

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <h2 style="text-align: center;">2024</h2> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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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
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1a Name of plan <u>ENERPAC TOOL GROUP RETIREMENT PLAN</u>	1b Three-digit plan number (PN) ▶ <u>001</u>
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>ENERPAC TOOL GROUP</u> <u>648 N. PLANKINTON AVENUE</u> <u>4TH FLOOR</u> <u>MILWAUKEE, WI 53203</u>	1c Effective date of plan <u>01/01/1961</u> 2b Employer Identification Number (EIN) <u>39-0168610</u> 2c Plan Sponsor's telephone number <u>262-293-1535</u> 2d Business code (see instructions) <u>335900</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2025	ALYSSA TRUDELL
	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	698
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)	0
	6a(2)	0
	6b	470
	6c	120
	6d	590
	6e	66
	6f	656
	6g(1)	
6g(2)		
6h		0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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>ENERPAC TOOL GROUP RETIREMENT 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>ENERPAC TOOL GROUP</u>	D Employer Identification Number (EIN) <u>39-0168610</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>29193387</u>
b Actuarial value	2b		<u>31189679</u>
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	<u>548</u>	<u>26063940</u>	<u>26063940</u>
b For terminated vested participants	<u>151</u>	<u>6800257</u>	<u>6800257</u>
c For active participants	<u>0</u>	<u>0</u>	<u>0</u>
d Total	<u>699</u>	<u>32864197</u>	<u>32864197</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>5.01 %</u>
6 Target normal cost			
a Present value of current plan year accruals	6a		<u>0</u>
b Expected plan-related expenses	6b		<u>385000</u>
c Target normal cost	6c		<u>385000</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>09/23/2025</u>	Date
	<u>EMILY PHELAN</u>	<u>23-09111</u>	Most recent enrollment number
	<u>WILLIS TOWERS WATSON US LLC</u>	<u>312-288-7700</u>	Telephone number (including area code)
	<u>233 SOUTH WACKER DRIVE SUITE 1800 CHICAGO, IL 60606</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

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	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>9.32</u> %	0	0
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		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	94.90 %
15	Adjusted funding target attainment percentage	15	94.90 %
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	94.70 %
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		
04/15/2024	156622	0					
07/03/2024	156700	0					
10/15/2024	55000	0					
01/10/2025	122800	0					
09/03/2025	74100	0					
			Totals ▶	18(b)	565222	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	545302

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
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b Applicable month (enter code) **21b** 4

22 Weighted average retirement age **22** 63

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

Part VI Miscellaneous Items

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

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

26 Demographic and benefit information

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

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

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c)	31a	385000
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	1674518	160132
b Waiver amortization installment.....	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount..... **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	545132
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	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)..... **36** 545132

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 545302

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

a Total (excess, if any, of line 37 over line 36)	38a	170
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....	38b	0

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

40 Unpaid minimum required contributions for all years..... **40** 0

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

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

SCHEDULE C (Form 5500) <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 ENERPAC TOOL GROUP RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ENERPAC TOOL GROUP	D Employer Identification Number (EIN) 39-0168610	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

SEI INVESTMENT MANAGEMENT CORP

04-2452803

(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?
21	CUSTODIAN	124865	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)

TOWERS WATSON

23-1159360

(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	NONE	123664	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)

MICHAEL BEST & FRIEDRICH LLP

100 EAST WISCONSIN AVENUE
SUITE 3300
MILWAUKEE, WI 53202

(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?
29	NONE	61569	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)

WIPFLI LLP

39-0758449

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	20800	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 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 ENERPAC TOOL GROUP RETIREMENT PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 ENERPAC TOOL GROUP	D Employer Identification Number (EIN) 39-0168610

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

		(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)	683000	196900
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	38538	43828
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	11	0
(2) U.S. Government securities	1c(2)	4349444	2919150
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(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)	23913478	24394395
(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	28984471	27554273
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	30616	31665
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	30616	31665
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	28953855	27522608

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)	565222	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		565222
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)	915230	
(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)		915230
(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)		
(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)		990612
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		2471064

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3308448	
(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)		3308448
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	20800	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	124865	
(7) Actuarial fees	2i(7)	123664	
(8) Legal fees	2i(8)	61569	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	262965	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		593863
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3902311

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-1431247
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: WIPFLI LLP

(2) EIN: 39-0758449

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		500000
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.)			
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 556554.

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>ENERPAC TOOL GROUP RETIREMENT 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>ENERPAC TOOL GROUP</u>	D Employer Identification Number (EIN) <u>39-0168610</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	0
---	---	---

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
EIN(s): 41-6271370

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	14
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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
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... Increase Decrease Both No

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <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: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: _____%
 High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

Enerpac Tool Group Retirement Plan

Financial Statements and Supplemental Schedules

Year Ended December 31, 2024



WIPFLI

Independent Auditor's Report

To the Plan Administrator
Enerpac Tool Group Retirement Plan
Menomonee Falls, Wisconsin

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

We have performed audits of the accompanying financial statements of Enerpac Tool Group Retirement 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 statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 8 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 financial statements referred to above, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America ("GAAP").
- the information in the financial statements referred to above related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

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 Enerpac Tool Group Retirement 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 Enerpac Tool Group Retirement Plan's ability to continue as a going concern for one year after the date the financial statements are available to be issued.

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

Correction of Error

As discussed in Note 11, there was a sponsor contribution made on September 6, 2024 related to the 2023 plan year that was not recorded on the 2023 financial statements. This error resulted in contributions and total net assets to be understated by \$683,000. Accordingly, the Enerpac Tool Group Retirement Plan's 2023 financial statements have been restated for the correction of this misstatement. Our opinion is not modified with respect to this matter.

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

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

In our opinion:

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

Wipfli LLP
Wipfli LLP

Milwaukee, Wisconsin
September 22, 2025

Enerpac Tool Group Retirement Plan

Statements of Net Assets Available for Benefits

<i>As of December 31,</i>	2024	(Restated) 2023
Assets:		
Investments, at fair value	\$ 27,313,545	\$ 28,262,933
Accrued income	43,828	38,538
Receivables:		
Sponsor contributions	196,900	683,000
Total assets	27,554,273	28,984,471
Liability:		
Accrued expenses	31,665	30,616
Net Assets Available for Benefits	\$ 27,522,608	\$ 28,953,855

See accompanying notes to financial statements

Enerpac Tool Group Retirement Plan

Statements of Changes in Net Assets Available for Benefits

<i>Year Ended December 31,</i>	2024
Additions:	
Investment income:	
Net appreciation in fair value of investments	\$ 990,612
Interest and dividends	915,230
Total investment income	1,905,842
Sponsor contributions	565,222
Total additions	2,471,064
Deductions:	
Benefits paid to participants	3,308,448
Administrative expenses	593,863
Total deductions	3,902,311
Net change	(1,431,247)
Net assets available for benefits:	
Balance at beginning of year (Restated)	28,953,855
Balance at end of year	\$ 27,522,608

See accompanying notes to financial statements

Enerpac Tool Group Retirement Plan

Notes to Financial Statements

Note 1: Description of Plan

The following description of the Enerpac Tool Group Retirement Plan (the "Plan") provides only general information. Participants should refer to the summary plan description for a more complete description of the Plan's provisions. The Plan is a defined benefit pension plan sponsored by Enerpac Tool Group (the "Sponsor"). SEI Private Trust Company is the custodian of the Plan. The custodian holds the Plan's investment assets and executes investment transactions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

General

The SECURE 2.0 Act of 2022 ("SECURE 2.0"), signed into law on December 29, 2022, makes significant changes to existing law for retirement plans by building upon provisions in the SECURE Act of 2019. SECURE 2.0 introduces new requirements and considerations for plan sponsors that are intended to expand coverage, increase savings, preserve income, and simplify plan rules and administrative procedures. The effective date of the provisions of SECURE 2.0 vary from becoming effective immediately through 2028. Those provisions include both required and optional elements. Management has evaluated those provisions and determined there is no material impact on the Plan. Plan management will determine the optional provision to elect in the future.

Eligibility

The Plan has four major participant groups: Versa Technologies, Inc. ("Versa"), Acme Electric Corporation ("Acme"), Gits Manufacturing Co. LLC ("GITS"), and Sanlo Manufacturing Co. ("Sanlo"), all of which are divested groups. No new employees are able to become participants in the Plan and no additional benefits can be earned.

Vesting

All participants are 100% vested.

Retirement Benefits

The normal form of benefit payments is monthly life annuities, but for certain participants, other options are available. The normal retirement is generally at age 65, however the Plan provides for reduced early retirement benefits, generally beginning at age 55. The benefit formula for salary participants is based on average earnings, while the benefits for hourly employees are based on a dollar per month formula.

Depending upon a plan's funded status, the Pension Protection Act of 2006 may limit the amount of lump sum benefit payments.

Enerpac Tool Group Retirement Plan

Notes to Financial Statements

Note 2: Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP").

Use of Estimates in Preparation of Financial Statements

The preparation of the accompanying financial statements in conformity with GAAP requires management to make estimates and assumptions that directly 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. Management considers the actuarial assumptions to be significant estimates. Actual results may differ from those estimates and are subject to change in the near term.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement dates. Purchases and sales of investments are recorded on a trade-date basis. Interest income is recognized when earned and dividend income is recorded on the ex-dividend date. Net appreciation in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Costs of the Plan

Custodian and investment advisory fees, actuary costs, auditing costs, and Pension Benefit Guaranty Corporation ("PBGC") premiums are paid by the Plan. Certain other administrative costs are paid by the Plan Sponsor and are excluded from these financial statements.

Subsequent Events

The Plan has evaluated subsequent events through September 22, 2025, which is the date the financial statements were available to be issued.

Note 3: Fair Value Measurements

A fair value hierarchy prioritizes the inputs to valuation techniques used in measuring fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy are described below.

Enerpac Tool Group Retirement Plan

Notes to Financial Statements

Note 3: Fair Value Measurements (Continued)

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

Level 2 Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodology used for assets measured at fair value on a recurring basis, as well as the classification of the assets within the fair value hierarchy.

U.S. government securities: Valued using pricing models maximizing the use of observable inputs for similar securities.

Mutual funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the U.S. Securities and Exchange Commission. These funds are required to publish their daily net asset value ("NAV") and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Money market fund: Valued using \$1.00 as NAV which approximates fair value. The money market funds held by the Plan are deemed to be actively traded.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Enerpac Tool Group Retirement Plan

Notes to Financial Statements

Note 3: Fair Value Measurements (Continued)

Information regarding the fair value of assets measured at fair value on a recurring basis of the Plan as of December 31 are as follows:

	2024	2023
Level 1 Valuation:		
Mutual funds	\$ 24,394,395	\$ 23,913,478
Level 2 Valuation:		
U.S. government securities	2,919,150	4,349,444
Money market fund	-	11
Total investment assets at fair value	\$ 27,313,545	\$ 28,262,933

Note 4: Funding Policy

The Plan is solely funded by contributions from the Sponsor, pursuant to the actuarial cost method as determined by the Plan's actuary.

Note 5: Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those estimated future periodic payments that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits payable under all circumstances (retirement, death, disability, and termination) are included to the extent they are deemed attributable to employee service rendered.

The actuarial present value of accumulated plan benefits is determined by the Plan's consulting actuary, Willis Towers Watson, and is the amount which results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment. Due to the nature and uncertainty of these future assumptions, the resulting estimates are sensitive to changes in the near term and actual results could differ from those estimates.

The following is a summary of the actuarial present value of accumulated plan benefits as of January 1:

	2024	2023
Vested benefits:		
Participants currently receiving payments	\$ 24,924,369	\$ 24,237,567
Other participants	6,371,277	8,108,770
Total actuarial present value of accumulated plan benefits	\$ 31,295,646	\$ 32,346,337

Enerpac Tool Group Retirement Plan

Notes to Financial Statements

Note 5: Actuarial Present Value of Accumulated Plan Benefits (Continued)

The changes in the present value of accumulated plan benefits are as follows:

Actuarial present value of accumulated plan benefits as January 1, 2023	\$ 32,346,337
Increase (decrease) during the year attributable to:	
Actuarial gains	294,760
Benefits paid	(3,102,922)
Change in actuarial assumptions	938
Reduction in discount period	1,756,533
<hr/>	
Net decrease	(1,050,691)
<hr/>	
Actuarial present value of accumulated plan benefits at January 1, 2024	\$ 31,295,646

Significant actuarial assumptions utilized in determining the present value of accumulated plan benefits at January 1 are as follows:

	2024
Discount rate	5.70 %
Mortality rates	PRI-2012
Average retirement age	Age 65

The foregoing actuarial assumptions are based on the premise that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Note 6: Tax Status

The Plan has received a favorable determination letter from the Internal Revenue Service dated February 22, 2017, stating that the Plan was qualified and the related trust was tax-exempt. The Plan's management believes the Plan is currently designed and is being operated in compliance with the applicable requirements of the Internal Revenue Code.

The Plan Administrator analyzed the tax positions taken by the Plan and concluded there are no uncertain tax positions taken by the Plan. No provision for income taxes has been included in the Plan's financial statements. The Plan is subject to routine audits by taxing jurisdictions and there are currently no audits in progress.

Enerpac Tool Group Retirement Plan

Notes to Financial Statements

Note 7: Plan Termination

In the event the Plan terminates, the net assets of the Plan will be allocated as prescribed by ERISA and its related regulations.

Certain benefits under the Plan are insured by PBGC if the Plan terminates. Generally, PBGC guarantees most vested, normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan Sponsor and the level of benefits guaranteed by the PBGC.

Note 8: Information Certified by the Custodian

Certain information related to the Plan's investments disclosed in the accompanying financial statements and supplemental schedules, including investments held at December 31, 2024 and 2023, and net appreciation in fair value of investments and interest and dividend income for the year ended December 31, 2024, was obtained or derived from information certified as complete and accurate by SEI Private Trust Company, custodian of the Plan.

Note 9: Party-In-Interest

Certain Plan investments are managed by the custodian; therefore, these transactions and administrative expenses qualify as party-in-interest transactions. These transactions are not, however, considered prohibited transactions under ERISA regulations.

Note 10: 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 certain investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and these changes could materially affect the amounts reported in the statements of net assets available for benefits and the statements of changes in net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Enerpac Tool Group Retirement Plan

Notes to Financial Statements

Note 11: Correction of Error

On September 6, 2024, the Sponsor made a contribution to the Plan that related to the 2023 Plan year. This contribution was not recorded in the 2023 audited financial statements. The accompanying statement of net assets available for benefits as of December 31, 2023, has been restated to correct this error.

	As Previously Reported	Restatement Adjustments	As Restated
Statement of Net Assets Available for Benefits as of December 31, 2023			
Sponsor contributions receivable	\$ -	\$ 683,000	\$ 683,000
Total assets	\$ 28,301,471	\$ 683,000	\$ 28,984,471
Net Assets Available for Benefits	\$ 28,270,855	\$ 683,000	\$ 28,953,855

Enerpac Tool Group Retirement Plan

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

EIN #39-0168610 Plan #001

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
	U.S. Treasury Bond (Strip) 8/15/27	U.S. Government Security	\$ 344,047	\$ 366,254
	U.S. Treasury Bond (Strip) 8/15/29	U.S. Government Security	421,395	446,628
	U.S. Treasury Bond (Strip) 8/15/31	U.S. Government Security	325,708	328,953
	U.S. Treasury Bond (Strip) 5/15/33	U.S. Government Security	803,912	820,542
	U.S. Treasury Bond (Strip) 8/15/38	U.S. Government Security	814,268	700,052
	U.S. Treasury Bond (Strip) 2/15/44	U.S. Government Security	161,468	157,180
	U.S. Treasury Bond (Strip) 8/15/51	U.S. Government Security	55,644	50,022
	U.S. Treasury Bond (Strip) 11/15/53	U.S. Government Security	54,102	49,519
**	SEI Extended Market Index A	Mutual Funds	917,490	796,744
**	SEI Global Managed Volatility Fund	Mutual Funds	4,292,298	4,045,416
**	SEI S&P 500 Index A	Mutual Funds	2,046,672	1,854,484
**	SEI World Equity Ex-US Fund	Mutual Funds	5,113,147	4,594,252
**	SEI U.S. Managed Volatility Fund	Mutual Funds	2,403,771	2,147,670
**	SEI Intermediate Duration Credit Fund A	Mutual Funds	10,429,082	8,887,614
**	SEI Long Duration Credit Fund A	Mutual Funds	2,196,382	2,068,215
Total investments (held at end of year)			\$ 30,379,386	\$ 27,313,545

** Party-in-interest

This schedule has been derived from information certified as complete and accurate by SEI Private Trust Company.
See Independent Auditor's Report.

Enerpac Tool Group Retirement Plan

Schedule H, Line 4j - Schedule of Reportable Transactions

EIN #39-0168610 Plan #001
 Year Ended December 31, 2024

(a) Identity of Party Involved *	(b) Description of Asset	Number of Transactions	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(i) Net Gain (Loss)
SEI LONG DUR CREDIT FUND A (SLDAX)	Mutual Fund	2	\$ 2,036,405	N/A	N/A	N/A
SEI INTERMEDIATE DUR CREDIT-A (SIDCX)	Mutual Fund	2	N/A	\$ 1,745,583	\$ 2,008,917	\$ (263,334)

* This schedule is required by the Department of Labor and reports transactions or series of transactions that were equal to or greater than five percent of net assets available for benefits at the beginning of the year.

This schedule has been derived from information certified as complete and accurate by SEI Private Trust Company. See Independent Auditor's Report.

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis

- ▶ Applicable month September 2023
- ▶ Interest rate basis 3-Segment rates

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

Plan-related expenses \$385,000

Rates not reflecting stabilization are used to determine PBGC variable rate premiums if the alternative method is used, and are used to determine the PBGC FTAP and the PBGC 4010 FS.

Rates not reflecting stabilization are used for purposes of determining the deductible limit in section 2.6.

Demographic Assumptions

Mortality

- ▶ Healthy Separate rates for non-annuitants (based on PRI-2012 "Employees" table without collar or amount adjustments, projected forward with generational projection using the IRS adjusted Scale MP-2021) and annuitants (based on PRI-2012 "Healthy Annuitants" table (participants and beneficiaries combined) without collar or amount adjustments, projected forward with generational projection using the IRS adjusted scale MP-2021). The rate of future mortality improvement at any age for any year beginning on or after the valuation date is capped at 0.78%.
- ▶ Disabled Same as healthy

Benefit commencement date for inactive with deferred benefits: Age 65

Plan Name: Enerpac Tool Group Retirement Plan
EIN / PN: 39-0168610/001
Plan Sponsor: Enerpac Tool Group
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Form of payment for inactive with deferred benefits

- ▶ Versa MCU 100% elect a 5-year certain and life
- ▶ Acme, Versa\tek and Gits 100% elect a life annuity
- ▶ Sanlo 100% elect a 10-year certain and life

Percent married

- ▶ Acme 80% of males; 80% of females
- ▶ Versa\tek and Sanlo 85% of males; 85% of females
- ▶ Gits 75% of males; 75% of females

Spouse age Wife three years younger than husband

At-risk assumptions For at-risk calculations, all participants eligible to elect benefits during the current and subsequent ten plan years are assumed to commence benefits at the earliest possible date under the plan, but not before the end of the current plan year, except in accordance with the regular valuation assumptions. In addition, all participants (not just those eligible to begin benefits within the next 11 years) are assumed to elect the most valuable form of benefit under the plan.

Cash flow

- ▶ Timing of benefit payments Annuity payments are payable monthly at the beginning of the month.

Funding policy The plan sponsor's funding policy is to make the minimum required contribution and determine from time to time whether to make additional contributions. We understand the sponsor may deviate from this policy based on cash, tax or other considerations.

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 Model	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.

Plan Name: Enerpac Tool Group Retirement Plan
EIN / PN: 39-0168610/001
Plan Sponsor: Enerpac Tool Group
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Actuarial value of assets for determining minimum required contributions	<p>Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (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 prior plan year.)</p> <p>The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years.</p>
Benefits not valued	<p>All benefits described in the Plan Provisions section of this report were valued. WTW has reviewed the plan provisions provided by Enerpac Tool Group and, based on that review, is not aware of any significant benefits required to be valued that were not.</p>

Data Sources and Other Information

Enerpac Tool Group furnished participant data as of January 1, 2024. Information on assets was supplied by SEI Institutional Group as of January 1, 2024. Information on contributions and plan provisions was supplied by Enerpac Tool Group. 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. In consultation with Enerpac Tool Group, the following data assumptions or estimates were made for missing data elements:

- Inactive data Age 65 benefit was actuarially increased to reflect late retirement, where applicable, for inactive with deferred benefits.

Beneficiary date of birth and beneficiary sex, if missing, were assumed to equal what was valued for the prior valuation, or the valuation assumption.

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.
Plan-related expenses	Plan-related expenses are estimated by determining the average administrative expenses paid from the trust over the preceding three years plus estimated PBGC premiums for the coming year.
Assumed return for asset smoothing	The assumed returns were chosen by the client for the 2020 and 2021 fiscal years under U.S. GAAP based on guidance by SEI Institutional Group, the investment advisor for the plan. These rates have been

Plan Name: Enerpac Tool Group Retirement Plan
EIN / PN: 39-0168610/001
Plan Sponsor: Enerpac Tool Group
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

adjusted for expenses and limited, if necessary, as required under Notice 2009-22.

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).
Benefit commencement date for deferred vested benefits	Deferred vested participants are assumed to begin benefits at age 65 (or current age if later). Deferred vested early commencement factors are generally not subsidized so that the difference between this approach and using assumed commencement rates at earlier ages is not expected to be significant.
Form of payment	The percentage of retiring participants assumed to take optional forms of payment is based on observed patterns of experience over the past several years.
Marital assumptions	
▶ Percent married	The assumed percentage married is based on a blending of marital statuses of recent retirees and changes expected to occur in marriage patterns of retirement age individuals in the future.
▶ Spouse age	The assumed age difference for spouses is based on general population statistics on the age difference for married individuals of retirement age.

Source of Prescribed Methods

Funding methods	The methods used for funding purposes as described in Appendix A, 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.
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Changes in Assumptions and Methods

Changes in assumptions since prior valuation	<p>The segment interest rates used to calculate the funding target were updated from an applicable month of September 2022 to September 2023, as required by IRC §430 and reflecting ARPA’s interest rate stabilization, where applicable.</p> <p>Mortality tables updated to the IRS prescribed mortality tables with generational projection for the 2024 plan year as required by IRC §430.</p> <p>The assumed plan-related expenses added to the target normal cost were changed from \$460,000 for the prior valuation to \$385,000 for the current valuation to account for expected expenses to be paid from the trust.</p>
Changes in methods since prior valuation	There were no changes in methods since the prior valuation.

Plan Name: Enerpac Tool Group Retirement Plan
EIN / PN: 39-0168610/001
Plan Sponsor: Enerpac Tool Group
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Enerpac Tool Group
EIN/PN	39-0168610/001
Plan Name	Enerpac Tool Group Retirement Plan
Valuation Date	January 1, 2024
Enrolled Actuary	Emily Phelan
Enrollment Number	23-09111

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.

Enerpac Tool Group Retirement Plan

Schedule H, Line 4j - Schedule of Reportable Transactions

EIN #39-0168610 Plan #001
 Year Ended December 31, 2024

(a) Identity of Party Involved *	(b) Description of Asset	Number of Transactions	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(i) Net Gain (Loss)
SEI LONG DUR CREDIT FUND A (SLDAX)	Mutual Fund	2	\$ 2,036,405	N/A	N/A	N/A
SEI INTERMEDIATE DUR CREDIT-A (SIDCX)	Mutual Fund	2	N/A	\$ 1,745,583	\$ 2,008,917	\$ (263,334)

* This schedule is required by the Department of Labor and reports transactions or series of transactions that were equal to or greater than five percent of net assets available for benefits at the beginning of the year.

This schedule has been derived from information certified as complete and accurate by SEI Private Trust Company. See Independent Auditor's Report.

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 Enerpac Tool Group Retirement Plan	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Enerpac Tool Group	D Employer Identification Number (EIN) 39-0168610	
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	29,193,387	
b Actuarial value	2b	31,189,679	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	548	26,063,940	26,063,940
b For terminated vested participants	151	6,800,257	6,800,257
c For active participants	0	0	0
d Total	699	32,864,197	32,864,197
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	5.01%	
6 Target normal cost			
a Present value of current plan year accruals	6a	0	
b Expected plan-related expenses	6b	385,000	
c Target normal cost	6c	385,000	

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

SIGN HERE		9/23/2025
	Signature of actuary	Date
	Emily Phelan	2309111
	Type or print name of actuary	Most recent enrollment number
	Willis Towers Watson US LLC	312-288-7700
	Firm name	Telephone number (including area code)
	233 S. Wacker Drive Suite 1800 Chicago IL 60606	
	Address of the firm	

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 4
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 type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
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 385,000
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	1,674,518		160,132	
b Waiver amortization installment	0		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount				33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....				34 545,132
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	0	0	
36 Additional cash requirement (line 34 minus line 35).....				36 545,132
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....				37 545,302
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 170
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances				38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 0
40 Unpaid minimum required contributions for all years				40 0

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

SCHEDULE SB ATTACHMENTS

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

The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table*.

(1) Assumed Retirement Age	(2) Probability of Retirement	(3) Expected Retirements Based on 100 Lives	(4) Remaining Based on 100 Lives	(5) Columns (1) x (3)
			100.0	
55	3%	3.0	97.0	165.0
56	3%	2.9	94.1	163.0
57	3%	2.8	91.3	160.9
58	3%	2.7	88.5	158.8
59	3%	2.7	85.9	156.7
60	3%	2.6	83.3	154.6
61	3%	2.5	80.8	152.4
62	25%	20.2	60.6	1,252.4
63	10%	6.1	54.5	381.8
64	10%	5.5	49.1	349.0
65	100%	<u>49.1</u>	0.0	<u>3,190.5</u>
		100.0		6,285.1
Average Retirement Age (5)/(3) =				63

* Currently no active participants remain in the plan as of valuation date. The table above was utilized when actives remained in the plan.

Plan Name: Enerpac Tool Group Retirement Plan
 EIN / PN: 39-0168610/001
 Plan Sponsor: Enerpac Tool Group
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions – Former ACME Pension Participants

Type of plan	Career average earnings formula (Salaried Employees), Dollar per month formula (Non-Union Hourly Employees at Lumberton and Tempe). Effective August 31, 2005 benefits under these formulas were frozen.
Normal form	Life annuity
Entry date	Entry Date means the January 1st or July 1st which coincides with or next follows the date that the eligibility requirements are met.
Years of service	<p><u>For Eligibility Purposes:</u></p> <p>Years of Service for purposes of eligibility to participate in the Plan are referred to as Years of Eligibility Service and are determined using the Hours of Service Method.</p> <p>A Year of Eligibility Service is credited for each Computation Period during which an Employee is credited with at least 1,000 Hours of Service. The initial Computation Period is the 12 consecutive month period beginning with the Employee's Employment Commencement Date. Thereafter, the Computation Period is the Plan Year beginning with the Plan Year in which the initial Computation Period ends.</p> <p>All of an Employee's Years of Eligibility Service are taken into account in determining his eligibility to participate.</p> <p><u>For Benefit Purposes:</u></p> <p>Years of Service for purposes of computing a Participant's Normal Retirement Benefit are referred to as Years of Benefit Service.</p> <p><i>Salaried Employees:</i></p> <p>Years of Benefit Service as of December 31, 1991 are determined using the Elapsed Time Method. Beginning January 1, 1992, a Participant shall accrue one year of Benefit Service for each Plan Year in which he completes 1,000 or more Hours of Service.</p> <p><i>Lumberton and Tempe Hourly Participants:</i></p> <p>A Year of Benefit Service is credited for each Plan Year in which an Employee is credited with at least 1,800 Hours of Service</p>

Plan Name: Enerpac Tool Group Retirement Plan
EIN / PN: 39-0168610/001
Plan Sponsor: Enerpac Tool Group
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

For less than 1,800 Hours of Service, a Participant is credited with a proportional part of a Year of Benefit Service as follows:

<u>Hours</u>	<u>Service</u>
Under 180	None
180-359	0.1
360-539	0.2
540-719	0.3
720-899	0.4
900-1,079	0.5
1,080-1,259	0.6
1,260-1,439	0.7
1,440-1,619	0.8
1,620-1,799	0.9

All of a Participant's Years of Benefit Service are taken into account in determining his monthly benefit except:

- ▶ Service for which the Employee was not entitled to receive Compensation; and
- ▶ Service while the Employee was not in an Eligible Employee Classification.

Pension earnings

Calendar year FICA wages

Eligible class

An Eligible Employee Classification is a classification of Employees, the members of which are eligible to participate in the Plan. The only classifications which are Eligible Employee Classifications are Salaried employees and Hourly employees of both the Lumberton and Tempe facilities.

Accrued benefit

Salaried Employees:

Normal Retirement Benefit: A Participant's Normal Retirement Benefit is a monthly pension benefit commencing on his Normal Retirement Date payable in the Normal Benefit Form in an amount equal to:

1.0% of his Average Monthly Compensation as of December 31, 1991, multiplied by his Years of Benefit Service as of December 31, 1991

plus

1.5% of his Monthly Compensation for each Year of Benefit Service after December 31, 1991.

Lumberton Hourly Employees:

Normal Retirement Benefit: A Participant's Normal Retirement Benefit is a monthly pension benefit commencing on his Normal Retirement Date payable in the Normal Benefit Form in an amount equal to the monthly benefit in effect multiplied by his Years of Benefit Service.

Plan Name: Enerpac Tool Group Retirement Plan
EIN / PN: 39-0168610/001
Plan Sponsor: Enerpac Tool Group
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Monthly Benefit Rate:

<u>Date of Termination</u>	<u>Monthly Benefit Rate</u>
On or after January 1, 1998	\$16.00
On or after January 1, 1999	\$16.50
On or after January 1, 2000	\$17.00

Tempe Hourly Employees:

Normal Retirement Benefit: A Participant's Normal Retirement Benefit is a monthly pension benefit commencing on his Normal Retirement Date payable in the Normal Benefit Form in an amount equal to the monthly benefit in effect multiplied by his Years of Benefit Service.

<u>Date of Termination</u>	<u>Monthly Benefit Rate</u>
On or after July 1, 1998	\$15.00
On or after January 1, 1999	\$15.50
On or after January 1, 2000	\$16.00

Lump sum window 2014

Enerpac Tool Group Retirement Plan was amended in 2014 to offer a limited-time lump sum window program in 2014 to certain terminated vested participants.

Lump Sum Window 2015

Enerpac Tool Group Retirement Plan was amended in 2015 to offer a limited-time lump sum window in 2015 to certain terminated vested participants.

Definitions

	<u>Age</u>	<u>Service</u>	<u>Description</u>
Normal retirement	65	5	Accrued benefit payable immediately
Early	55	5	Accrued benefit reduced .5% for each month prior to age 65
Postponed	>65		Accrued benefit payable immediately
Vesting		5	Accrued benefit payable unreduced at age 65
Pre-ret spouse		5	If married, 50% of the accrued early retirement benefit reduced for the 50% joint & survivor form of payment and payable at the later of date of death or on the date the participant would have attained age 55
Disability	40	10	Accrued benefit payable on a Participant's Disability Retirement Date. A Participant's Disability Retirement Date is the first day of the seventh month coincident with or next following the date of termination of his employment due to disability provided such Participant

Plan Name: Enerpac Tool Group Retirement Plan
 EIN / PN: 39-0168610/001
 Plan Sponsor: Enerpac Tool Group
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

has been found to be eligible for a Disability Retirement Benefit.

Other Plan Provisions

Forms of payment	Monthly pension benefits are paid as a single life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of an actuarially equivalent 50% joint and survivor annuity. If the participant elects and the spouse consents, another actuarially equivalent optional form may be elected. Optional forms are a 100%, 75%, or 50% joint and survivor annuity, a 10 year certain and life annuity, or a level income option. There is an automatic lump sum payment for amounts under \$3,000, and an optional lump sum payment for amounts under \$60,000.
Conversion basis	In calculating optional forms of benefits under the Plan for Acme participants, except for calculating lump sums benefits. An interest rate of 5% per year is used, and the mortality table is a merged-gender table, based on the 1971 Group Annuity Tables, with a 95% male blend and a 5% female blend at age 62 for the Participant and a 5% male blend and a 95% female blend at age 62 for a Spouse, Beneficiary, or contingent annuitant. Lump sum benefits are calculated using the IRC §417(e) mandated interest rates and mortality table.
Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

Plan Name: Enerpac Tool Group Retirement Plan
EIN / PN: 39-0168610/001
Plan Sponsor: Enerpac Tool Group
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Plan Provisions – Former Versaltek Participants

Type of plan	Final average earnings (Salaried Employees), Dollar per month (Non-Union Hourly Employees and Milwaukee Cylinder Union Employees). Benefits under these formulas are frozen.
Normal form	Life annuity (Salaried and Non-union Hourly Employees) 5-year certain and life (Milwaukee Cylinder Union Employees)
Membership services	From date of hire or later of age 21 and 1 year of service for former participants of Versa Technologies, Inc. Hourly Employees' Pension Plan; from date of hire for participants of the former Milwaukee Cylinder Union Pension Plan
Credited service	From date of hire; limited to 30 years for Salaried and Non-union Hourly Employees (limited to 35 years for the Milwaukee Cylinder Union Employees)
Class	Full-time Salaried, Administrative and Clerical Non-Union Employees, Non-Union Hourly Employees, and Milwaukee Cylinder Union Employees
Accrued benefit	Final Average Earnings Formula: Greater of (a) 1% of average annual compensation x credited service (maximum of 30 years) or (b) [1-2/3% of average annual compensation – 1-2/3% of primary Social Security] x credited service (maximum of 30 years) Dollar Per Month Formula: Schedule of benefit rates for each year of service up to 30 years (35 years for Milwaukee Cylinder Union employees). Current monthly benefit rates are: \$35.50 for East Troy location; \$25.00 for Moxness Wausau location; \$16.00 for Moxness Medical Division; \$13.00 for Beaver Dam location; and \$38.50 for Milwaukee Cylinder Union Employees. Effective August 31, 1998, benefits under this plan were frozen for Salaried and Non-Union Hourly Employees. Effective April 15, 2000 benefits under the plan were frozen for Milwaukee Cylinder Union Employees.
Lump sum window 2014	Enerpac Tool Group Retirement Plan was amended in 2014 to offer a limited-time lump sum window program in 2014 to certain terminated vested participants.
Lump Sum Window 2015	Enerpac Tool Group Retirement Plan was amended in 2015 to offer a limited-time lump sum window in 2015 to certain terminated vested participants.

Plan Name: Enerpac Tool Group Retirement Plan
EIN / PN: 39-0168610/001
Plan Sponsor: Enerpac Tool Group
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Definitions

	<u>Age</u>	<u>Service</u>	<u>Description</u>
Normal retirement	65	5	Accrued benefit payable immediately
Early	55*	10	Accrued benefit reduced .5% for each month prior to age 65
Postponed	>65		Accrued benefit payable immediately
Vesting		5	Accrued benefit payable unreduced at age 65
Pre-ret spouse		5	If married, 50% of the accrued early retirement benefit reduced for the 50% joint & survivor form of payment and payable at the later of date of death or on the date the participant would have attained age 55
Pre-ret death	<55	5	Former Hourly Pension Plan and Milwaukee Cylinder Union Pension Plan participants only: Lump sum death benefit equal to the product of 100 times service after 6/23/1973 (up to 30 years)
Disability		5	Former Milwaukee Cylinder Pension Plan Participants only: 110% of the assumed normal retirement benefit reduced .5% for each month prior to age 65 subject to certain minimums/maximums

* Age 62 for former participants of Versa Technologies, Inc. Hourly Employees' Pension Plan.

Other Plan Provisions

Forms of payment

- ▶ Salaried
Monthly pension benefits are paid as a single life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of an actuarially equivalent 50% joint and survivor annuity. If the participant elects and the spouse consent's, another actuarially equivalent optional form may be elected. Optional forms are a 100%, 75%, or 50% joint and survivor annuity, a 5 year certain and life annuity, or a 10 year certain and life annuity. There is an automatic lump sum payment for amounts under \$5,000 and an optional lump sum payment for amounts under \$60,000.
- ▶ Hourly
Monthly pension benefits are paid as a single life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of an actuarially equivalent 50% joint and survivor annuity. If the participant elects and the spouse consent's, another actuarially equivalent optional form may be elected. Optional forms are a 75%, or 50% joint and survivor annuity. There is an automatic lump sum payment for amounts under \$5,000 and an optional lump sum payment for amounts under \$60,000.

Plan Name: Enerpac Tool Group Retirement Plan
EIN / PN: 39-0168610/001
Plan Sponsor: Enerpac Tool Group
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

▶ MCU	Monthly pension benefits are paid as a 5 year certain and life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of an actuarially equivalent 50% joint and survivor annuity. If the participant elects and the spouse consent's, another actuarially equivalent optional form may be elected. Optional forms are a 100%, 75%, or 50% joint and survivor annuity, a 10 year certain and life annuity, or a single life annuity. There is an automatic lump sum payment for amounts under \$5,000 and an optional lump sum payment for amounts under \$60,000.
Conversion basis	In calculating optional forms of benefits under the Plan for Versa participants, except for calculating lump sums benefits the interest rate is lesser of 7.5% per annum, or the interest rate used by the Pension Benefit Guaranty Corporation ("PBGC") to value immediate annuities as of the April 1 st coincident with or next preceding the date of the first payment for which the applicable adjustment determination or calculation is being made, and the mortality table is a table based on experience underlying the 1971 Group Annuity Mortality Table, without margins, with a projection prepared by The Wyatt Company of mortality improvement to 1986. Lump sum benefits are calculated using the IRC §417(e) mandated interest rates and mortality table.
Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

Plan Name: Enerpac Tool Group Retirement Plan
EIN / PN: 39-0168610/001
Plan Sponsor: Enerpac Tool Group
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Plan Provisions - Former Gits Participants

Type of plan	Dollar per month formula Effective August 31, 2008 benefits for former Gits participants were frozen.																						
Normal form	Life annuity																						
Participation	After completing 60 days of eligibility service.																						
Class	Bargaining class represented by United Automobile, Aerospace and Agricultural Implement Workers of American (UAW), Local 1946 for collective bargaining purposes.																						
Years of service	Years of Service for purposes of vesting in the Plan is measured from the employment commencement date to the most recent severance date.																						
Accrual service	Service for purposes of computing a Participant's Normal Retirement Benefit is referred to as Accrual Service. Accrual Service is the sum of a) and b) below: a) the total period of service credited before August 1, 1981 measured from the employment commencement date to the most recent severance date b) the sum of the years of service accrued by an employee after August 1, 1981 according to the following schedule. A Year of Accrual Service is credited for each Plan Year in which an Employee is credited with at least 1,700 Hours of Service For less than 1,700 Hours of Service, a Participant is credited with a proportional part of a Year of Accrual Service as follows: <table><thead><tr><th><u>Hours</u></th><th><u>Service</u></th></tr></thead><tbody><tr><td>Less than 200</td><td>None</td></tr><tr><td>200 but less than 400</td><td>.2</td></tr><tr><td>400 but less than 600</td><td>.3</td></tr><tr><td>600 but less than 800</td><td>.4</td></tr><tr><td>800 but less than 1,000</td><td>.5</td></tr><tr><td>1,000 but less than 1,200</td><td>.6</td></tr><tr><td>1,200 but less than 1,400</td><td>.7</td></tr><tr><td>1,400 but less than 1,600</td><td>.8</td></tr><tr><td>1,600 but less than 1,700</td><td>.9</td></tr><tr><td>1,700 or more</td><td>1.0</td></tr></tbody></table>	<u>Hours</u>	<u>Service</u>	Less than 200	None	200 but less than 400	.2	400 but less than 600	.3	600 but less than 800	.4	800 but less than 1,000	.5	1,000 but less than 1,200	.6	1,200 but less than 1,400	.7	1,400 but less than 1,600	.8	1,600 but less than 1,700	.9	1,700 or more	1.0
<u>Hours</u>	<u>Service</u>																						
Less than 200	None																						
200 but less than 400	.2																						
400 but less than 600	.3																						
600 but less than 800	.4																						
800 but less than 1,000	.5																						
1,000 but less than 1,200	.6																						
1,200 but less than 1,400	.7																						
1,400 but less than 1,600	.8																						
1,600 but less than 1,700	.9																						
1,700 or more	1.0																						
Accrued benefit	Normal Retirement Benefit: A Participant's Normal Retirement Benefit is a monthly pension benefit commencing on his Normal Retirement Date payable in the Normal Benefit Form in an amount equal to the monthly benefit in effect multiplied by his Years of Accrual Service.																						

Plan Name: Enerpac Tool Group Retirement Plan
EIN / PN: 39-0168610/001
Plan Sponsor: Enerpac Tool Group
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Monthly Benefit Rate:

<u>Date of Termination</u>	<u>Monthly Benefit Rate</u>
On or before August 1, 1999	\$15.00
On or after August 1, 1999	\$17.00

Effective August 31, 2008, benefits under these plan provisions were frozen.

Lump Sum Window 2015

Enerpac Tool Group Retirement Plan was amended in 2015 to offer a limited-time lump sum window in 2015 to certain terminated vested participants.

Definitions

	Age	Service	Description
Normal retirement	65		Accrued benefit payable immediately
Early	55	10	Accrued benefit reduced by 6-2/3% for each year up to five and 3-1/3% for each year between five and ten that the early retirement date precedes normal retirement date
Postponed	>65		The greater of a) or b): Accrued benefit on late retirement date Accrued benefit increased to recognize that the annuity commences subsequent to normal retirement date.
Vesting percentage		3-7	20% after three years plus 20% each year thereafter to 100%
Termination benefit			Accrued benefit on date of termination multiplied by the vesting percentage.
Pre-ret spouse		3	If married, 50% of the accrued early retirement benefit reduced for the 50% joint & survivor form of payment and payable at the later of date of death or on the date the participant would have been eligible for early retirement.
Disability		10	For an active participant who is eligible for a disability benefit under Title II of the Federal Social Security Act, the accrued benefit on date of disability, but not less than \$20. For an active participant who is ineligible for a disability benefit under Title II of the Federal Social Security Act, twice the amount of the accrued benefit on date of disability, but not less than \$20.

Plan Name: Enerpac Tool Group Retirement Plan
 EIN / PN: 39-0168610/001
 Plan Sponsor: Enerpac Tool Group
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

Forms of payment	Monthly pension benefits are paid as a single life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of an actuarially equivalent 50% joint and survivor annuity. If the participant elects and the spouse consents, another actuarially equivalent optional form may be elected. Optional forms are a 100%, 75%, 66-2/3%, or 50% joint and survivor annuity, a 5 year certain and life annuity, or a 10 year certain and life annuity or a 15 year certain and life annuity. There is an automatic lump sum payment for amounts under \$5,000 and an optional lump sum payment for amounts under \$60,000.
Conversion basis	In calculating optional forms of benefits under the Plan for Gits participants, except for calculating lump sums benefits, an interest rate of 7.5% per year is used, and the mortality table is a unisex table, based on 1983 Group Annuity Tables. Lump sum benefits are calculated using the IRC §417(e) mandated interest rates and mortality table.
Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

Plan Name: Enerpac Tool Group Retirement Plan
EIN / PN: 39-0168610/001
Plan Sponsor: Enerpac Tool Group
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Plan Provisions – Former Sanlo Manufacturing Co. Participants

Type of Plan	Final average earnings. All benefits have been frozen under the Plan. Effective June 15, 2002 benefits under these formulas were frozen.
Participation eligibility	Minimum age: 21 and Minimum months of service: 12
Plan entry date	July 1st or January 1st coincident with or following the satisfaction of the requirements
Normal retirement date	First day of the month coincident with or following age 65 and first day of the month coincident with or following 5 years of participation
Normal form of benefit	Single Life Annuity with 10 years certain (Qualified Joint and Survivor Annuity is the required standard option)
Retirement benefit optional forms	Lump Sum (single payment) 50% Monthly Joint and Survivor Annuity
Normal retirement benefit	49% of compensation Total retirement benefit reduced by 1/25th for each year of service less than 25
Pre-retirement death benefit	Lump sum payable on death of participant
Benefit amount	100% present value of accrued benefit
Vested retirement benefit	Vesting schedule: 20% a year after 3 years (100% after 7 years) Computation period: Elapsed Time Method Based on periods of service rounded to nearest year
Accrued retirement benefit	Pro-rated on service
Early retirement benefit	Accrued retirement benefit Eligibility requirements: Minimum years of service: 6 Minimum age: 60
Benefit commencement date	Benefit adjustment: The benefit is actuarially reduced for each year by which retirement age precedes normal retirement age, or if retirement is after normal retirement, the benefit is the greater of the in-service benefit as of the retirement date and the normal retirement benefit actuarially increased to the retirement date.
Disability benefit	Monthly benefit for life Benefit amount: 1 times the current monthly accrued retirement benefit

Plan Name: Enerpac Tool Group Retirement Plan
EIN / PN: 39-0168610/001
Plan Sponsor: Enerpac Tool Group
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

Forms of payment	Monthly pension benefits are paid as a 10 year certain and life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of an actuarially equivalent 50% joint and survivor annuity. If the participant elects and the spouse consent's, another actuarially equivalent optional form may be elected. Optional forms are a 100%, 66-2/3%, or 50% joint and survivor annuity, a 5 year certain and life annuity, a 15 year certain and life annuity or a single life annuity, or a level income option. There is an automatic lump sum payment for amounts under \$5,000 and an optional full lump sum payment available.
Conversion basis	In calculating optional forms of benefits under the Plan for Sanlo participants, except for calculating lump sums benefits, an interest rate of 7.5% per year is used, and the mortality table is a unisex table, based on 1983 Group Annuity Tables. Lump sum benefits are calculated using the IRC §417(e) mandated interest rates and mortality table.
Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

Future Plan Changes

No future plan changes were recognized in determining minimum and maximum contributions.

Changes in Benefits Valued Since Prior Year

None.

Plan Name: Enerpac Tool Group Retirement Plan
EIN / PN: 39-0168610/001
Plan Sponsor: Enerpac Tool Group
Valuation Date: January 1, 2024

Enerpac Tool Group Retirement Plan

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

EIN #39-0168610 Plan #001

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
	U.S. Treasury Bond (Strip) 8/15/27	U.S. Government Security	\$ 344,047	\$ 366,254
	U.S. Treasury Bond (Strip) 8/15/29	U.S. Government Security	421,395	446,628
	U.S. Treasury Bond (Strip) 8/15/31	U.S. Government Security	325,708	328,953
	U.S. Treasury Bond (Strip) 5/15/33	U.S. Government Security	803,912	820,542
	U.S. Treasury Bond (Strip) 8/15/38	U.S. Government Security	814,268	700,052
	U.S. Treasury Bond (Strip) 2/15/44	U.S. Government Security	161,468	157,180
	U.S. Treasury Bond (Strip) 8/15/51	U.S. Government Security	55,644	50,022
	U.S. Treasury Bond (Strip) 11/15/53	U.S. Government Security	54,102	49,519
**	SEI Extended Market Index A	Mutual Funds	917,490	796,744
**	SEI Global Managed Volatility Fund	Mutual Funds	4,292,298	4,045,416
**	SEI S&P 500 Index A	Mutual Funds	2,046,672	1,854,484
**	SEI World Equity Ex-US Fund	Mutual Funds	5,113,147	4,594,252
**	SEI U.S. Managed Volatility Fund	Mutual Funds	2,403,771	2,147,670
**	SEI Intermediate Duration Credit Fund A	Mutual Funds	10,429,082	8,887,614
**	SEI Long Duration Credit Fund A	Mutual Funds	2,196,382	2,068,215
Total investments (held at end of year)			\$ 30,379,386	\$ 27,313,545

** Party-in-interest

This schedule has been derived from information certified as complete and accurate by SEI Private Trust Company.
See Independent Auditor's Report.

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
Shortfall	01/01/2024	(69,846)	15.00000	(69,846)	(6,355)
Shortfall	01/01/2023	1,817,925	14.00000	1,744,364	166,487
Total				1,674,518	160,132

Plan Name: Enerpac Tool Group Retirement Plan
EIN / PN: 39-0168610/001
Plan Sponsor: Enerpac Tool Group
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24 Change in Actuarial Assumptions

Plan-related expenses
added to target normal cost

The assumed plan-related expenses added to the target normal cost were changed from \$460,000 for the prior valuation to \$385,000 for the current valuation to account for expected expenses to be paid from the trust.

Plan Name: Enerpac Tool Group Retirement Plan
EIN / PN: 39-0168610/001
Plan Sponsor: Enerpac Tool Group
Valuation Date: January 1, 2024