

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 2024 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A	This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B	This return/report is: ☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C	If the plan is a collectively-bargained plan, check here. ▶ ☐
D	Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ ☐

Part II	Basic Plan Information—enter all requested information
1a	Name of plan FANUC ROBOTICS AMERICA RETIREMENT PLAN
1b	Three-digit plan number (PN) ▶ 001
1c	Effective date of plan 07/01/1983
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) FANUC AMERICA CORPORATION 3900 W. HAMLIN ROAD ROCHESTER HILLS, MI 48309-3253
2b	Employer Identification Number (EIN) 38-3067354
2c	Plan Sponsor's telephone number 248-377-7403
2d	Business code (see instructions) 335900

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2025	MARTHA BOL-JOHNSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☒ Same as Plan Sponsor	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	5 968
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) 293 6a(2) 277 6b 457 6c 184 6d 918 6e 46 6f 964 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 3F

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) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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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 FANUC ROBOTICS AMERICA 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 FANUC AMERICA CORPORATION	D Employer Identification Number (EIN) 38-3067354
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	295704804	
b	Actuarial value	2b	280835291	
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	491	122438131	122438131
b	For terminated vested participants	207	19973723	19973723
c	For active participants	293	104637448	105513226
d	Total	991	247049302	247925080
4	If the plan is in at-risk status, check the box and complete lines (a) and (b). ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.20 %	
6	Target normal cost			
a	Present value of current plan year accruals	6a	7493093	
b	Expected plan-related expenses	6b	356000	
c	Target normal cost	6c	7849093	

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 TREVOR LOGAN Type or print name of actuary WILLIS TOWERS WATSON US LLC Firm name 3949 SPARKS DRIVE SE SUITE 110 GRAND RAPIDS, MI 49546 Address of the firm	10/02/2025 Date 23-08651 Most recent enrollment number 616-957-2020 Telephone number (including area code)
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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	72211485
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	7361131
9 Amount remaining (line 7 minus line 8)	0	64850354
10 Interest on line 9 using prior year's actual return of <u>4.35</u> %	0	2820990
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.29</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	67671344

Part III Funding Percentages

14 Funding target attainment percentage	14	85.97 %
15 Adjusted funding target attainment percentage	15	113.27 %
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	99.75 %
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
11/29/2024	1000000	0	05/16/2025	1000000	0
12/18/2024	1000000	0	06/18/2025	1000000	0
01/16/2025	1000000	0	07/18/2025	1000000	0
02/19/2025	1000000	0	08/19/2025	1000000	0
03/19/2025	1000000	0	09/09/2025	5000000	0
04/17/2025	1000000	0			
Totals ▶			18(b)	15000000	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	13972568

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
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21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	3rd segment: 5.59 % ☐ N/A, full yield curve used
b Applicable month (enter code)			21b 0
22 Weighted average retirement age			22 63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI	Miscellaneous Items
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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
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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
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31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	7849093	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	34761133	3179524	
b Waiver amortization installment			
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	11028617	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	11028617	11028617
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	13972568	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	13972568	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	11028617	
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)
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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
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SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection.

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

A Name of plan FANUC ROBOTICS AMERICA RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 FANUC AMERICA CORPORATION	D Employer Identification Number (EIN) 38-3067354

Part I	Service Provider Information (see instructions)
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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
FIDELITY MGMT TRUST CO
04-3022712

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
FIDELITY MANAGEMENT TRUST COMPANY
04-2723880

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

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

PIMCO

06-1349805

(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?
27 50	INV MANAGEMNT	355063	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIDELITY MGT TRUST CO

04-2723880

(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?
13 37 21 65 50 17 28 20 70	INV MGMT/TRUSTEE /ADMIN	169781	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

WILLIS 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?
17 50 70 11	ACTUARY CONSULTANT	45000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

GALLAGHER BENEFIT SERVICES

36-4291971

(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?
13 50	ADMIN	7500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2024
		This Form is Open to Public Inspection

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

A Name of plan FANUC ROBOTICS AMERICA RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 FANUC AMERICA CORPORATION	D Employer Identification Number (EIN) 38-3067354

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	13000000
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	9244126	2144194
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	615462	245449
(2) U.S. Government securities	1c(2)	285107365	268493809
(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)	737851	874266
(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	295704804	284757718
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	295704804	284757718

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)	15000000	
(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)		15000000
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)	7761991	
(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)		7761991
(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)	215111127	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	222643258	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-7532131
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-20761896	
(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)		6261799
c Other income	2c		984
d Total income. Add all income amounts in column (b) and enter total	2d		730747

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	11002721	
(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)		11002721
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)	154446	
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	355063	
(6) Bank or trust company trustee/custodial fees	2i(6)	22835	
(7) Actuarial fees	2i(7)	45000	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	97768	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		675112
j Total expenses. Add all expense amounts in column (b) and enter total	2j		11677833

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-10947086
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: **WILLIAM VAUGHAN COMPANY**

(2) EIN: **34-1145015**

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.)		☒	
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.)		☒	
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.)		☒	
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.)		☒	
e Was this plan covered by a fidelity bond?	☒		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		☒	
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?		☒	
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?		☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	☒		
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.)	☒		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		☒	
l Has the plan failed to provide any benefit when due under the plan?		☒	
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 587524.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection.
For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024		
A Name of plan FANUC ROBOTICS AMERICA RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 FANUC AMERICA CORPORATION		D Employer Identification Number (EIN) 38-3067354
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 04-3275867		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year		3 0
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2024 v. 240311		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

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

a Enter the percentage of plan assets held as:

Public Equity: _____% 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_____.

**FANUC ROBOTICS AMERICA
RETIREMENT PLAN**

FINANCIAL STATEMENTS

Years Ended December 31, 2024 and 2023



WILLIAM VAUGHAN
C O M P A N Y

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INDEPENDENT AUDITOR'S REPORT

The Retirement Committee
FANUC Robotics America Retirement Plan
Rochester Hills, Michigan

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

We have performed an audit of the financial statements of the FANUC Robotics America Retirement Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

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

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

An Independent Member of the BDO Alliance USA

Maumee: 145 Chesterfield Lane | Maumee, OH 43537 | P 419.891.1040 | F 419.891.1065
Maumee, OH (HQ) | Napoleon, OH | Bowling Green, OH | Cleveland, OH | Nashville, TN
wvco.com

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, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

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

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

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

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

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

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

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

Other Matters

Supplemental Schedules Required by ERISA

The supplemental Schedule H, line 4i – Schedule of Assets (Held at End of Year) and the supplemental Schedule H, line 4j – Schedule of Reportable Transactions as of and 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 audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including the 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).

WILLIAM VAUGHAN COMPANY

A handwritten signature in cursive script that reads "William Vaughan Company".

Maumee, Ohio
October 6, 2025

**FANUC ROBOTICS AMERICA
RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2024 and 2023**

ASSETS

	<u>2024</u>	<u>2023</u>
Investments at fair value	\$ 269,613,524	\$ 286,460,678
Receivables		
Employer contribution	13,000,000	-
Accrued interest and dividends	2,144,194	1,534,067
Unsettled investment sale	-	7,710,059
Total receivables	<u>15,144,194</u>	<u>9,244,126</u>
Net assets available for benefits	<u><u>\$ 284,757,718</u></u>	<u><u>\$ 295,704,804</u></u>

**FANUC ROBOTICS AMERICA
RETIREMENT PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years Ended December 31, 2024 and 2023**

ADDITIONS

	<u>2024</u>	<u>2023</u>
Investment income (loss)		
Interest and dividends	\$ 7,761,991	\$ 6,513,368
Net appreciation (depreciation) of investments	<u>(22,031,244)</u>	<u>6,265,283</u>
Total investment income (loss)	(14,269,253)	12,778,651
Employer contributions	<u>15,000,000</u>	-
Total additions	730,747	12,778,651

DEDUCTIONS

Benefits paid directly to participants	11,002,721	10,052,646
Administrative expenses	<u>675,112</u>	<u>435,413</u>
Total deductions	<u>11,677,833</u>	<u>10,488,059</u>
Net increase (decrease) in net assets available for benefits	(10,947,086)	2,290,592
Net assets available for benefits		
Beginning of year	<u>295,704,804</u>	<u>293,414,212</u>
End of year	<u><u>\$ 284,757,718</u></u>	<u><u>\$ 295,704,804</u></u>

**FANUC ROBOTICS AMERICA
RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2024 and 2023**

Note 1 – Description of the Plan

The following description of the FANUC Robotics America Retirement Plan (the Plan), provides only general information. Participants should refer to the Plan document for a more complete description of the Plan, including benefit provisions.

General

The Plan, as amended and restated, is a noncontributory defined benefit plan established by FANUC America Corporation (the Company and Plan Administrator) that covers less than one-third of all employees. Effective June 1, 2006, the Plan was amended to discontinue the eligibility of new hires for participation in the Plan. All participants in the Plan prior to that date continue to accrue benefits. Participants are eligible for normal retirement benefits upon reaching Normal Retirement Age, as defined in the Plan document, and reduced benefits for early retirement, total and permanent disabilities, or death. Benefits provided by the Plan are based generally on an employee's length of service and compensation, and vest over five years.

Contributions

The Company's funding policy is to make such contributions sufficient to maintain Plan assets at amounts necessary to pay benefits or in amounts sufficient to fund the Plan's current year service cost. The Plan has met the minimum funding requirements of the Employee Retirement Income Security Act of 1974 (ERISA).

Plan Termination

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

Administrative Expenses

Trustee, actuary, and audit fees, as rendered by parties-in-interest, are paid by the Plan, although certain other costs of Plan administration are paid by the Company.

**FANUC ROBOTICS AMERICA
RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2024 and 2023**

Note 2 – Significant Accounting Policies

Basis of Accounting

The accompanying financial statements of the Plan are prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America. Benefit payments to participants are recorded upon distribution.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. There have been no changes in the valuation methods used. The Plan's investments are held by Fidelity Management Trust Company (the Trustee).

A separately managed account is a portfolio of individual securities managed by a professional asset management firm. The Plan invests in such an account that is managed by PIMCO. PIMCO has full discretion (within certain guidelines) to invest in U.S. Treasury obligations, which are valued using pricing models maximizing the use of observable inputs for similar securities. The account also invests in the State Street Government Short Term Investment Fund (the STIF). The STIF invests in securities issued by the U.S. government or its agencies and in repurchase agreements collateralized by U.S. government securities, and is valued based on those underlying securities.

Money market mutual funds are valued using the amortized cost method as permitted by Rule 2a-7 under the Investment Company Act of 1940, which approximates fair value.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although 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.

Purchases and sales of the investments within the Plan are recorded on a trade-date basis. Dividend income is recorded on the ex-dividend date. Interest income is recorded on the accrual basis. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts in the financial statements and accompanying notes. Most significantly, estimates are used in the determination of the actuarial present value of accumulated plan benefits. Actual results could differ from those estimates.

**FANUC ROBOTICS AMERICA
RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2024 and 2023**

Note 2 – Significant Accounting Policies (continued)

Reclassifications

Certain 2023 amounts have been reclassified to conform to the 2024 presentation.

Subsequent Events

Management has evaluated subsequent events through October 6, 2025, the date the financial statements were available to be issued.

Note 3 – Investments

All investment information disclosed in the accompanying financial statements and supplemental schedules, including investments held at December 31, 2024 and 2023, net appreciation (depreciation) of investments, and interest and dividends for the years then ended, were obtained or derived from information supplied to the Plan Administrator and certified as complete and accurate by the Trustee.

Note 4 – Fair Value Measurement

The various inputs that may be used to determine the value of the Plan's investments are summarized in three broad levels within the fair value hierarchy. The three levels are described below:

- Level 1: Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities;
- Level 2: Quoted prices in markets that are not considered to be active or financial instruments for which all significant inputs are observable, either directly or indirectly; and
- Level 3: Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

A financial asset'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 need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following tables set forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2024 and 2023. Assets are classified in their entirety based on the lowest level of input that is significant to the fair value measurement.

**FANUC ROBOTICS AMERICA
RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2024 and 2023**

Note 4 – Fair Value Measurement (continued)

	Investments at Fair Value as of December 31, 2024		
	Level 1	Level 2	Total
Money market mutual fund	\$ 874,266	\$ -	\$ 874,266
Separately managed account			
U.S. Treasury obligations	-	268,493,809	268,493,809
STIF	-	245,449	245,449
Total investments at fair value	<u>\$ 874,266</u>	<u>\$ 268,739,258</u>	<u>\$ 269,613,524</u>

	Investments at Fair Value as of December 31, 2023		
	Level 1	Level 2	Total
Money market mutual fund	\$ 737,851	\$ -	\$ 737,851
Separately managed account			
U.S. Treasury obligations	-	285,107,365	285,107,365
STIF	-	615,462	615,462
Total investments at fair value	<u>\$ 737,851</u>	<u>\$ 285,722,827</u>	<u>\$ 286,460,678</u>

Note 5 – Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions to the service employees have rendered to the valuation date. Accumulated plan benefits include benefits expected to be paid to retired or terminated employees or their beneficiaries and present employees or their beneficiaries. Benefits for retired or terminated employees or their beneficiaries are based on employees' average compensation of the five highest consecutive years in the last ten years of service. The accumulated plan benefits for active employees are based on their average compensation during the five years preceding the valuation date. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

An actuary from Willis Towers Watson estimated the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants 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.

**FANUC ROBOTICS AMERICA
RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2024 and 2023**

Note 5 – Actuarial Present Value of Accumulated Plan Benefits (continued)

The actuarial present value of accumulated plan benefit information as of December 31, the latest date available, is as follows:

	<u>2023</u>	<u>2022</u>
Actuarial present value of accumulated plan benefits		
Vested benefits:		
Participants currently receiving payments	\$ 161,553,195	\$ 150,164,869
Other participants	<u>206,980,242</u>	<u>206,376,655</u>
Total vested benefits	368,533,437	356,541,524
Nonvested benefits		
	<u>1,703,717</u>	<u>1,776,349</u>
	<u><u>\$ 370,237,154</u></u>	<u><u>\$ 358,317,873</u></u>

Changes in the actuarial present value of accumulated plan benefits as of December 31 are as follows:

Actuarial present value of accumulated plan benefits at December 31, 2022	\$ 358,317,873
Increase (decrease) during the year attributable to	
Decrease in the discount period	8,236,162
Benefits earned	12,760,112
Benefits paid	(10,052,646)
Actuarial (gains) losses	<u>975,653</u>
Actuarial present value of accumulated plan benefits at December 31, 2023	<u><u>\$ 370,237,154</u></u>

Significant assumptions underlying the actuarial computations for the Plan are as follows:

Plan Accounting Discount Rate	2.25% in 2023 and 2022
Mortality Basis	2023 and 2022 – Pri-2012 base mortality tables, including the use of contingent annuitant tables, projected forward generationally using mortality improvement scale MP-2021
Average Retirement Age for Active Participants	63 in 2023 and 2022

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

**FANUC ROBOTICS AMERICA
RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
Years Ended December 31, 2024 and 2023**

Note 6 – Income Tax Status

The Internal Revenue Service has determined and informed the Company by a letter dated October 29, 2015, that the Plan and related trust are designed in accordance with the applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan Administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable provisions of the IRC.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability for any uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 7 – Risks and Uncertainties

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

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

SUPPLEMENTARY INFORMATION

FANUC ROBOTICS AMERICA
RETIREMENT PLAN
EIN 38-3067354 PLAN #001
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS
(HELD AT END OF YEAR)
December 31, 2024

Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
Money Market Mutual Fund *Fidelity Investments	Money Market Government Portfolio - Class I at 4.38% interest	\$ 874,266	\$ 874,266
The following listing of assets held is incorporated herein by reference.			
*PIMCO Separately Managed Account, pages 1-3			
U.S. Treasury obligations		321,493,636	268,493,809
STIF		245,449	245,449
		<u>321,739,085</u>	<u>268,739,258</u>
		<u>\$ 322,613,351</u>	<u>\$ 269,613,524</u>

* Indicates party-in-interest to the Plan.

IDENTITY OF ISSUE, BORROWER, LESSOR		DESCRIPTION OF INVESTMENT SHARES / PAR	COST	CURRENT VALUE
NONINTEREST-BEARING CASH				

CASH	CASH		0	0
		.450		
TOTAL NONINTEREST-BEARING CASH			0	0
			-----	-----
			-----	-----
GENERAL INVESTMENTS				

INTEREST-BEARING CASH (INCLUDING MM ACCTS & CD)				

98765455A SSBK GOVT STIF FUND			245,449	245,449
		245,449.400		
TOTAL INTEREST-BEARING CASH (INCLUDING MM ACCTS & CD)			245,449	245,449
U.S. GOVERNMENT SECURITIES				

912810SQ2	UNITED STATES TREASURY BOND 1.125% 08/15	SEMI-ANN. 1.125% 08/15/2040 2,500,000.000	2,372,553	1,490,666
912810TA6	UNITED STATES TREASURY BOND 1.75% 08/15/	SEMI-ANN. 1.750% 08/15/2041 2,900,000.000	2,797,727	1,877,846
912810SW9	UNITED STATES TREASURY BOND 1.875% 02/15	SEMI-ANN. 1.875% 02/15/2041 10,600,000.000	10,207,602	7,101,055
912810TC2	UNITED STATES TREASURY BOND 2% 11/15/204	SEMI-ANN. 2.000% 11/15/2041 4,800,000.000	4,794,211	3,222,815
912810TD0	UNITED STATES TREASURY BOND 2.25% 02/15/	SEMI-ANN. 2.250% 02/15/2052 6,100,000.000	5,131,651	3,698,065
912810SY5	UNITED STATES TREASURY BOND 2.25% 05/15/	SEMI-ANN. 2.250% 05/15/2041 24,700,000.000	24,917,899	17,528,218
912810SJ8	UNITED STATES TREASURY BOND 2.25% 08/15/	SEMI-ANN. 2.250% 08/15/2049 13,060,000.000	9,811,325	8,085,920

AS OF DECEMBER 31, 2024

IDENTITY OF ISSUE, BORROWER, LESSOR	DESCRIPTION OF INVESTMENT SHARES / PAR	COST	CURRENT VALUE
912810TF5 UNITED STATES TREASURY BOND 2.375% 02/15	SEMI-ANN. 2.375% 02/15/2042 1,200,000.000	1,198,478	854,344
912810SX7 UNITED STATES TREASURY BOND 2.375% 05/15	SEMI-ANN. 2.375% 05/15/2051 38,600,000.000	39,381,805	24,272,265
912810SF6 UNITED STATES TREASURY BOND 3% 02/15/204	SEMI-ANN. 3.000% 02/15/2049 7,330,000.000	6,149,090	5,332,880
912810SD1 UNITED STATES TREASURY BOND 3% 08/15/204	SEMI-ANN. 3.000% 08/15/2048 1,900,000.000	1,550,221	1,387,667
912810QT8 UNITED STATES TREASURY BOND 3.125% 11/15	SEMI-ANN. 3.125% 11/15/2041 19,720,000.000	20,082,811	15,868,434
912810TK4 UNITED STATES TREASURY BOND 3.375% 08/15	SEMI-ANN. 3.375% 08/15/2042 16,200,000.000	15,005,227	13,372,324
912810TN8 UNITED STATES TREASURY BOND 3.625% 02/15	SEMI-ANN. 3.625% 02/15/2053 5,700,000.000	5,646,350	4,631,196
912810TR9 UNITED STATES TREASURY BOND 3.625% 05/15	SEMI-ANN. 3.625% 05/15/2053 7,400,000.000	7,036,500	6,015,476
912810RC4 UNITED STATES TREASURY BOND 3.625% 08/15	SEMI-ANN. 3.625% 08/15/2043 1,500,000.000	1,399,629	1,270,623
912810TM0 UNITED STATES TREASURY BOND 4% 11/15/204	SEMI-ANN. 4.000% 11/15/2042 7,200,000.000	7,219,969	6,478,384
912810UD8 UNITED STATES TREASURY BOND 4.125% 08/15	SEMI-ANN. 4.125% 08/15/2044 11,400,000.000	10,722,640	10,316,656
912810TT5 UNITED STATES TREASURY BOND 4.125% 08/15	SEMI-ANN. 4.125% 08/15/2053 3,700,000.000	3,548,531	3,295,382
912810TX6 UNITED STATES TREASURY BOND 4.25% 02/15/	SEMI-ANN. 4.250% 02/15/2054 15,700,000.000	14,812,859	14,322,329
912810QQ4 UNITED STATES TREASURY BOND 4.375% 05/15	SEMI-ANN. 4.375% 05/15/2041 5,670,000.000	6,406,653	5,399,519
912810TU2 UNITED STATES TREASURY BOND 4.375% 08/15	SEMI-ANN. 4.375% 08/15/2043 8,100,000.000	7,535,900	7,621,472
912810TZ1 UNITED STATES TREASURY BOND 4.5% 02/15/2	SEMI-ANN. 4.500% 02/15/2044 2,100,000.000	2,081,666	2,004,386

AS OF DECEMBER 31,2024

IDENTITY OF ISSUE, BORROWER, LESSOR	DESCRIPTION OF INVESTMENT SHARES / PAR	COST	CURRENT VALUE
912810UF3 UNITED STATES TREASURY BOND 4.625% 11/15	SEMI-ANN. 4.625% 11/15/2044 6,500,000.000	6,399,101	6,302,464
912810TV0 UNITED STATES TREASURY BOND 4.75% 11/15/	SEMI-ANN. 4.750% 11/15/2053 3,300,000.000	3,512,566	3,264,671
912797MU8 UST BILLS 0% 03/27/2025	ANNUAL 0.000% 03/27/2025 1,000,000.000	989,878	990,224
91282CLC3 UST NOTES 4% 07/31/2029	SEMI-ANN. 4.000% 07/31/2029 20,400,000.000	20,589,670	20,084,967
91282CLZ2 UST NOTES 4.125% 11/30/2031	SEMI-ANN. 4.125% 11/30/2031 3,400,000.000	3,319,648	3,327,409
912833Y46 USTCOUP 0% 05/15/2037	SEMI-ANN. 0.000% 05/15/2037 26,500,000.000	14,639,324	14,514,321
912834DU9 USTCOUP 11/15/38	SEMI-ANN. 0.000% 11/15/2038 14,400,000.000	9,991,210	7,259,848
912834AE8 USTCOUP 5/15/38	SEMI-ANN. 0.000% 05/15/2038 11,500,000.000	8,089,329	5,972,200
9128334W7 USTCOUP 8/15/33	SEMI-ANN. 0.000% 08/15/2033 500,000.000	311,280	332,603
9128337E4 USTCOUP 8/15/36	SEMI-ANN. 0.000% 08/15/2036 10,700,000.000	6,401,061	6,101,998
912833Z52 USTCOUP 8/15/37	SEMI-ANN. 0.000% 08/15/2037 26,050,000.000	15,038,727	14,071,327
912803FM0 USTPRIN 0% 02/15/2050	ANNUAL 0.000% 02/15/2050 1,500,000.000	868,830	443,066
912803GS6 USTPRIN 0% 05/15/2053	ANNUAL 0.000% 05/15/2053 35,000,000.000	10,506,079	9,227,418
912803EJ8 USTPRIN 0.0% 08/15/2044	ANNUAL 0.000% 08/15/2044 28,900,000.000	11,025,639	11,153,372
TOTAL U.S. GOVERNMENT SECURITIES		321,493,636	268,493,809
TOTAL GENERAL INVESTMENTS		321,739,086	268,739,258
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**FANUC ROBOTICS AMERICA
RETIREMENT PLAN
EIN 38-3067354 PLAN #001
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
Year Ended December 31, 2024**

Identity of Party Involved	Description of Assets	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Category (i) – Single Transaction in Excess of 5% of Plan assets						
	UST BOND 2.25% 5/15/2041		\$ 15,346,953	\$ 21,286,140	\$ 15,346,953	\$ (5,939,187)
	UST BOND 3.875% 5/15/2043		22,459,465	23,222,594	22,459,465	(763,129)
	UST NOTES 4% 1/31/2029	\$ 36,462,188		36,462,188	36,462,188	
	UST NOTES 4% 1/31/2029		19,072,484	19,420,078	19,072,484	(347,594)
	UST NOTES 4% 7/31/2029	16,148,669		16,148,669	16,148,669	
	UST NOTES 4% 7/31/2029	16,249,782		16,249,782	16,249,782	
Category (iii) – Series of Transactions in Excess of 5% of Plan assets						
	SSBK GOVT STIF FUND	37,429,486		37,429,486	37,429,486	
	SSBK GOVT STIF FUND		37,799,499	37,799,499	37,799,499	-
	UST BOND 2.25% 5/15/2041		15,346,953	21,286,140	15,346,953	(5,939,187)
	UST BOND 3.875% 5/15/2043		22,459,465	23,222,594	22,459,465	(763,129)
	UST BOND 4.25% 2/15/2054	17,832,041		17,832,041	17,832,041	
	UST BOND 4.25% 2/15/2054		3,106,625	3,019,181	3,106,625	87,444
	UST BILLS 0% 4/30/2024	7,763,790		7,763,790	7,763,790	
	UST BILLS 0% 4/30/2024		7,813,880	7,763,791	7,813,880	50,089
	UST NOTES 4% 1/31/2029	36,462,188		36,462,188	36,462,188	
	UST NOTES 4% 1/31/2029		36,141,129	36,462,187	36,141,129	(321,058)
	UST NOTES 4% 7/31/2029	32,398,451		32,398,451	32,398,451	
	UST NOTES 4% 7/31/2029		11,546,613	11,808,781	11,546,613	(262,168)
	Fidelity Investments Money Market Government Portfolio - Class I	13,555,483		13,555,483	13,555,483	
	Fidelity Investments Money Market Government Portfolio - Class I		13,419,068	13,419,068	13,419,068	-

There were no category (ii) or (iv) reportable transactions during the year ended December 31, 2024. Columns for "Lease Rental" and "Expense Incurred with Transaction" are not applicable.

All transactions are made on the market.

SCHEDULE SB ATTACHMENTS

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

Attained Age	Attained Years of Credited Service ¹													Total
	0	1	2	3	4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	0	0	0	0	0	0	0	0	0
40-44	0	0	0	0	0	0	0	8	3	0	0	0	0	11
45-49	0	0	0	0	0	2	1	8	24	9	0	0	0	44
50-54	0	0	0	0	0	2	4	4	29	41	2	0	0	82
55-59	0	0	0	0	0	4	4	4	13	18	18	7	0	68
60-64	0	0	0	0	0	0	1	6	14	18	15	15	0	69
65-69	0	0	0	0	0	0	2	0	2	4	3	6	0	17
70 & over	0	0	0	0	1	0	0	0	0	0	0	1	0	2
Total	0	0	0	0	1	8	12	30	85	90	38	29	0	293

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

Plan Name: FANUC Robotics America Retirement Plan

EIN / PN: 38-3067354 / 001

Plan Sponsor: FANUC America Corporation

Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

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

Interest rates:	Reflecting Corridors	Not Reflecting Corridors
• First segment rate	4.75%	4.37%
• Second segment rate	4.96%	4.96%
• Third segment rate	5.59%	4.95%
• Effective interest rate	5.20%	4.93%

Annual rates of increase:

- Compensation 3.50%
- Future Social Security wage bases 3.50%
- Statutory limits on compensation 2.50%

Plan-related expenses The amount included this year for plan-related expenses is \$356,000, based on prior year's actual expenses minus the prior year's PBGC premiums plus the current year's estimated PBGC premiums.

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

Plan Name: FANUC Robotics America Retirement Plan
EIN / PN: 38-3067354 / 001
Plan Sponsor: FANUC America Corporation
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Assumed cost of living adjustments	None.
Inclusion date	The valuation date coincident with or next following the date on which the employee becomes a participant.
Mortality:	
• PPA Healthy	Separate rates for non-annuitants and annuitants based on Pri-2012 “Employees” and “Healthy Annuitants” (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).
• PPA Disabled	Alternative disabled life mortality tables as defined under Revenue Ruling 96-7.
Retirement	Rates at which active participants are assumed to retire vary by age, with average age 63:

Attained Age	Percentage retiring during the year
55	2.0%
56	2.0%
57	2.0%
58	2.0%
59	2.0%
60	5.0%
61	5.0%
62	30.0%
63	20.0%
64	20.0%
65	20.0%
66	50.0%
67	50.0%
68	50.0%
69	50.0%
>70	100.0%

Vested terminated participants are assumed to retire at age 61.

Plan Name:	FANUC Robotics America Retirement Plan
EIN / PN:	38-3067354 / 001
Plan Sponsor:	FANUC America Corporation
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

Disability rates 30% of Disability Incidence under the 1972 – 1976 OASDI Study.

Termination rates Representative termination rates not due to disability, retirement, or mortality:

Attained Age	Percentage leaving during the year
20-29	8.0%
30-34	5.0%
35-44	3.0%
45-49	2.0%
50-54	1.0%
55+	0.0%

Form of payment Single active or vested terminated participants are assumed to elect a life annuity. Married participants are assumed to elect a 60% Joint and Survivor benefit.

Percent married 75% of male and 50% of female participants are assumed to be married.

Spouse age Male spouses are assumed to be 2 years older than female spouses.

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

Plan compensation Compensation assumed paid in the current year beginning on the valuation date is the current annual rate of pay.

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

Plan Name: FANUC Robotics America Retirement Plan
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Plan Sponsor: FANUC America Corporation
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

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 plan year plus plan-related expenses expected to be paid from plan assets during plan year as required by regulations under IRC §430.
Actuarial value of assets	Plan assets are valued using a 7 month average. The market value of assets on the valuation date is averaged with the adjusted market value of assets for each of the preceding 6 months. The adjusted market value is the market value at the prior date adjusted for contributions, benefit payments, expenses, and the assumed return on plan assets to the valuation date. The resulting average value is constrained to between 90% and 110% of the fair market value of assets on the valuation date.
Benefits not valued	WTW has reviewed the plan provisions with the plan sponsor and based on that review, is not aware of any significant benefits that were not valued. The plan pays small benefits with a present value up to \$5,000 in a single lump sum payment, and such benefits are valued in annuity form rather than as lump sums.

Sources of Data and Other Information

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

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

Plan Name:	FANUC Robotics America Retirement Plan
EIN / PN:	38-3067354 / 001
Plan Sponsor:	FANUC America Corporation
Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

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	As required by regulations, plan-related expenses are calculated by estimating the expenses to be paid from the trust during the coming year (including, for example, expected PBGC premiums and actuarial, accounting, legal, administration and trustee fees to be paid from the trust). We believe that this approach to setting assumed future expenses does not significantly conflict with what would be reasonable because it considers both historical and expected future changes in the level of expenses.
Rates of increase in compensation, national average wages (NAW) (e.g., Social Security wage bases), and CPI	Assumed compensation increases are based on plan sponsor expectations. The plan sponsor has access to pertinent information related to their business and is in a better position to set the increase in compensation assumption. While we relied on the plan sponsor for these assumptions, we believe that the assumptions chosen do not significantly conflict with what would be reasonable based on based on current and expected future CPI, GDP, and wage growth, taking into account historical variability and current conditions.

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).
Retirement and Termination Rates	Retirement and termination rates are based on an experience study conducted in 2020, with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.

Plan Name:	FANUC Robotics America Retirement Plan
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SCHEDULE SB ATTACHMENTS

Sources of Prescribed Methods

Funding methods

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

Changes in Assumptions and Methods

Changes in assumptions and methods since the prior valuation

- The segment interest rates used to calculate the funding target and target normal cost were updated to the current valuation date as required by IRC §430.
- The mortality assumption used to calculate the funding target and target normal cost was updated to reflect the latest mortality tables and mortality improvement scales, and was changed from using static projection of mortality improvement to a generational projection as required by guidance issued by IRS under IRC §430.
- The assumed plan-related administrative expenses added to the target normal cost were changed from \$334,000 in 2023 to \$356,000 in 2024.

Plan Name: FANUC Robotics America Retirement Plan
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Plan Sponsor: FANUC America Corporation
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	FANUC America Corporation
EIN/PN	38-3067354 / 001
Plan Name	FANUC Robotics America Retirement Plan
Valuation Date	January 1, 2024
Enrolled Actuary	Trevor Logan
Enrollment Number	23-08651

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.

**FANUC ROBOTICS AMERICA
RETIREMENT PLAN
EIN 38-3067354 PLAN #001
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS
Year Ended December 31, 2024**

Identity of Party Involved	Description of Assets	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Category (i) – Single Transaction in Excess of 5% of Plan assets						
	UST BOND 2.25% 5/15/2041		\$ 15,346,953	\$ 21,286,140	\$ 15,346,953	\$ (5,939,187)
	UST BOND 3.875% 5/15/2043		22,459,465	23,222,594	22,459,465	(763,129)
	UST NOTES 4% 1/31/2029	\$ 36,462,188		36,462,188	36,462,188	
	UST NOTES 4% 1/31/2029		19,072,484	19,420,078	19,072,484	(347,594)
	UST NOTES 4% 7/31/2029	16,148,669		16,148,669	16,148,669	
	UST NOTES 4% 7/31/2029	16,249,782		16,249,782	16,249,782	
Category (iii) – Series of Transactions in Excess of 5% of Plan assets						
	SSBK GOVT STIF FUND	37,429,486		37,429,486	37,429,486	
	SSBK GOVT STIF FUND		37,799,499	37,799,499	37,799,499	-
	UST BOND 2.25% 5/15/2041		15,346,953	21,286,140	15,346,953	(5,939,187)
	UST BOND 3.875% 5/15/2043		22,459,465	23,222,594	22,459,465	(763,129)
	UST BOND 4.25% 2/15/2054	17,832,041		17,832,041	17,832,041	
	UST BOND 4.25% 2/15/2054		3,106,625	3,019,181	3,106,625	87,444
	UST BILLS 0% 4/30/2024	7,763,790		7,763,790	7,763,790	
	UST BILLS 0% 4/30/2024		7,813,880	7,763,791	7,813,880	50,089
	UST NOTES 4% 1/31/2029	36,462,188		36,462,188	36,462,188	
	UST NOTES 4% 1/31/2029		36,141,129	36,462,187	36,141,129	(321,058)
	UST NOTES 4% 7/31/2029	32,398,451		32,398,451	32,398,451	
	UST NOTES 4% 7/31/2029		11,546,613	11,808,781	11,546,613	(262,168)
	Fidelity Investments Money Market Government Portfolio - Class I	13,555,483		13,555,483	13,555,483	
	Fidelity Investments Money Market Government Portfolio - Class I		13,419,068	13,419,068	13,419,068	-

There were no category (ii) or (iv) reportable transactions during the year ended December 31, 2024. Columns for "Lease Rental" and "Expense Incurred with Transaction" are not applicable.

All transactions are made on the market.

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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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 FANUC ROBOTICS AMERICA 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 FANUC AMERICA CORPORATION	D Employer Identification Number (EIN) 38-3067354
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2024			
2	Assets:			
a	Market value	2a	295,704,804	
b	Actuarial value	2b	280,835,291	
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	491	122,438,131	122,438,131
b	For terminated vested participants	207	19,973,723	19,973,723
c	For active participants	293	104,637,448	105,513,226
d	Total	991	247,049,302	247,925,080
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	5.20%	
6	Target normal cost			
a	Present value of current plan year accruals	6a	7,493,093	
b	Expected plan-related expenses	6b	356,000	
c	Target normal cost	6c	7,849,093	

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	Trevor Logan Signature of actuary	10/02/2025 Date
Trevor Logan Type or print name of actuary	2308651 Most recent enrollment number	616-957-2020 Telephone number (including area code)
Willis Towers Watson US LLC Firm name	3949 Sparks Drive SE Suite 110 Grand Rapids MI 49546 Address of the firm	

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	72,211,485
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	7,361,131
9 Amount remaining (line 7 minus line 8)	0	64,850,354
10 Interest on line 9 using prior year's actual return of <u>4.35%</u>	0	2,820,990
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.29%</u>		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		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	67,671,344

Part III Funding Percentages

14 Funding target attainment percentage	14	85.97%
15 Adjusted funding target attainment percentage	15	113.27%
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	99.75%
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
11/29/2024	1,000,000	0			
12/18/2024	1,000,000	0			
01/16/2025	1,000,000	0			
02/19/2025	1,000,000	0			
03/19/2025	1,000,000	0			
04/17/2025	1,000,000	0			
05/16/2025	1,000,000	0			
06/18/2025	1,000,000	0			
07/18/2025	1,000,000	0			
08/19/2025	1,000,000	0			
09/09/2025	5,000,000	0			
Totals ►			18(b)	15,000,000	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	13,972,568

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: 4.96 % 3rd segment: 5.59 %	☐ N/A, full yield curve used
b	Applicable month (enter code).....	21b	0
22	Weighted average retirement age	22	63
23	Mortality table(s) (see instructions) ☐ 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	7,849,093
b	Excess assets, if applicable, but not greater than line 31a	31b	0
32	Amortization installments:	Outstanding Balance	Installment
a	Net shortfall amortization installment	34,761,133	3,179,524
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 11,028,617
	Carryover balance	Prefunding balance	Total balance
35	Balances elected for use to offset funding requirement	0	11,028,617
36	Additional cash requirement (line 34 minus line 35).....		36 0
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....		37 13,972,568
38	Present value of excess contributions for current year (see instructions)		
a	Total (excess, if any, of line 37 over line 36)		38a 13,972,568
b	Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b 11,028,617
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39 0
40	Unpaid minimum required contributions for all years		40 0
Part IX	Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)		
41	If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021		

SCHEDULE SB 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.

X	q_x	l_x	${}_{x-55}p_{55} = l_x / l_{55}$	$q_x * l_x / l_{55}$	$x * q_x * l_x / l_{55}$
55	0.02	1,000,000	1.000000	0.020000	1.100000
56	0.02	980,000	0.980000	0.019600	1.097600
57	0.02	960,400	0.960400	0.019208	1.094856
58	0.02	941,192	0.941192	0.018824	1.091783
59	0.02	922,368	0.922368	0.018447	1.088394
60	0.05	903,921	0.903921	0.045196	2.711762
61	0.05	858,725	0.858725	0.042936	2.619111
62	0.30	815,789	0.815789	0.244737	15.173666
63	0.20	571,052	0.571052	0.114210	7.195255
64	0.20	456,842	0.456842	0.091368	5.847572
65	0.20	365,473	0.365473	0.073095	4.751152
66	0.50	292,379	0.292379	0.146189	9.648494
67	0.50	146,189	0.146189	0.073095	4.897342
68	0.50	73,095	0.073095	0.036547	2.485218
69	0.50	36,547	0.036547	0.018274	1.260883
70	1.00	18,274	0.018274	0.018274	1.279156

Average age at retirement 63.342245

Rounded for Schedule SB item 22 63

Plan Name: FANUC Robotics America Retirement Plan
 EIN / PN: 38-3067354 / 001
 Plan Sponsor: FANUC America Corporation
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

The plan was originally effective July 1, 1983, as amended to date.

Covered employees Prior to June 1, 2006, all employees other than leased or temporary employees participate on their date of employment.

Participation date Effective June 1, 2006, the plan is closed to new participants.

Definitions

Vesting service Service from date of hire in complete months.

Benefit service Service from date of hire in complete months.

Final average annual compensation/salary A Participant's average annual Compensation during any 5 consecutive Plan Years out of the last 10 Plan Years in which the Participant's aggregate Annual Compensation is highest.

Compensation is an individual's base salary including deferrals.

Covered compensation An individual's Covered Compensation is determined by averaging the sum of Social Security Taxable Wage Bases over the thirty-five (35) years ending with the year in which the individual reaches Social Security Retirement Age.

Normal retirement date (NRD) Age 65 and 5 years of participation.

Plan Name: FANUC Robotics America Retirement Plan
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Monthly pension benefit formula

Annual benefit equal to:

(a) 1.1% of Participant's Final Average Annual Compensation,

plus

(b) 0.35% of the Participant's Final Average Annual Compensation in excess of Covered Compensation,

multiplied by

(c) the Participant's number of Benefit Service years up to 35,

less

(d) any benefits under a GM defined benefit plan to which the participant is entitled.

Accrued benefits

A Participant's Accrued Benefit is equal to the Normal Retirement Benefit earned as of the date of determination.

Eligibility for Benefits

Normal retirement

Age 65 and 5 years of participation.

Early retirement

Age 55 with at least 5 years of Vesting Service.

Postponed retirement

Retirement after normal retirement eligibility.

Deferred vested termination

After earning 5 or more years of Vesting Service.

Disability

Totally and permanently disabled with 5 years of vesting service.

Preretirement death benefit

A benefit is provided for an active participant who dies after having earned at least 5 years of vesting service.

Benefits Paid Upon the Following Events

Normal retirement

The monthly pension benefit determined as of NRD

Plan Name: FANUC Robotics America Retirement Plan
EIN / PN: 38-3067354 / 001
Plan Sponsor: FANUC America Corporation
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Early retirement	Employees with 10 or more years of Vesting Service may receive the Accrued Benefit reduced by 0.25% for each month the benefit commences prior to age 62. Employees with 5 but less than 10 years of Vesting Service may receive Accrued Benefit reduced by 0.25% for each month the benefit commences prior to age 65.
Postponed retirement	Accrued Benefit based on Final Average Annual Compensation and Benefit Service at Late Retirement Date.
Deferred vested termination	A Participant is entitled to a monthly benefit equal to the Accrued Benefit commencing at age 65. Participant may elect to receive a benefit at any time after age 55 in the amount of the Accrued Benefit reduced 0.25% for each month the benefit commences prior to age 65. A 50% Survivor Annuity is provided to the spouse of a married terminated vested Participant who dies prior to retirement. The survivor benefit is available at age 55 if the participant had 10 or more years of Vesting Service. The benefit is reduced for the survivor option and for early payment before age 65.
Disablement	Prospective Normal Retirement Benefit assuming continued Benefit Service is payable beginning at the Participant's Normal Retirement Date. The Participant must be eligible for a Disability Benefit under Social Security in order to receive a Disability Benefit under this Plan.
Preretirement death	Married Employees: A 60% Survivor Annuity is provided to the surviving spouse of an active Participant. The survivor benefit is payable on the first day of the month following the Participant's 55th birthday (or date of death, if later), and is equal to 60% of the participant's accrued benefit reduced for the survivor option and for early payment before age 65. A minimum of 120 monthly payments are guaranteed to the spouse. Unmarried Employees: The beneficiary of an unmarried active Participant will receive a lump sum payment equal to the value of the 60% Survivor Annuity.

Plan Name:	FANUC Robotics America Retirement Plan
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Valuation Date:	January 1, 2024

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

Forms of payment

60% Joint & Survivor Annuity: In lieu of the normal form of payment, a married Participant shall receive a benefit reduced 5%, which is payable for the life of the Participant with 60% of the Participant's monthly benefit payable to the surviving spouse upon his death.

75% Joint & Survivor Annuity: Actuarial equivalence.

Life with 120 Monthly Payments: A Participant may elect a reduced benefit payable for his lifetime with at least 120 monthly payments guaranteed.

Lump Sum Payment: If the Actuarial Equivalent present value of a terminated or retired Participant's Accrued Benefit is less than \$5,000, the method of distribution is a single sum cash distribution representing the Participant's total Accrued Benefit.

Actuarial equivalence

For determining lump sum payments: Determined in accordance with the applicable mortality table and interest rates under Internal Revenue Code Section 417(e)(3). Applicable interest rate are those published for the month of November preceding the Annuity Starting Date.

For determining optional annuity forms of payment: UP-1984 mortality and an interest rate of 8%.

Pension Increases

None.

Plan participants' contributions

None.

Maximum limits 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.

Future Plan Changes

WTW is not aware of any future plan changes which are required to be reflected.

Changes in Benefits Valued Since Prior Year

There have been no changes in the principal plan provisions since the prior valuation.

Plan Name: FANUC Robotics America Retirement Plan
EIN / PN: 38-3067354 / 001
Plan Sponsor: FANUC America Corporation
Valuation Date: January 1, 2024

FANUC ROBOTICS AMERICA
RETIREMENT PLAN
EIN 38-3067354 PLAN #001
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS
(HELD AT END OF YEAR)
December 31, 2024

Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
Money Market Mutual Fund *Fidelity Investments	Money Market Government Portfolio - Class I at 4.38% interest	\$ 874,266	\$ 874,266
The following listing of assets held is incorporated herein by reference.			
*PIMCO Separately Managed Account, pages 1-3			
U.S. Treasury obligations		321,493,636	268,493,809
STIF		245,449	245,449
		<u>321,739,085</u>	<u>268,739,258</u>
		<u>\$ 322,613,351</u>	<u>\$ 269,613,524</u>

* Indicates party-in-interest to the Plan.

IDENTITY OF ISSUE, BORROWER, LESSOR		DESCRIPTION OF INVESTMENT SHARES / PAR	COST	CURRENT VALUE
NONINTEREST-BEARING CASH				

CASH	CASH		0	0
		.450		
TOTAL NONINTEREST-BEARING CASH			0	0
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GENERAL INVESTMENTS				

INTEREST-BEARING CASH (INCLUDING MM ACCTS & CD)				

98765455A SSBK GOVT STIF FUND			245,449	245,449
		245,449.400		
TOTAL INTEREST-BEARING CASH (INCLUDING MM ACCTS & CD)			245,449	245,449
U.S. GOVERNMENT SECURITIES				

912810SQ2	UNITED STATES TREASURY BOND 1.125% 08/15	SEMI-ANN. 1.125% 08/15/2040 2,500,000.000	2,372,553	1,490,666
912810TA6	UNITED STATES TREASURY BOND 1.75% 08/15/	SEMI-ANN. 1.750% 08/15/2041 2,900,000.000	2,797,727	1,877,846
912810SW9	UNITED STATES TREASURY BOND 1.875% 02/15	SEMI-ANN. 1.875% 02/15/2041 10,600,000.000	10,207,602	7,101,055
912810TC2	UNITED STATES TREASURY BOND 2% 11/15/204	SEMI-ANN. 2.000% 11/15/2041 4,800,000.000	4,794,211	3,222,815
912810TD0	UNITED STATES TREASURY BOND 2.25% 02/15/	SEMI-ANN. 2.250% 02/15/2052 6,100,000.000	5,131,651	3,698,065
912810SY5	UNITED STATES TREASURY BOND 2.25% 05/15/	SEMI-ANN. 2.250% 05/15/2041 24,700,000.000	24,917,899	17,528,218
912810SJ8	UNITED STATES TREASURY BOND 2.25% 08/15/	SEMI-ANN. 2.250% 08/15/2049 13,060,000.000	9,811,325	8,085,920

AS OF DECEMBER 31, 2024

IDENTITY OF ISSUE, BORROWER, LESSOR	DESCRIPTION OF INVESTMENT SHARES / PAR	COST	CURRENT VALUE
912810TF5 UNITED STATES TREASURY BOND 2.375% 02/15	SEMI-ANN. 2.375% 02/15/2042 1,200,000.000	1,198,478	854,344
912810SX7 UNITED STATES TREASURY BOND 2.375% 05/15	SEMI-ANN. 2.375% 05/15/2051 38,600,000.000	39,381,805	24,272,265
912810SF6 UNITED STATES TREASURY BOND 3% 02/15/204	SEMI-ANN. 3.000% 02/15/2049 7,330,000.000	6,149,090	5,332,880
912810SD1 UNITED STATES TREASURY BOND 3% 08/15/204	SEMI-ANN. 3.000% 08/15/2048 1,900,000.000	1,550,221	1,387,667
912810QT8 UNITED STATES TREASURY BOND 3.125% 11/15	SEMI-ANN. 3.125% 11/15/2041 19,720,000.000	20,082,811	15,868,434
912810TK4 UNITED STATES TREASURY BOND 3.375% 08/15	SEMI-ANN. 3.375% 08/15/2042 16,200,000.000	15,005,227	13,372,324
912810TN8 UNITED STATES TREASURY BOND 3.625% 02/15	SEMI-ANN. 3.625% 02/15/2053 5,700,000.000	5,646,350	4,631,196
912810TR9 UNITED STATES TREASURY BOND 3.625% 05/15	SEMI-ANN. 3.625% 05/15/2053 7,400,000.000	7,036,500	6,015,476
912810RC4 UNITED STATES TREASURY BOND 3.625% 08/15	SEMI-ANN. 3.625% 08/15/2043 1,500,000.000	1,399,629	1,270,623
912810TM0 UNITED STATES TREASURY BOND 4% 11/15/204	SEMI-ANN. 4.000% 11/15/2042 7,200,000.000	7,219,969	6,478,384
912810UD8 UNITED STATES TREASURY BOND 4.125% 08/15	SEMI-ANN. 4.125% 08/15/2044 11,400,000.000	10,722,640	10,316,656
912810TT5 UNITED STATES TREASURY BOND 4.125% 08/15	SEMI-ANN. 4.125% 08/15/2053 3,700,000.000	3,548,531	3,295,382
912810TX6 UNITED STATES TREASURY BOND 4.25% 02/15/	SEMI-ANN. 4.250% 02/15/2054 15,700,000.000	14,812,859	14,322,329
912810QQ4 UNITED STATES TREASURY BOND 4.375% 05/15	SEMI-ANN. 4.375% 05/15/2041 5,670,000.000	6,406,653	5,399,519
912810TU2 UNITED STATES TREASURY BOND 4.375% 08/15	SEMI-ANN. 4.375% 08/15/2043 8,100,000.000	7,535,900	7,621,472
912810TZ1 UNITED STATES TREASURY BOND 4.5% 02/15/2	SEMI-ANN. 4.500% 02/15/2044 2,100,000.000	2,081,666	2,004,386

AS OF DECEMBER 31,2024

IDENTITY OF ISSUE, BORROWER, LESSOR	DESCRIPTION OF INVESTMENT SHARES / PAR	COST	CURRENT VALUE
912810UF3 UNITED STATES TREASURY BOND 4.625% 11/15	SEMI-ANN. 4.625% 11/15/2044 6,500,000.000	6,399,101	6,302,464
912810TV0 UNITED STATES TREASURY BOND 4.75% 11/15/	SEMI-ANN. 4.750% 11/15/2053 3,300,000.000	3,512,566	3,264,671
912797MU8 UST BILLS 0% 03/27/2025	ANNUAL 0.000% 03/27/2025 1,000,000.000	989,878	990,224
91282CLC3 UST NOTES 4% 07/31/2029	SEMI-ANN. 4.000% 07/31/2029 20,400,000.000	20,589,670	20,084,967
91282CLZ2 UST NOTES 4.125% 11/30/2031	SEMI-ANN. 4.125% 11/30/2031 3,400,000.000	3,319,648	3,327,409
912833Y46 USTCOUP 0% 05/15/2037	SEMI-ANN. 0.000% 05/15/2037 26,500,000.000	14,639,324	14,514,321
912834DU9 USTCOUP 11/15/38	SEMI-ANN. 0.000% 11/15/2038 14,400,000.000	9,991,210	7,259,848
912834AE8 USTCOUP 5/15/38	SEMI-ANN. 0.000% 05/15/2038 11,500,000.000	8,089,329	5,972,200
9128334W7 USTCOUP 8/15/33	SEMI-ANN. 0.000% 08/15/2033 500,000.000	311,280	332,603
9128337E4 USTCOUP 8/15/36	SEMI-ANN. 0.000% 08/15/2036 10,700,000.000	6,401,061	6,101,998
912833Z52 USTCOUP 8/15/37	SEMI-ANN. 0.000% 08/15/2037 26,050,000.000	15,038,727	14,071,327
912803FM0 USTPRIN 0% 02/15/2050	ANNUAL 0.000% 02/15/2050 1,500,000.000	868,830	443,066
912803GS6 USTPRIN 0% 05/15/2053	ANNUAL 0.000% 05/15/2053 35,000,000.000	10,506,079	9,227,418
912803EJ8 USTPRIN 0.0% 08/15/2044	ANNUAL 0.000% 08/15/2044 28,900,000.000	11,025,639	11,153,372
TOTAL U.S. GOVERNMENT SECURITIES		321,493,636	268,493,809
TOTAL GENERAL INVESTMENTS		321,739,086	268,739,258
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SCHEDULE SB ATTACHMENTS

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

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	01/01/2024	34,199,992	15.00000	34,199,992	3,125,742
2. Shortfall	01/01/2023	587,259	14.00000	561,141	53,782
Total				34,761,133	3,179,524

Plan Name: FANUC Robotics America Retirement Plan
EIN / PN: 38-3067354 / 001
Plan Sponsor: FANUC America Corporation
Valuation Date: January 1, 2024