Plan
 EIN / PN: 31-0267900/001
 Plan Sponsor: Flowserve Corporation
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a

Schedule of Active Participant Data for Cash Balance Plans as of January 1, 2024

Attained Age	Attained Years of Credited Service ²										Total	
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over		
Under 25	92	99	5	0	0	0	0	0	0	0	0	196
	971	3,513	-	-	-	-	-	-	-	-	-	2,467
25-29	96	218	40	2	0	0	0	0	0	0	0	356
	1,062	6,150	13,879	-	-	-	-	-	-	-	-	5,710
30-34	87	185	107	41	0	0	0	0	0	0	0	420
	1,120	6,477	18,680	32,236	-	-	-	-	-	-	-	10,991
35-39	85	161	112	97	64	0	0	0	0	0	0	519
	1,095	8,345	21,411	39,456	53,686	-	-	-	-	-	-	21,383
40-44	78	156	103	90	100	37	3	0	0	0	0	567
	1,578	8,821	24,684	37,851	74,136	78,728	-	-	-	-	-	31,793
45-49	49	126	90	69	80	64	33	0	0	0	0	511
	1,451	11,115	35,853	46,332	75,840	89,782	112,382	-	-	-	-	45,826
50-54	48	100	83	73	71	71	48	31	4	0	0	529
	2,034	13,437	33,967	53,066	88,479	108,112	169,411	180,718	-	-	-	69,058
55-59	36	146	72	68	58	60	70	69	28	0	0	607
	2,470	13,358	48,908	58,934	94,506	110,563	146,655	212,900	192,613	-	-	85,720
60-64	24	79	49	64	67	46	32	48	43	20	0	472
	2,898	13,478	42,326	59,182	103,750	136,864	165,156	192,881	287,386	172,523	-	107,191
65-69	7	21	21	24	33	23	11	15	13	30	0	198
	-	13,645	42,180	78,960	147,919	129,374	-	-	-	322,864	-	152,217
70 & over	1	4	3	6	6	9	5	3	8	14	0	59
	-	-	-	-	-	-	-	-	-	-	-	194,434
Total	603	1,295	685	534	479	310	202	166	96	64	0	4,434
	1,417	9,064	29,681	48,243	85,922	108,718	147,831	210,619	246,776	287,244	0	54,227

² Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Flowserve Corporation Pension Plan
 EIN / PN: 31-0267900/001
 Plan Sponsor: Flowserve Corporation
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

- Applicable month January
- Interest rate basis 3-Segment Rates

Interest rates:	Reflecting Stabilization	Not Reflecting Stabilization
-----------------	--------------------------	------------------------------

Annual rates of increase

- Compensation: 4.00%
- Future Social Security wage bases 3.50%
- Statutory limits on compensation 2.50%
- Cash balance interest credit 4.00% in 2024 grading to a long-term rate of 4.75% in 2027

Administrative expenses \$3,700,000

As permitted by law, rates reflecting stabilization are used to determine the funding target and target normal cost, and thus the minimum required contribution under IRC §430 for the plan. Because these assumptions are subject to a corridor based on average interest rates over a 25-year period, they may differ from (and currently are higher than) current market interest rates, and may be inconsistent with other economic assumptions used in the valuation.

Plan Name: Flowserve Corporation Pension Plan
EIN / PN: 31-0267900/001
Plan Sponsor: Flowserve Corporation
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion date The valuation date coincident with or next following the date on which the employee becomes a participant.

New or rehired employees It was assumed there will be no new or rehired employees.

Mortality

- **Healthy** Separate rates for non-annuitants and annuitants based on Pri-2012 "Employees" and "Healthy Annuitants" (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).
- **Disabled** Alternative disabled life mortality tables as defined under Revenue Ruling 96-7.

Plan Name: Flowserve Corporation Pension Plan
EIN / PN: 31-0267900/001
Plan Sponsor: Flowserve Corporation
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Termination

Rates varying by age and service and by employee type.

Representative Termination Rates – Cash Balance

Percentage leaving during the year		
Attained Age	Years of Service	
	0-3	4+
20	25%	18%
25	23%	16%
30	22%	14%
35	21%	12%
40	20%	10%
45	20%	8%
50	20%	7.5%
55	20%	7.5%
60	20%	0%

Representative Termination Rates – Union

Percentage leaving during the year		
Attained Age	Males	Females
20	20.0730%	20.0730%
25	11.3230%	11.3230%
30	5.0580%	5.0580%
35	3.6110%	3.6110%
40	2.3800%	2.3800%
45	1.5580%	1.5580%
50	1.0270%	1.0270%
55	0.5930%	0.5930%
60	0.1010%	0.1010%
65	0.0000%	0.0000%

Plan Name: Flowserve Corporation Pension Plan
EIN / PN: 31-0267900/001
Plan Sponsor: Flowserve Corporation
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Disability

The rates at which participants become disabled by age and gender are shown below:

Percentage becoming disabled during the year		
Age	Males	Females
20	0.0540%	0.0580%
25	0.0560%	0.0590%
30	0.0600%	0.0720%
35	0.7400%	0.1030%
40	0.1160%	0.1630%
45	0.2000%	0.1740%
50	0.3770%	0.4780%
55	0.7430%	0.7110%
60	1.2130%	1.0160%
65	0.1170%	0.1170%

Plan Name: Flowserve Corporation Pension Plan
EIN / PN: 31-0267900/001
Plan Sponsor: Flowserve Corporation
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Retirement

Rates varying by age and employee type.

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age and employee type are shown below.

Percentage retiring during the year		
Age	Cash Balance	Union
55	8.00%	1.00%
56	8.00%	1.00%
57	8.00%	1.00%
58	9.00%	1.00%
59	9.00%	2.50%
60	9.00%	5.00%
61	9.00%	5.00%
62	15.00%	20.00%
63	17.00%	15.00%
64	18.00%	10.00%
65	20.00%	100.00%
66	30.00%	100.00%
67	30.00%	100.00%
68	30.00%	100.00%
69	100.00%	100.00%
70	100.00%	100.00%

- Duriron Pump and Foundry Division – Dayton, OH Age 65, or age 60 with 30 years of service.
- BW/IP Pension Plan No. 2 – Vernon, CA Age 65, or age 62 with 30 years of service
- IAM 1130-0 Cleveland, OH Age 65
- Limitorque Lynchburg, VA Age 65, or age 62 with 30 years of service

Plan Name: Flowserve Corporation Pension Plan
 EIN / PN: 31-0267900/001
 Plan Sponsor: Flowserve Corporation
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Benefit commencement date:

- Preretirement death benefit: The later of the death of the active participant or the date the participant would have attained age 55
- Future deferred vested benefit: 80% of Cash Balance participants are assumed to commence immediately and 20% are assumed to defer payment to age 65. 100% of union participants are assumed to defer payment to age 65.
- Current deferred vested benefit: Cash Balance participants are assumed to defer payment according to the ages and rates below:

Age	Rate
65	50%
66	15%
67	10%
68	10%
69	30%
70	100%

- Disability benefit: Upon disablement
- Retirement benefit: 75% of Cash Balance participants are assumed to elect an immediate lump sum, 10% are assumed to elect an immediate single life annuity; 15% are assumed to defer payment to age 65.

Form of payment

The following forms of payment are assumed:

Form of payment	Active Termination	Active Retirement
Immediate Lump Sum	80%	75%
Immediate Single Life Annuity	0%	10%
Deferred Single Life Annuity	20%	15%

Percent married

95% of employees are assumed to be married.

Spouse age

Husbands are assumed to be three years older than their wives.

Covered pay

Compensation assumed paid in the current year beginning on the valuation date is the prior year's base pay increased by salary scale, the prior year target bonus percentage, and a 8.00% load to account for other annual allowances, such as overtime.

Plan Name: Flowserve Corporation Pension Plan
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Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Timing of benefit payments Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Methods

Valuation date First day of plan year

Funding target Present value of accrued benefits as required by regulations under IRC §430.

Target normal cost Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.

Decrement timing The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.

Actuarial value of assets (for determining minimum required contributions) Average of the fair market value of assets on the valuation dates 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (of 6.00%, with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2023 plan year.)

Plan Name: Flowserve Corporation Pension Plan
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Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Benefits not valued

All benefits described in the Plan Provisions section of this report were valued except the Special Retirement Benefits related to vacation pay in the Agreement with Local 3320 United Steelworkers of America – Dayton, OH has not explicitly been valued using actual vacation entitlement data.

WTW has reviewed the plan provisions with Flowserve Corporation and, based on that review, is not aware of any other significant benefits required to be valued that were not.

Sources of Data and Other Information

Flowserve Corporation, along with its third party administrator, furnished participant data as of January 1, 2024. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Assumptions Rationale - Significant Economic Assumptions

Discount rate

The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.

Cash balance interest crediting rate

The plan credits interest to cash balance accounts on a quarterly basis using the 10-year Treasury rate for the month prior to the current quarter, but with a minimum interest credit rate of 3.79% while participants are actively employed. Flowserve Corporation has selected an expected future 10-year Treasury rate of 4.00% increasing 0.25% per year until reaching 4.75% for 2027 and beyond. After examining historical variability in this rate, and considering the increase in interest crediting expected to be caused by the minimum interest credit, we believe that the selected assumption does not significantly conflict with what would be reasonable based on market conditions at the measurement date.

Plan-related expenses

As required by regulations, plan-related expenses are calculated by estimating the expenses to be paid from the trust during the coming year (including, for example, expected PBGC premiums and actuarial, accounting, legal, administration and trustee fees to be paid from the trust).

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SCHEDULE SB ATTACHMENTS

Rates of increase in:

- **Compensation** Assumed compensation increases are based on plan sponsor expectations.
- **National average wages (NAW) (e.g., Social Security wage bases)** The assumed NAW is based on assumed CPI as shown below, plus assumed increases in real wages (the portion of GDP increases that becomes part of wages). Such assumed future increases in real wages are based on a combination of historical averages and forecasts by economists.
- **Increases in statutory limits (CPI)** The assumed CPI is based on current conditions and future forecasts by economists.
- **Assumed return for asset smoothing** The assumed return of 6.00% used for asset smoothing is the expected return on assets assumption chosen by the client for the 2023 plan year under U.S. GAAP. Although determining the expected rate of return on plan assets was not within the scope of our work, it is the client's best estimate and we determined that it does not significantly conflict with what would be reasonable based on their asset allocation.

Assumptions Rationale - Significant Demographic Assumptions

- Healthy Mortality** Assumptions used for funding purposes are as prescribed by IRC §430(h).
- Disabled Mortality** Assumptions used for funding purposes are as prescribed by IRC §430(h). The mortality table described above does not reflect mortality improvements beyond the valuation date.
- Termination** Termination rates were based on an experience study conducted in 2023 (experience period 2018 – 2022), with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.
- Assumed termination rates differ by age and service as well as between cash balance and union because of observed differences in termination rates by service and employee type.

Plan Name: Flowserve Corporation Pension Plan
EIN / PN: 31-0267900/001
Plan Sponsor: Flowserve Corporation
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Retirement

Retirement rates were based on an experience study conducted in 2023 (experience period 2018 – 2022), with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.

Assumed retirement rates differ by employee type because of observed differences in retirement rates by employee type.

Benefit commencement date for deferred benefits:

- Deferred vested benefit

80% of future deferred vested cash balance participants are assumed to elect an immediate lump sum. The remaining 20% are assumed to defer their lump sum to age 65.

100% of future deferred vested union participants are assumed to defer their annuity to age 65. Deferred vested participants' assumed commencement age is a single age intended to capture the average age at commencement. Deferred vested early commencement factors are not subsidized so that the difference between this approach and using assumed commencement rates at multiple ages is not expected to be significant.

Current deferred vested cash balance participants are assumed to defer their benefit based on a review of actual versus expected commencements for these participants performed in 2023 (experience period 2018 – 2022), with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.

Form of payment

The percentage of retiring cash balance participants assumed to take lump sums is based on observed experience over the period 2018 – 2022.

Percent married

The assumed percentage married is based on general population statistics on the marital status of individuals of retirement age.

Spouse age

The assumed age difference for spouses is based on general population statistics of the age difference for married individuals of retirement age.

Plan Name: Flowserve Corporation Pension Plan
EIN / PN: 31-0267900/001
Plan Sponsor: Flowserve Corporation
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Sources of Prescribed Methods

Funding methods

The methods used for funding purposes, including the method of determining plan assets, are “prescribed methods set by law”, as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

Changes in Assumptions and Methods

Change in assumptions and methods since prior valuation

- The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430.
- The mortality table used to calculate the funding target and target normal cost was changed from using a static projection of mortality improvement to a generational projection as required by guidance issued by the IRS under IRC §430.
- The compensation increase assumption was updated to 4.00% at all ages for the plan’s final year of accruals.
- The cash balance interest crediting rate was changed from 4.00% in 2023 grading to a long-term rate of 3.00% in 2027 to 4.00% in 2024 grading to a long-term rate of 4.75% in 2027.
- The asset smoothing method was updated from average of the fair market value of assets on the valuation date and the beginning of each of the 12 months preceding the valuation date to average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date.

Plan Name: Flowserve Corporation Pension Plan
EIN / PN: 31-0267900/001
Plan Sponsor: Flowserve Corporation
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Flowserve Corporation
EIN/PN	31-0267900/001
Plan Name	Flowserve Corporation Pension Plan
Valuation Date	January 1, 2024
Enrolled Actuary	Christy Trang
Enrollment Number	23-07869

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110
1210-0089

Department of the Treasury
Internal Revenue Service

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

2024

Department of Labor
Employee Benefits Security
Administration

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

This Form is Open to Public
Inspection

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: FLOWSERVE CORPORATION PENSION PLAN
1b Three-digit plan number (PN): 001
1c Effective date of plan: 12/31/1950
2a Plan sponsor's name (employer, if for a single-employer plan): FLOWSERVE CORPORATION
2b Employer Identification Number (EIN): 31-0267900
2c Plan Sponsor's telephone number: 972-443-6500
2d Business code (see instructions): 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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes signature of Chris Gaither and date 10/9/25.

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

Form 5500 (2024)
v. 240311

FLOWERVE CORPORAION

PENSION PLAN

I.R.S. Employer Identification Number: 31-0267900

Plan No. 001

SCHEDULE H; LINE 4j -- SCHEDULE OF REPORTABLE TRANSACTIONS

For the year ended December 31, 2024

(a)	(b)	(c)	(d)	(g)	(h)	(i)		
Identity of Party Involved	Description of Asset (include interest rate and maturity in the case of a loan)	Number of Purchase Transactions	Purchase Price	Number of Sell Transactions	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
Category (i)- Single securities transactions in excess of 5% of Plan assets								
State Street Global Advisor Long U.S. Government Bond Index	Common/ Collective Trust	1	\$ 22,300,000	—	\$ —	\$ —	\$ —	\$ —
State Street Global Advisor Intermediate U.S. Government Bond Index	Common/ Collective Trust	—	—	1	47,050,000	44,650,168	47,050,000	2,399,832
Category (iii)- Series of securities transactions in excess of 5% of Plan assets								
State Street Global Advisor Long U.S. Government Bond Index	Common/ Collective Trust	1	22,300,000	—	—	—	—	—
State Street Global Advisor Long U.S. Government Bond Index	Common/ Collective Trust	—	—	5	9,988	10,964	9,988	(976)
State Street Global Advisor Intermediate U.S. Government Bond Index	Common/ Collective Trust	—	—	7	48,062,498	45,613,823	48,062,498	2,448,675
Legal & General MSCI ACWI Collective Investment Trust Fund	Common/ Collective Trust	1	8,350,000	—	—	—	—	—
Legal & General MSCI ACWI Collective Investment Trust Fund	Common/ Collective Trust	—	—	13	12,955,612	7,378,107	12,955,612	5,577,505
* Northern Trust Collective Short Term Investment Fund	Money Market Fund	68	87,141,612	—	—	—	—	—
* Northern Trust Collective Short Term Investment Fund	Money Market Fund	—	—	50	89,438,724	89,438,724	89,438,724	—

There were no category (ii), or (iv) reportable transactions during the year ended December 31, 2024.

Columns (e) and (f) are not applicable. The information in this schedule has been certified as to its completeness and accuracy by the Trustee.

* Denotes an investment held by an entity known to be a party-in-interest to the Plan.

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service
Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

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

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

A Name of plan <u>FLOWERVE CORPORATION PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>FLOWERVE CORPORATION</u>	D Employer Identification Number (EIN) <u>31-0267900</u>	
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 type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information			
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>		
2	Assets:		
	a Market value	2a	380,515,044
	b Actuarial value	2b	409,053,965
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	1,934	114,075,022
	b For terminated vested participants	2,054	66,295,189
	c For active participants	4,630	241,304,748
	d Total	8,618	421,674,959
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	5.09%
6	Target normal cost		
	a Present value of current plan year accruals	6a	22,010,600
	b Expected plan-related expenses	6b	3,700,000
	c Target normal cost	6c	25,710,600

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

SIGN HERE	<u>Christy Trang</u> <i>QNT</i>	<u>10/8/2025</u>
	Signature of actuary	Date
<u>Christy Trang</u>	Type or print name of actuary	<u>2307869</u>
		Most recent enrollment number
<u>Willis Towers Watson US LLC</u>	Firm name	<u>214-530-4200</u>
		Telephone number (including area code)
<u>500 North Akard Street</u> <u>Suite 4300</u> <u>Dallas TX 75201</u>	Address of the firm	

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of January 1, 2024

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

Plan Name: Flowserve Corporation Pension Plan
EIN / PN: 31-0267900/001
Plan Sponsor: Flowserve Corporation
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26b Schedule of Projection of Expected Benefit Payments as of January 1, 2024

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2024	255,633	13,031,466	12,336,220	25,623,319
2025	663,602	1,530,214	11,924,834	14,118,650
2026	921,070	2,178,220	11,442,443	14,541,733
2027	965,539	2,470,178	10,952,346	14,388,063
2028	1,258,958	2,342,578	10,447,867	14,049,403
2029	1,358,175	3,101,338	9,935,853	14,395,366
2030	1,486,907	3,529,772	9,427,935	14,444,614
2031	1,708,691	3,668,011	8,918,753	14,295,455
2032	1,710,995	4,368,524	8,406,907	14,486,426
2033	1,721,424	4,076,943	7,930,156	13,728,523
2034	1,973,197	4,507,390	7,387,257	13,867,844
2035	1,648,139	4,713,138	6,879,635	13,240,912
2036	1,594,660	5,152,824	6,380,053	13,127,537
2037	1,795,124	4,001,748	5,890,022	11,686,894
2038	1,604,281	4,204,265	5,409,307	11,217,853
2039	1,611,879	4,075,783	4,940,427	10,628,089
2040	1,668,869	4,543,096	4,485,515	10,697,480
2041	1,484,976	3,925,922	4,046,910	9,457,808
2042	1,444,172	3,436,090	3,626,994	8,507,256
2043	1,406,053	3,524,272	3,227,920	8,158,245
2044	1,456,587	3,516,571	2,851,632	7,824,790
2045	1,177,098	3,436,936	2,499,863	7,113,897
2046	1,285,889	3,423,499	2,173,987	6,883,375
2047	1,145,595	3,737,689	1,874,995	6,758,279
2048	1,129,190	3,505,729	1,603,463	6,238,382
2049	1,061,067	2,941,176	1,359,520	5,361,763
2050	906,471	3,867,260	1,142,825	5,916,556
2051	891,982	3,477,707	952,575	5,322,264
2052	789,635	3,307,355	787,524	4,884,514
2053	785,331	3,325,354	646,068	4,756,753

Plan Name: Flowserve Corporation Pension Plan
EIN / PN: 31-0267900/001
Plan Sponsor: Flowserve Corporation
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2054	677,841	2,967,019	526,315	4,171,175
2055	652,525	2,992,339	426,180	4,071,044
2056	583,618	2,375,916	343,463	3,302,997
2057	534,811	2,164,296	275,930	2,975,037
2058	491,138	2,099,224	221,410	2,811,772
2059	458,758	1,609,272	177,856	2,245,886
2060	421,063	1,385,757	143,399	1,950,219
2061	392,820	1,131,522	116,372	1,640,714
2062	353,841	796,407	95,320	1,245,568
2063	319,429	694,777	79,004	1,093,210
2064	290,853	464,814	66,393	822,060
2065	265,210	433,969	56,652	755,831
2066	236,571	280,032	49,113	565,716
2067	212,086	148,429	43,252	403,767
2068	190,375	160,383	38,667	389,425
2069	169,553	107,032	35,048	311,633
2070	150,799	92,555	32,161	275,515
2071	134,020	82,600	29,832	246,452
2072	118,797	74,307	27,926	221,030
2073	105,054	64,405	26,341	195,800

Plan Name: Flowserve Corporation Pension Plan
EIN / PN: 31-0267900/001
Plan Sponsor: Flowserve Corporation
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Sponsor

Flowserve Corporation

Plan

Flowserve Corporation Pension Plan

Effective Date and Most Recent Amendment

The plan was originally effective July 1, 1999. The plan was restated in its entirety effective December 18, 2008. The last amendment reflected herein is effective December 31, 2023.

Plan Year

The twelve-month period ending December 31.

Vesting

Cash Balance Plan:

Years of Vesting Service	Vested Percentage
0	0.00%
1	33.33%
2	66.67%
3 or more	100.00%

Other:

Years of Vesting Service	Vested Percentage
0	0.00%
1	0.00%
2	0.00%
3 or more	100.00%

Plan Name: Flowserve Corporation Pension Plan
EIN / PN: 31-0267900/001
Plan Sponsor: Flowserve Corporation
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Cash Balance

Plan Coverage

All non-union employees of Flowserve Corporation, including participants of the former Durco International, BW/IP International, Automax, Durametallic, EPP, Pac-Seal, and Valtek hired on or before December 31, 2023.

Non-union employees of Ingersoll-Dresser Pumps (IDP) at locations other than Liberty Corners, NJ, Phillipsburg, NJ, and Huntington Park, CA became participants in the plan as of August 8, 2000. Non-union employees of the IDP locations noted above became participants as of August 8, 2001, if still employed by Flowserve as of that date.

Invatec employees in the valve repair, leak sealing, line services and field machining business begin participating in the plan effective March 1, 2002, with no credit for past service. This group was divested as of December 31, 2005. Non-union employees of Invensys Flow Control became participants in the plan as of May 2, 2002.

Participation

Effective January 1, 2024, the cash balance plan is closed to new participants.

Normal Retirement Benefit

Eligibility: Age 65 with three years of service.

Benefit Amount: The participant's account balance is maintained quarterly by increasing the July 1, 1999, opening account balance, if applicable, or the account balance based on the first of the month after date of hire as follows:

Age Plus Service Points	Pensionable Pay Up to Wage Base	Pensionable Pay Over Wage Base
Less than 45	3%	6%
45-54	4%	8%
55-64	5%	10%
65-74	6%	11%
75 or more	7%	12%

Effective January 1, 2025, account balances will no longer receive contribution credits.

Interest credits are based on the prevailing rate of return on 10-year Treasury bills as of the first business day of the month preceding the beginning of the quarter, but not less than 3.79% on an annual basis. The minimum 3.79% rate will apply through the beginning of the quarter in which the participant terminates employment.

Plan Name: Flowserve Corporation Pension Plan
EIN / PN: 31-0267900/001
Plan Sponsor: Flowserve Corporation
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Minimum interest crediting rates are guaranteed for participants as of June 30, 1999, according to the following schedule:

Age Plus Service Points at June 30, 1999	Minimum Interest Credit Guarantee Prior to January 1, 2018	Minimum Interest Credit Guarantee On and After January 1, 2018
Fewer than 50	None	None
50 – 64	6.5%	6.00%
65 or more	7.0%	6.00%

Furthermore, each participant is guaranteed to receive a benefit at least equal to the actuarial present value of his or her accrued benefit as of June 30, 1999, increased by 0.25% per month for each month worked from June 30, 1999, to June 30, 2002 (i.e., maximum 36 months).

Early Retirement Benefit

Eligibility: Age 55 with three years of service.

Monthly Benefit: Computed as for normal retirement. Participants who were covered under the benefit provisions of either the former BW/IP Retirement Plan, former Durco Salaried Plan, or the Cookeville Hourly Plan as of June 30, 1999, who elect the annuity option are eligible for an enhanced annuity determined by the following schedule:

Retirement Age	Early Retirement Factor (ERF)		
	BW/IP	Durco	Cookeville
55	55.00%	60.00%	N/A
56	61.00%	64.00%	N/A
57	67.00%	68.00%	N/A
58	73.00%	72.00%	N/A
59	79.00%	76.00%	N/A
60	86.00%	80.00%	67.00%
61	93.00%	84.00%	72.00%
62	100.00%	88.00%	78.00%
63	100.00%	92.00%	85.00%
64	100.00%	96.00%	92.00%
65	100.00%	100.00%	100.00%

Plan Name: Flowserve Corporation Pension Plan
 EIN / PN: 31-0267900/001
 Plan Sponsor: Flowserve Corporation
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

	Retirement Age	Enhanced Annuity
BW/IP Employee Participants	55-62	$\frac{\text{Cash Balance Account} \times [1 - .02 \times (62 - \text{RetAge})]}{\text{Age 62 annuity deferred to 65}}$
	62.0833-64.9167	$\frac{\text{Cash Balance Account} \times (1 + j)^{(62 - \text{RetAge})}}{\text{Immediate annuity at 65}}$
	65 and over	$\frac{\text{Cash Balance Account}}{\text{Immediate annuity at RetAge}}$
Durco Salaried Employee Participants	55-62	$\frac{\text{Cash Balance Account} \times .88 \times [1 - .005 \times (62 - \text{RetAge})]}{\text{Age 62 annuity deferred to 65}}$
	62.0833-64.9167	$\frac{\text{Cash Balance Account} \times \text{ERF} \times (1 + j)^{(62 - \text{RetAge})}}{\text{Immediate annuity at 65}}$
	65 and over	$\frac{\text{Cash Balance Account}}{\text{Immediate annuity at RetAge}}$
Cookeville Hourly Employee Participants	60-62	$\frac{\text{Cash Balance Account} \times .88 \times [1 - .005 \times (62 - \text{RetAge})]}{\text{Age 62 annuity deferred to 65}}$
	62.0833-64.9167	$\frac{\text{Cash Balance Account} \times \text{ERF} \times (1 + j)^{(62 - \text{RetAge})}}{\text{Immediate annuity at 65}}$
	65 and over	$\frac{\text{Cash Balance Account}}{\text{Immediate annuity at RetAge}}$

Annuities values are calculated using the 30-year Treasury bond rate in effect during the month in which benefit payments commence.

Disability Retirement Benefit

Eligibility: Total and permanent disability, regardless of age and service.

Monthly Benefit: Cash balance credits and interest accrue for first 2 years on long-term disability. If the participant remains disabled after the first 2 years and qualifies for Company Long-Term Disability (LTD) and Social Security Disability Insurance (SSDI), cash balance credits and interest continue to accrue until the earlier of the date on which the participant is no longer disabled, no longer eligible for LTD, no longer eligible for SSDI or attains age 65.

Plan Name: Flowserve Corporation Pension Plan
 EIN / PN: 31-0267900/001
 Plan Sponsor: Flowserve Corporation
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Deferred Vested Retirement Benefit

Eligibility: Participants vest according to the following schedule:

Years of Vesting Service	Vested Percentage
0	0.00%
1	33.33%
2	66.67%
3 or more	100.00%

Monthly Benefit: Participant's vested account balance upon termination. The account balance will continue to receive interest credits at the applicable 10-year Treasury bond rate until the date of payment. Minimum guaranteed interest credits no longer apply.

Pre-retirement Death Benefit

Eligibility: All participants.

Monthly Benefit: All participants are 100% vested upon death. Beneficiary will be paid 100% of the cash balance account as a lump sum payment. A spouse beneficiary can elect to receive an immediate life annuity that is actuarially equivalent to the cash balance account in lieu of a lump sum payment.

Changes in Plan Provisions since Last Actuarial Valuation

The cash balance plan is closed to new participants effective January 1, 2024 and account balances will no longer receive contribution credits effective January 1, 2025.

Plan Name: Flowserve Corporation Pension Plan
EIN / PN: 31-0267900/001
Plan Sponsor: Flowserve Corporation
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Agreement with Local 4997 United Steelworkers of America-Vernon, CA (BW/IP Pension Plan No. 2)

Plan Coverage

All Pump hourly or factory workers at Vernon, California for whom the United Steelworkers of America, Local 4997 is the bargaining agent, become eligible at date of employment.

Participation

Age 21 and completion of 1,000 hours within a 12 consecutive month period.

Credited Service

Total length of service All service with employer, but not in excess of 40 years

Years of benefit service One year for every plan year in which participant has 1,800 or more hours of service. If participant has fewer than 1,800, but more than 500 hours of service, every 150 hours of service shall count as a month and the remaining hours, if 75 or more shall count as another month.

Normal Retirement

Eligibility: Age 65 and five years total length of service.

Benefit: Effective November 15 of the year noted below, a monthly benefit of the rate in effect multiplied by years of benefit service up to 40 years. If retiring after Normal Retirement Age, participant is eligible for greater of benefit as of actual retirement date based on current service and current multiplier or benefit as of Normal Retirement Date actuarially increased from age 65 to age at retirement. Step level increase(s) applicable over the remaining term of the collectively bargained agreement under which the participant retires.

Labor Grade	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1-4	43.10	44.60	47.60	49.10	51.10	53.10	55.10	57.10	59.10	59.10	59.60	60.10	60.60	61.10	61.60
5-9	44.85	46.35	49.35	50.85	52.85	54.85	56.85	58.85	60.85	60.85	61.35	61.85	62.35	62.85	63.35
10+	45.60	47.10	50.10	51.60	53.60	55.60	57.60	59.60	61.60	61.60	62.10	62.60	63.10	63.60	64.10

Plan Name: Flowserve Corporation Pension Plan
EIN / PN: 31-0267900/001
Plan Sponsor: Flowserve Corporation
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Early Retirement

62/30 Retirement

Eligibility: Age 62 and 30 years total length of service.

Benefit: A monthly benefit equal to the normal retirement benefit earned to date of retirement and payable immediately. Step level increase(s) applicable over the remaining term of the collectively bargained agreement under which the participant retires.

55/5 Retirement

Eligibility: Age 55 and five years total length of service.

Benefit: A monthly benefit equal to the normal retirement benefit earned to date of termination multiplied by the following factor based on age at retirement (use straight-line interpolation between ages): Step level increase(s) applicable over the remaining term of the collectively bargained agreement under which the participant retires.

Early Retirement Age	Early Retirement Percentage
64	92.08%
63	85.02%
62	78.14%
61	73.00%
60	67.87%
59	63.24%
58	59.04%
57	55.22%
56	51.74%
55	48.57%

Disability Retirement

Eligibility: Totally and permanently disabled for six months and 10 years of service at disability.

Benefit: A monthly benefit equal to the accrued normal retirement benefit payable immediately.

Plan Name: Flowserve Corporation Pension Plan
EIN / PN: 31-0267900/001
Plan Sponsor: Flowserve Corporation
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Deferred Vested Retirement

Eligibility: Three years of vested service.

Benefit: A monthly benefit equal to the normal retirement benefit earned to date of termination, actuarially reduced if first payment precedes age 65. Payments commence no earlier than age 55. The present value of this benefit will be paid as a lump sum upon termination if less than \$5,000. If over \$5,000 but less than \$7,500, a lump sum may be elected with spousal consent.

Preretirement Spouse's Benefit

Eligibility: All vested participants who have been married at least one year and are either under age 65 or whose benefits have not commenced.

Benefit: A monthly benefit (or lump sum equivalent) payable to a surviving spouse for life equal to 50% of the participant's accrued vested benefit beginning at the earliest time the participant would have been eligible for early retirement. This benefit shall be reduced for early commencement and for the election of a 50% joint and survivor annuity.

Normal Forms of Payment

Without spouse: Single life annuity.

With spouse: Joint and survivor annuity, actuarially equivalent to regular pension payable for employee's lifetime; participant receives reduced lifetime benefit and, in the event of participant's death, 50% of reduced retirement benefit continues to surviving spouse.

Optional Forms of Payment

Life annuity, smaller lump sum up to \$7,500, 50% joint and survivor annuity, or 75% joint and survivor annuity.

Changes in Plan Provisions since Last Actuarial Valuation

The Monthly Benefit Units were updated to reflect the latest negotiated rates.

Plan Name: Flowserve Corporation Pension Plan
EIN / PN: 31-0267900/001
Plan Sponsor: Flowserve Corporation
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Agreement with Local 3320 United Steelworkers of America-Dayton, OH

Plan Coverage

All Foundry hourly or factory workers for whom the United Steelworkers of America, Local 3320 is the exclusive bargaining agent.

Participation

First of the month following date of hire.

Credited Service

Service prior to retirement calculated from the participant's last hire date; if participant has break in continuous service but is vested or has pre-break service longer than break in service, continuous service includes pre-break service. If a participant separates from service, no pre-separation service credit is lost until the consecutive one-year breaks in service equal the greater of five years or the total pre-break service.

Special Retirement Benefits

For all types of retirement except deferred vested retirements, the sum of:

1. A special initial payment equal to 13 weeks of vacation pay, less current vacation occurred (in weeks), and
2. A regular pension payable the beginning of the fourth month after the special initial payment.

Normal Retirement

Eligibility: Age 65 and three years of continuous service.

Benefit: Effective May 29, 2006:
If hired before October 20, 1996, a monthly benefit of \$24.75 for each year of service.
If hired on or after October 20, 1996, a monthly benefit of \$19.85 for each year of service.

Effective June 1, 2009:
If hired before October 20, 1996, a monthly benefit using the following dollar amounts for each year of service.

Plan Name: Flowserve Corporation Pension Plan
EIN / PN: 31-0267900/001
Plan Sponsor: Flowserve Corporation
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Dates of Determination	Specified Amount
June 1, 2009 to May 31, 2010	\$25.25
June 1, 2010 to May 31, 2011	\$25.75
June 1, 2011 to October 21, 2012	\$26.25
October 22, 2012 to October 21, 2013	\$26.50
October 22, 2013 to October 21, 2014	\$27.00
October 22, 2014 to October 24, 2016	\$27.50
October 25, 2016 to October 24, 2017	\$28.00
October 25, 2017 to October 24, 2018	\$28.50
October 25, 2018 to October 24, 2019	\$29.00
October 25, 2019 to October 24, 2020	\$29.50
October 25, 2020 to October 24, 2021	\$30.00
October 25, 2021 to October 24, 2022	\$30.50
October 25, 2022 to October 24, 2023	\$30.75
October 25, 2023 to October 24, 2024	\$31.00
October 25, 2024 to October 24, 2025	\$31.25

If hired on or after October 20, 1996, a monthly benefit using the following dollar amounts for each year of service:

Dates of Determination	Specified Amount
June 1, 2009 to May 31, 2010	\$20.35
June 1, 2010 to May 31, 2011	\$20.85
June 1, 2011 to October 21, 2014	\$21.35
October 22, 2014 to October 24, 2016	\$22.85
October 25, 2016 to October 24, 2017	\$23.25
October 25, 2017 to October 24, 2018	\$23.75
October 25, 2018 to October 24, 2019	\$24.25
October 25, 2019 to October 24, 2020	\$24.75
October 25, 2020 to October 24, 2021	\$25.25
October 25, 2021 to October 24, 2022	\$25.75
October 25, 2022 to October 24, 2023	\$26.00
October 25, 2023 to October 24, 2024	\$26.25
October 25, 2024 to October 24, 2025	\$26.50

Early Retirement

30-year retirement

Eligibility: 30 years of continuous service.

Benefit: A monthly benefit equal to the normal retirement benefit earned to date of retirement and payable immediately, increased by \$625 per month if hired before October 20, 1996, or \$500 per month if hired on or after October 20, 1996, as long as participant is not eligible for Public Pension (generally age 62).

60/15 retirement

Plan Name: Flowserve Corporation Pension Plan
EIN / PN: 31-0267900/001
Plan Sponsor: Flowserve Corporation
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Eligibility: Age 60 and 15 years of continuous service.

Benefit: A monthly benefit equal to the normal retirement benefit earned to date of termination payable at age 65 or actuarially reduced and payable immediately.

Deferred Vested Retirement

Eligibility: Three years of continuous service.

Benefit: A monthly benefit equal to the normal retirement benefit earned to date of termination, actuarially reduced if first payment precedes age 65. The present value of this benefit will be paid as a lump sum upon termination if less than \$5,000. If over \$5,000, a lump sum may be elected with spousal consent.

Medicare Benefit

Eligibility: Retired and receiving Supplementary Medical Insurance benefits under Medicare.

Benefit: Monthly benefit of \$12 for the participant and also \$12 for eligible spouse.

Surviving Spouse Benefit

Eligibility: 15 years of continuous service or eligible for retirement on immediate pension or retired on other than deferred pension.

Benefit: A monthly benefit payable to a surviving spouse equal to 50% of the regular pension payable if the participant had retired on the date of his or her death, reduced at age widow's or widower's Social Security benefits would be provided. A minimum benefit of \$115 per month before attaining that age and \$65 after is provided.

Normal Forms of Payment

Without spouse: Single life annuity.

With spouse: Joint and survivor annuity actuarially equivalent to regular pension payable for employee's lifetime; participant received reduced lifetime benefit and, in the event of participant's death, 50% of reduced retirement benefit continues to surviving spouse.

Optional Forms of Payment

Plan Name: Flowserve Corporation Pension Plan
EIN / PN: 31-0267900/001
Plan Sponsor: Flowserve Corporation
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Joint and survivor (50%, 75% or 100%) effective at participant's age 65; life annuity; pop-up annuity. Benefit "pops up" to a life annuity if intended beneficiary predeceases retiree.

Preretirement Spouse's Benefit

Eligibility: All vested participants who have been married at least one year and are either under age 65 or whose benefits have not commenced.

Benefit: A monthly benefit (or lump sum equivalent) payable to a surviving spouse for life equal to 50% of the participant's accrued vested benefit beginning at the earliest time the participant would have been eligible for retirement. This benefit shall be reduced for early commencement and for the election of a 50% joint and survivor annuity.

Postretirement Death Benefit

Eligibility: An employee who retired under normal, early, or permanent incapacity provisions prior to October 20, 2002.

Benefit: Effective January 1, 1993, a single payment of \$5,000.

Changes in Plan Provisions since Last Actuarial Valuation

None.

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SCHEDULE SB ATTACHMENTS

Agreement with IAM, District Lodge 1130 – Cleveland, OH

Plan Coverage

Any person employed by the company who should be in the bargaining unit covered by the basic labor agreement between the company and the IAM, District Lodge 1130 covering the rates of pay, the hours of work and the other basic terms and conditions of employment in the bargaining unit.

Participation

Completion of one hour of service.

Credited Service

Benefit service	Elapsed period of time as an employee.
Years of service	Elapsed period of time while an employment relationship exists between participant and the company.

Normal Retirement

Eligibility: Age 65 and three years of service.

Benefit: Effective on each date noted, a monthly benefit of the following rate multiplied by credited service up to 35 years, less the benefit which is the responsibility of Ingersoll at the time of the acquisition of IDP (service to sale date at \$20 per year of service):

Effective Date	Benefit Rate
July 1, 2000	\$20.00
July 1, 2001	\$22.00
July 1, 2002	\$22.50
July 1, 2003	\$23.00
July 1, 2004	\$23.50
July 1, 2005	\$25.00
July 1, 2006	\$26.00
July 1, 2007	\$27.00
July 1, 2008	\$28.00
July 1, 2009	\$29.00
July 1, 2010	\$30.00
July 1, 2011	\$30.50
July 1, 2012	\$31.00
July 1, 2013	\$33.00

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SCHEDULE SB ATTACHMENTS

Special Payment

Employees that retire from active service (excluding disability retirement) also receive a special initial payment in the amount of \$1,000 payable the first month following retirement.

Early Retirement

60/10 retirement

Eligibility: Age 60 and 10 years of service.

Benefit: A monthly benefit equal to the normal retirement benefit earned to date of termination actuarially reduced for each month by which the early retirement date precedes the normal retirement date. The actuarial reduction factor is based on the 1971 GAM mortality table weighted 90% male and 10% female, and an interest rate of 5%.

75/80 retirement

Eligibility: 10 years of service and either age 55 with age and years of service equal to 75 or more, or under age 55 with age and years of service equal to 80 or more, provided retirement is due to disability, layoff, or shutdown of a plant.

Benefit: No reduction on normal retirement benefit plus temporary \$100 monthly benefit payable until eligible for unreduced Social Security benefits.

Disability retirement

Eligibility: Totally and permanently disabled for six months and 10 years of service at disability.

Benefit: A monthly benefit equal to \$100 per month and the greater of:
\$100, or
Accrued normal retirement benefit payable immediately.

Deferred Vested Retirement

Eligibility: Three years of service.

Benefit: A monthly benefit equal to the normal retirement benefit earned to date of termination. If the former employee has attained at least age 60 and has at least 10 years of service, an actuarially reduced benefit may be received prior to the normal retirement date.

Plan Name: Flowserve Corporation Pension Plan
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Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Preretirement Spouse's Benefit

<u>Eligibility:</u>	All vested participants whose benefits have not yet commenced.
<u>Benefit:</u>	A monthly benefit (or lump sum equivalent) payable to a surviving spouse for life equal to 50% of the participant's accrued vested benefit beginning at the earliest time the participant would have been eligible for early retirement. This benefit shall be reduced for early commencement and for the election of a 50% joint and survivor annuity.

Normal Forms of Payment

<u>Without spouse:</u>	Single life annuity
<u>With spouse:</u>	Joint and survivor annuity, actuarially equivalent to regular pension payable for employee's lifetime; participant receives reduced lifetime benefit and, in the event of participant's death, 50% of reduced retirement benefit continues to surviving spouse.

Optional Forms of Payment

Life annuity, lump sum up to \$5,000, 50% joint and survivor annuity, 75% joint and survivor annuity, or 100% joint and survivor annuity.

Change in Plan Provisions since Last Actuarial Valuation

None.

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Plan Sponsor: Flowserve Corporation
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Agreement with the Litorque Division (Lynchburg, VA)

Plan Coverage

All collectively bargained employees of the Local Lodge No. 10 of the International Association of Machinists and Aerospace Workers. Leased employees are not eligible to participate in the plan.

Participation

Completion of a 12-month period with 1,000 hours worked.

Credited Service

One year of service is earned for each 12-month period of employment during which an employee completes at least 1,000 hours of service.

Normal Retirement

Eligibility: Age 65

Benefit: Effective as noted, a monthly benefit of the following rate multiplied by years of service:

Effective Date	Benefit Rate
March 20, 2000	\$29.50
May 15, 2002	\$31.50
May 16, 2006	\$32.50
May 16, 2007	\$33.50
May 16, 2010	\$34.00
May 16, 2011	\$34.50
May 16, 2012	\$35.00
May 16, 2013	\$35.50
May 16, 2014	\$36.00
May 16, 2015	\$36.50
June 17, 2018	\$36.75
June 17, 2019	\$37.50
June 17, 2020	\$38.00
June 17, 2021	\$38.50
June 17, 2022	\$39.75
June 17, 2024	\$40.00

Early Retirement

Eligibility: Age 60 and three years of service.

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SCHEDULE SB ATTACHMENTS

Benefit: Accrued normal retirement benefit reduced by 6% per year that payment commencement precedes age 65. However, if a participant has attained age 62 and completed 30 years of service, the benefit is unreduced.

Supplemental Benefit: Effective January 1, 2001, employees who are 62 years old with 30 years of service and on the payroll on March 20, 2000, and who choose to retire will receive a \$250 per month supplement until they reach age 65. Effective May 16, 2004, the above pension supplement will increase to \$350 per month but return to the original amount of \$250 per month on May 16, 2006. Effective May 16, 2007, supplement is increased to \$300 per month.

Disability Retirement

Eligibility: An active participant who becomes disabled and such condition continues for a consecutive 6 months after attaining 10 years of service.

Benefit: A monthly benefit equal to accrued normal retirement benefit payable at disability retirement date.

Deferred Vested Retirement

Eligibility: Three years of service.

Benefit: Accrued normal retirement benefit reduced by 6% per year that payment commencement precedes age 65.

Death Benefit

Before retirement: If a participant dies after three years of service, 50% of the accrued normal retirement benefit reduced by appropriate early retirement and qualified joint and survivor option factors. Benefit begins at the later of the participant's death or the date the participant would have attained early retirement eligibility.

After retirement: Death benefits payable after retirement, if any, are payable in accordance with whichever option the retiree elected.

Normal Forms of Payment

Without spouse: Single life annuity with 5 years certain.

With spouse: Joint and survivor annuity, actuarially equivalent to regular pension payable for employee's lifetime; participant receives reduced lifetime benefit and, in event of participant's death, 50% of reduced retirement benefit continues to surviving spouse.

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Optional Forms of Payment

Life annuity, lump sum up to \$5,000, pop-up annuity, or joint and survivor annuity with continuation of 50%, 75% or 100%. Benefit "pops up" to a life annuity if intended beneficiary predeceases retiree.

Changes in Plan Provisions since Last Actuarial Valuation

None.

Plan Name: Flowserve Corporation Pension Plan
EIN / PN: 31-0267900/001
Plan Sponsor: Flowserve Corporation
Valuation Date: January 1, 2024

**FLOWERVE CORPORATION
PENSION PLAN**

I.R.S. Employer Identification Number: 31-0267900

Plan No. 001

**SCHEDULE H; LINE 4i -- SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2024**

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	State Street Global Advisor Intermediate U.S. Government Bond Index	Common/Collective Trust	\$ 36,533,833	\$ 39,624,185
	Legal & General MSCI ACWI Collective Investment Trust Fund	Common/Collective Trust	47,057,315	85,158,358
	State Street Global Advisor Long U.S. Government Bond Index	Common/Collective Trust	62,769,404	55,045,177
	Legal & General Treasury 15+ Strips Collective Investment Trust Fund	Common/Collective Trust	31,197,344	24,223,857
	Wellington Securitized Opportunities Portfolio	Common/Collective Trust	18,875,665	19,334,819
	CF Rescap Global Real Estate Securities CIT CL W	Common/Collective Trust	29,896,404	34,791,399
	Legal & General Global Core Infrastructure Collective Investment Trust Fund	Common/Collective Trust	26,301,095	33,471,715
	State Street Global Advisor Long U.S. Credit Index NL Fund	Common/Collective Trust	13,787,892	13,100,370
	CF JPMCB Emer Mkts AGG BD FD-Invest	Common/Collective Trust	16,979,943	17,192,420
	CF BNYM Mellon DB NSL Efficient BETA Fallen Angels Funds	Common/Collective Trust	11,359,530	13,310,010
	Crescent Capital Group's Syndicated Credit Solutions Fund	Limited Partnership Funds	13,000,000	13,000,000
	Ares Institutional High Yield Fund	Limited Partnership Funds	100	724,306
*	Northern Trust Collective Short Term Investment Fund	Money Market Fund	3,497,264	3,497,264
			\$ 311,255,789	\$ 352,473,880

* Denotes an investment held by an entity known to be a party-in-interest to the Plan.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2024

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	01/01/2024	13,571,327	15.00000	13,571,327	1,240,365
2. Shortfall	01/01/2023	54,617,887	14.00000	52,188,443	5,001,945
Total				65,759,770	6,242,310

Plan Name: Flowserve Corporation Pension Plan
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Plan Sponsor: Flowserve Corporation
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 25 Change in Method

The asset smoothing method was updated from average of the fair market value of assets on the valuation date and the beginning of each of the 12 months preceding the valuation date to average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date.

Plan Name: Flowserve Corporation Pension Plan
EIN / PN: 31-0267900/001
Plan Sponsor: Flowserve Corporation
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24 Change in Actuarial Assumptions

- The mortality table used to calculate the funding target and target normal cost was changed from using a static projection of mortality improvement to a generational projection as required by guidance issued by the IRS under IRC §430.
- The compensation increase assumption was updated to 4.00% at all ages for the plan's final year of accruals.
- The cash balance interest crediting rate was changed from 4.00% in 2023 grading to a long-term rate of 3.00% in 2027 to 4.00% in 2024 grading to a long-term rate of 4.75% in 2027.
- An experience study was performed during 2023, and as a result assumed rates of retirement and rates of termination were updated to better reflect anticipated future experience.

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