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|---|--|---|
| 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 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> 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 <u>TWIN DISC, INC COMBINED RETIREMENT PLAN FOR RACINE HOURLY AND SALARIED EMPLOYEES</u> | 1b Three-digit plan number (PN) ▶ <u>004</u> |
| 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>TWIN DISC, INCORPORATED</u> <u>222 E ERIE STREET</u> <u>SUITE 400</u> <u>MILWAUKEE, WI 53202</u> | 1c Effective date of plan <u>12/31/2022</u> 2b Employer Identification Number (EIN) <u>39-0667110</u> 2c Plan Sponsor's telephone number <u>262-638-4000</u> 2d Business code (see instructions) <u>333610</u> |

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

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

| | | | |
|------------------|---|------------|--|
| SIGN HERE | Filed with authorized/valid electronic signature. | 10/15/2025 | DEVON ANDREW |
| | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN HERE | | | |
| | Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE | | | |
| | Signature of DFE | Date | Enter name of individual signing as DFE |

| | | |
|---|--|-----|
| 3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor | 3b Administrator's EIN | |
| | 3c Administrator's telephone number | |
| 4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name | 4b EIN | |
| | 4d PN | |
| 5 Total number of participants at the beginning of the plan year | 5 | 870 |
| 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) | 43 |
| | 6a(2) | 37 |
| | 6b | 562 |
| | 6c | 45 |
| | 6d | 644 |
| | 6e | 207 |
| | 6f | 851 |
| | 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:
3H 1B 1C

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

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

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

a Pension Schedules

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

b General Schedules

- (1) **H** (Financial Information)
- (2) **I** (Financial Information – Small Plan)
- (3) **A** (Insurance Information) – Number Attached 1
- (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 A
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

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 TWIN DISC, INC COMBINED RETIREMENT PLAN FOR RACINE HOURLY AND SALARIED EMPLOYEES | B Three-digit plan number (PN) ▶ 004 |
| C Plan sponsor's name as shown on line 2a of Form 5500 TWIN DISC, INCORPORATED | D Employer Identification Number (EIN) 39-0667110 |

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
PRINCIPAL LIFE INSURANCE COMPANY

| (b) EIN | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year | |
|-------------------|----------------------|--|--|--------------------------------|-------------------|
| | | | | (f) From | (g) To |
| 42-0127290 | 61271 | 5-15892 | 864 | 01/01/2024 | 12/31/2024 |

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

| | |
|---|--------------------------------------|
| (a) Total amount of commissions paid | (b) Total amount of fees paid |
|---|--------------------------------------|

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|--|--|--------------------|------------------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|--|--|--------------------|------------------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

| (b) Amount of sales and base commissions paid | Fees and other commissions paid | | (e) Organization code |
|---|---------------------------------|-------------|-----------------------|
| | (c) Amount | (d) Purpose | |
| | | | |

Part II Investment and Annuity Contract Information
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

| | | |
|--|----------|---------|
| 4 Current value of plan's interest under this contract in the general account at year end | 4 | |
| 5 Current value of plan's interest under this contract in separate accounts at year end..... | 5 | 3912360 |

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b Premiums paid to carrier **6b**

c Premiums due but unpaid at the end of the year **6c**

d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
 Specify nature of costs ▶

e Type of contract: (1) individual policies (2) group deferred annuity
 (3) other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) deposit administration (2) immediate participation guarantee
 (3) guaranteed investment (4) other ▶

b Balance at the end of the previous year **7b** 0

c Additions: (1) Contributions deposited during the year **7c(1)**
 (2) Dividends and credits..... **7c(2)**
 (3) Interest credited during the year..... **7c(3)**
 (4) Transferred from separate account **7c(4)**
 (5) Other (specify below)..... **7c(5)**
 ▶

(6) Total additions **7c(6)** 0

d Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 0

e Deductions:
 (1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**
 (2) Administration charge made by carrier..... **7e(2)**
 (3) Transferred to separate account **7e(3)**
 (4) Other (specify below)..... **7e(4)**
 ▶

(5) Total deductions **7e(5)** 0

f Balance at the end of the current year (subtract line **7e(5)** from line **7d**)..... **7f** 0

Part III Welfare Benefit Contract Information
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** Health (other than dental or vision)
- b** Dental
- c** Vision
- d** Life insurance
- e** Temporary disability (accident and sickness)
- f** Long-term disability
- g** Supplemental unemployment
- h** Prescription drug
- i** Stop loss (large deductible)
- j** HMO contract
- k** PPO contract
- l** Indemnity contract
- m** Other (specify) ▶

9 Experience-rated contracts:

| | | | | | |
|----------|--|-----------------|-----------------|--|---|
| a | Premiums: (1) Amount received | 9a(1) | | | |
| | (2) Increase (decrease) in amount due but unpaid | 9a(2) | | | |
| | (3) Increase (decrease) in unearned premium reserve | 9a(3) | | | |
| | (4) Earned ((1) + (2) - (3)) | | 9a(4) | | 0 |
| b | Benefit charges (1) Claims paid | 9b(1) | | | |
| | (2) Increase (decrease) in claim reserves | 9b(2) | | | |
| | (3) Incurred claims (add (1) and (2)) | | 9b(3) | | 0 |
| | (4) Claims charged | | 9b(4) | | |
| c | Remainder of premium: (1) Retention charges (on an accrual basis) -- | | | | |
| | (A) Commissions | 9c(1)(A) | | | |
| | (B) Administrative service or other fees | 9c(1)(B) | | | |
| | (C) Other specific acquisition costs | 9c(1)(C) | | | |
| | (D) Other expenses | 9c(1)(D) | | | |
| | (E) Taxes | 9c(1)(E) | | | |
| | (F) Charges for risks or other contingencies | 9c(1)(F) | | | |
| | (G) Other retention charges | 9c(1)(G) | | | |
| | (H) Total retention | | 9c(1)(H) | | 0 |
| | (2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) | | 9c(2) | | |
| d | Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement | | 9d(1) | | |
| | (2) Claim reserves | | 9d(2) | | |
| | (3) Other reserves | | 9d(3) | | |
| e | Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) | | 9e | | |

10 Nonexperience-rated contracts:

| | | | | |
|----------|--|------------|--|--|
| a | Total premiums or subscription charges paid to carrier | 10a | | |
| b | If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. | 10b | | |

Specify nature of costs.

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? Yes No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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

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

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

| | | |
|---|---|------------|
| A Name of plan <u>TWIN DISC, INC COMBINED RETIREMENT PLAN FOR RACINE HOURLY AND SALARIED EMPLOYEES</u> | B Three-digit plan number (PN) ▶ | <u>004</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>TWIN DISC, INCORPORATED</u> | D Employer Identification Number (EIN) <u>39-0667110</u> | |
| E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 | |

Part I Basic Information

| | | |
|----------|---|----------------------------|
| 1 | Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u> | |
| 2 | a Market value | 2a <u>58581351</u> |
| | b Actuarial value | 2b <u>64114219</u> |
| 3 | Funding target/participant count breakdown | (1) Number of participants |
| | a For retired participants and beneficiaries receiving payment | (2) Vested Funding Target |
| | b For terminated vested participants | (3) Total Funding Target |
| | c For active participants | d Total |
| | <u>772</u> | <u>57492190</u> |
| | <u>55</u> | <u>1654895</u> |
| | <u>43</u> | <u>2983811</u> |
| | <u>870</u> | <u>62130896</u> |
| 4 | If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/> | |
| | a Funding target disregarding prescribed at-risk assumptions | 4a |
| | b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor | 4b |
| 5 | Effective interest rate | 5 <u>5.02 %</u> |
| 6 | a Present value of current plan year accruals | 6a <u>0</u> |
| | b Expected plan-related expenses | 6b <u>313000</u> |
| | c Target normal cost | 6c <u>313000</u> |

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

| | |
|--|--|
| SIGN HERE Signature of actuary <u>GORDON A. YOUNG, FSA, EA</u> Type or print name of actuary <u>WILLIS TOWERS WATSON US LLC</u> Firm name <u>111 E. KILBOURN AVE. SUITE 1850 MILWAUKEE, WI 53202</u> Address of the firm | <u>09/04/2025</u> Date <u>23-05802</u> Most recent enrollment number <u>262-780-3259</u> Telephone number (including area code) |
|--|--|

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

| Part II Beginning of Year Carryover and Prefunding Balances | | (a) Carryover balance | (b) Prefunding balance |
|--|--|-----------------------|------------------------|
| 7 | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) | 0 | 745801 |
| 8 | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | 0 | 471203 |
| 9 | Amount remaining (line 7 minus line 8) | 0 | 274598 |
| 10 | Interest on line 9 using prior year's actual return of <u>8.75</u> % | 0 | 24027 |
| 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>5.08</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 | | |
| 13 | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) | 0 | 298625 |

| Part III Funding Percentages | | | |
|-------------------------------------|--|-----------|----------|
| 14 | Funding target attainment percentage | 14 | 102.41 % |
| 15 | Adjusted funding target attainment percentage | 15 | 102.89 % |
| 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 | 99.47 % |
| 17 | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage | 17 | % |

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

| | | | | |
|--|--|------------|---|--|
| 19 | Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: | | | |
| | a Contributions allocated toward unpaid minimum required contributions from prior years | 19a | 0 | |
| | b Contributions made to avoid restrictions adjusted to valuation date | 19b | 0 | |
| | c Contributions allocated toward minimum required contribution for current year adjusted to valuation date | 19c | 0 | |
| 20 | Quarterly contributions and liquidity shortfalls: | | | |
| | a Did the plan have a "funding shortfall" for the prior year? | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| | b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| | c If line 20a is "Yes," see instructions and complete the following table as applicable: | | | |
| Liquidity shortfall as of end of quarter of this plan year | | | | |
| (1) 1st | (2) 2nd | (3) 3rd | (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 % | <input type="checkbox"/> N/A, full yield curve used |
| b Applicable month (enter code) | | | | 21b 0 |
| 22 Weighted average retirement age | | | | 22 61 |
| 23 Mortality table(s) (see instructions) | <input type="checkbox"/> Prescribed - combined | <input checked="" type="checkbox"/> Prescribed - separate | <input type="checkbox"/> Substitute | |

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

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

| | | | | |
|--|---------------------|--------------------|---------------|-------------------|
| Part VIII Minimum Required Contribution For Current Year | | | | |
| 31 Target normal cost and excess assets (see instructions): | | | | |
| a Target normal cost (line 6c) | | | | 31a 313000 |
| b Excess assets, if applicable, but not greater than line 31a | | | | 31b 313000 |
| 32 Amortization installments: | Outstanding Balance | | Installment | |
| a Net shortfall amortization installment | 0 | | 0 | |
| b Waiver amortization installment | 0 | | 0 | |
| 33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount | | | | 33 |
| 34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)..... | | | | 34 0 |
| | Carryover balance | Prefunding balance | Total balance | |
| 35 Balances elected for use to offset funding requirement | 0 | 0 | 0 | |
| 36 Additional cash requirement (line 34 minus line 35) | | | | 36 0 |
| 37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) | | | | 37 0 |
| 38 Present value of excess contributions for current year (see instructions) | | | | |
| a Total (excess, if any, of line 37 over line 36) | | | | 38a 0 |
| b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances | | | | 38b 0 |
| 39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) | | | | 39 0 |
| 40 Unpaid minimum required contributions for all years | | | | 40 0 |

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

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

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

| | | |
|--|--|------------|
| A Name of plan TWIN DISC, INC COMBINED RETIREMENT PLAN FOR RACINE HOURLY AND SALARIED EMPLOYEES | B Three-digit plan number (PN) ▶ | 004 |
| C Plan sponsor's name as shown on line 2a of Form 5500 TWIN DISC, INCORPORATED | D Employer Identification Number (EIN) 39-0667110 | |

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

MIDWEST INSTITUTIONAL TRUST COMPANY

93-1799133

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

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

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

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

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

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

INCOME RESEARCH AND MANAGEMENT

04-2955404

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 28 51 | NONE | 99692 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

MARQUETTE ASSOCIATES INVESTMENT

180 N LASALLE ST. SUITE 3500
CHICAGO, IL 60601

| (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 | NONE | 49000 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

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? |
|------------------------|---|--|--|--|---|--|
| 11 50 | NONE | 48667 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

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

MIDWEST INSTITUTIONAL TRUST COMPANY

93-1799133

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 19 50 21 | NONE | 15406 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

WIPFLI LLP

39-0758449

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 10 50 | NONE | 14000 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

EAGLE ASSET MANAGEMENT

59-2385219

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 28 50 | NONE | 9827 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

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

FIDUCIARY TRUST INTERNATIONAL

65-0080824

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 28 50 | NONE | 9637 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

LSV MANAGEMENT

23-2772200

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 28 50 | NONE | 4358 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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

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

Part I Service Provider Information (continued)

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

| | | |
|--|--|--|
| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
| | | |

| | | |
|--|---|--|
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| | | |

| | | |
|--|--|--|
| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
| | | |

| | | |
|--|---|--|
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| | | |

| | | |
|--|--|--|
| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
| | | |

| | | |
|--|---|--|
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| | | |

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

| | | |
|---|--|--|
| SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> | DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. | OMB No. 1210-0110 <hr/> 2024 This Form is Open to Public Inspection. |
|---|--|--|

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

| | | |
|--|--|------------|
| A Name of plan <u>TWIN DISC, INC COMBINED RETIREMENT PLAN FOR RACINE HOURLY AND SALARIED EMPLOYEES</u> | B Three-digit plan number (PN) | <u>004</u> |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TWIN DISC, INCORPORATED</u> | D Employer Identification Number (EIN) <u>39-0667110</u> | |

| | |
|---------------|--|
| Part I | Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs) |
|---------------|--|

| | | |
|---|----------------------------------|---|
| a Name of MTIA, CCT, PSA, or 103-12 IE: | <u>PRIN US PROPERTY SA-RL 41</u> | |
| b Name of sponsor of entity listed in (a): | <u>PRINCIPAL LIFE INSUANCE</u> | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| <u>42-0127290-027</u> | <u>P</u> | <u>3912360</u> |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| | | |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| | | |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| | | |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| | | |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| | | |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | |
| b Name of sponsor of entity listed in (a): | | |
| c EIN-PN | d Entity code | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| | | |

**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 <u>TWIN DISC, INC COMBINED RETIREMENT PLAN FOR RACINE HOURLY AND SALARIED EMPLOYEES</u> | | B Three-digit plan number (PN) ▶ | <u>004</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 <u>TWIN DISC, INCORPORATED</u> | | D Employer Identification Number (EIN) <u>39-0667110</u> | |

Part I Asset and Liability Statement

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

| Assets | (a) Beginning of Year | (b) End of Year |
|--|------------------------------|------------------------|
| a Total noninterest-bearing cash | 1a | |
| b Receivables (less allowance for doubtful accounts): | | |
| (1) Employer contributions | 1b(1) | |
| (2) Participant contributions | 1b(2) | |
| (3) Other | 1b(3) | <u>1216</u> |
| c General investments: | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | |
| (2) U.S. Government securities | 1c(2) | |
| (3) Corporate debt instruments (other than employer securities): | | |
| (A) Preferred | 1c(3)(A) | |
| (B) All other | 1c(3)(B) | |
| (4) Corporate stocks (other than employer securities): | | |
| (A) Preferred | 1c(4)(A) | |
| (B) Common | 1c(4)(B) | <u>0</u> |
| (5) Partnership/joint venture interests | 1c(5) | <u>38885643</u> |
| (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) | <u>3912360</u> |
| (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) | <u>7509018</u> |
| (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) | 1587090 | 1153979 |
| (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 | 58587204 | 51462216 |
| Liabilities | | | |
| g Benefit claims payable..... | 1g | | |
| h Operating payables..... | 1h | | |
| i Acquisition indebtedness..... | 1i | | |
| j Other liabilities..... | 1j | 58462 | 31771 |
| k Total liabilities (add all amounts in lines 1g through 1j)..... | 1k | 58462 | 31771 |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f)..... | 1l | 58528742 | 51430445 |

Part II Income and Expense Statement

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

| Income | | (a) Amount | (b) Total |
|--|-----------------|------------|-----------|
| a Contributions: | | | |
| (1) Received or receivable in cash from: (A) Employers..... | 2a(1)(A) | | |
| (B) Participants..... | 2a(1)(B) | | |
| (C) Others (including rollovers)..... | 2a(1)(C) | | |
| (2) Noncash contributions..... | 2a(2) | | |
| (3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2) | 2a(3) | | 0 |
| b Earnings on investments: | | | |
| (1) Interest: | | | |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit)..... | 2b(1)(A) | | |
| (B) U.S. Government securities..... | 2b(1)(B) | | |
| (C) Corporate debt instruments..... | 2b(1)(C) | | |
| (D) Loans (other than to participants)..... | 2b(1)(D) | | |
| (E) Participant loans..... | 2b(1)(E) | | |
| (F) Other..... | 2b(1)(F) | | |
| (G) Total interest. Add lines 2b(1)(A) through (F) | 2b(1)(G) | | 0 |
| (2) Dividends: | | | |
| (A) Preferred stock..... | 2b(2)(A) | | |
| (B) Common stock..... | 2b(2)(B) | 44771 | |
| (C) Registered investment company shares (e.g. mutual funds)..... | 2b(2)(C) | 135026 | |
| (D) Total dividends. Add lines 2b(2)(A) , (B) , and (C) | 2b(2)(D) | | 179797 |
| (3) Rents..... | 2b(3) | | |
| (4) Net gain (loss) on sale of assets: | | | |
| (A) Aggregate proceeds..... | 2b(4)(A) | 13648750 | |
| (B) Aggregate carrying amount (see instructions)..... | 2b(4)(B) | 12692860 | |
| (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result..... | 2b(4)(C) | | |
| (5) Unrealized appreciation (depreciation) of assets: | | | |
| (A) Real estate..... | 2b(5)(A) | | |
| (B) Other..... | 2b(5)(B) | -1608085 | |
| (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) | | -129916 |
| (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) | | 1079688 |
| c Other income | 2c | | 806 |
| d Total income. Add all income amounts in column (b) and enter total | 2d | | 478180 |

Expenses

| | | | |
|---|---------------|---------|---------|
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 7074273 | |
| (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) | | 7074273 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | |
| h Interest expense | 2h | | |
| i Administrative expenses: | | | |
| (1) Salaries and allowances | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Recordkeeping fees | 2i(3) | | |
| (4) IQPA audit fees | 2i(4) | 14000 | |
| (5) Investment advisory and investment management fees | 2i(5) | 172513 | |
| (6) Bank or trust company trustee/custodial fees | 2i(6) | 15406 | |
| (7) Actuarial fees | 2i(7) | 48667 | |
| (8) Legal fees | 2i(8) | | |
| (9) Valuation/appraisal fees | 2i(9) | | |
| (10) Other trustee fees and expenses | 2i(10) | | |
| (11) Other expenses | 2i(11) | 251618 | |
| (12) Total administrative expenses. Add lines 2i(1) through (11) | 2i(12) | | 502204 |
| j Total expenses. Add all expense amounts in column (b) and enter total | 2j | | 7576477 |

Net Income and Reconciliation

| | | | |
|---|--------------|--|----------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | -7098297 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | |
| (2) From this plan | 2l(2) | | |

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name: WIPFLI LLP

(2) EIN: 39-0758449

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

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

Part IV Compliance Questions

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

During the plan year:

| | Yes | No | Amount |
|--|-----|----|---------|
| a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | | X | |
| b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | | X | |
| c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | | X | |
| d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | | X | |
| e Was this plan covered by a fidelity bond? | X | | 3000000 |
| f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | | X | |
| g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | | X | |
| h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | | X | |
| i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | X | | |
| j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) | X | | |
| k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | | X | |
| l Has the plan failed to provide any benefit when due under the plan? | | X | |
| m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | | X | |
| n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | | | |

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 548215.

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

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

| | | |
|--|--|------------|
| A Name of plan <u>TWIN DISC, INC COMBINED RETIREMENT PLAN FOR RACINE HOURLY AND SALARIED EMPLOYEES</u> | B Three-digit plan number (PN) ▶ | <u>004</u> |
| C Plan sponsor's name as shown on line 2a of Form 5500 <u>TWIN DISC, INCORPORATED</u> | D Employer Identification Number (EIN) <u>39-0667110</u> | |

| | |
|---------------|----------------------|
| 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): 39-0667110

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 | 6 |
|--|---|---|

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

a Name of contributing employer _____

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

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

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

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

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

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

| | | |
|---|------------|--|
| a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)..... | 14a | |
| b The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)..... | 14b | |
| c The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)..... | 14c | |

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

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

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

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

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

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

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

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

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

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

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

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

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

Part VII IRS Compliance Questions

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

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

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

Twin Disc, Inc. Combined Retirement Plan for Racine Hourly and Salaried Employees

Financial Statements and Supplemental Schedules

Year Ended December 31, 2024



WIPFLI

To the Plan Administrator
Twin Disc, Inc. Combined Retirement Plan for Racine Hourly and Salaried Employees

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

We have performed audits of the financial statements of Twin Disc, Inc. Combined Retirement Plan for Racine Hourly and Salaried Employees, an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2024 and 2023, and the related statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Twin Disc, Inc. Combined Retirement Plan for Racine Hourly and Salaried Employees' 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 Midwest Institutional Trust Company as of and for the year ended December 31, 2024 and BMO Harris Bank N.A. as of December 31, 2023, stating that the certified investment information, as described in Note 9 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Twin Disc, Inc. Combined Retirement Plan for Racine Hourly and Salaried Employees' 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 Twin Disc, Inc. Combined Retirement Plan for Racine Hourly and Salaried Employees' 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 Twin Disc, Inc. Combined Retirement Plan for Racine Hourly and Salaried Employees' ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP.

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

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

Other Matter - Supplemental Schedules Required by ERISA

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

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

"Wipfli" is the brand name under which Wipfli LLP and Wipfli Advisory LLC and its respective subsidiary entities provide professional services. Wipfli LLP and Wipfli Advisory LLC (and its respective subsidiary entities) practice in an alternative practice structure in accordance with the AICPA Code of Professional Conduct and applicable law, regulations, and professional standards. Wipfli LLP is a licensed independent CPA firm that provides attest services to its clients, and Wipfli Advisory LLC provides tax and business consulting services to its clients. Wipfli Advisory LLC and its subsidiary entities are not licensed CPA firms.

In our opinion

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

Wipfli LLP

Wipfli LLP

Milwaukee, Wisconsin

October 14, 2025

Twin Disc, Inc. Combined Retirement Plan for Racine Hourly and Salaried Employees

Statements of Net Assets Available for Benefits

| <i>As of December 31,</i> | 2024 | 2023 |
|--|----------------------|----------------------|
| Assets: | | |
| Investments, at fair value | \$ 51,461,000 | \$ 58,579,022 |
| Interest and dividends receivable | 1,216 | 8,182 |
| Total assets | 51,462,216 | 58,587,204 |
| Liabilities: | | |
| Accrued expenses | 31,771 | 52,609 |
| Pending trades | - | 5,853 |
| Total liabilities | 31,771 | 58,462 |
| Net assets available for benefits | \$ 51,430,445 | \$ 58,528,742 |

See accompanying notes to financial statements.

Twin Disc, Inc. Combined Retirement Plan for Racine Hourly and Salaried Employees

Statement of Changes in Net Assets Available for Benefits

| Year Ended December 31, | 2024 |
|---|----------------------|
| Investment income: | |
| Interest and dividends | \$ 186,783 |
| Net appreciation in fair value of investments | 291,397 |
| Total investment income | 478,180 |
| Deductions: | |
| Benefit paid to participants | 7,074,273 |
| Administration expenses | 502,204 |
| Total deductions | 7,576,477 |
| Net change | (7,098,297) |
| Net assets available for benefits at beginning of year | 58,528,742 |
| Net assets available for benefits at end of year | \$ 51,430,445 |

See accompanying notes to financial statements.

Twin Disc, Inc. Combined Retirement Plan for Racine Hourly and Salaried Employees

Notes to the Financial Statements

Note 1: Description of Plan

The following description of the Twin Disc, Inc. Combined Retirement Plan for Racine Hourly and Salaried Employees (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

General

The Plan is a non-contributory defined benefit pension plan sponsored by Twin Disc, Incorporated (the "Company"). The Company is the Plan Administrator.

The Plan was created, effective December 31, 2022, when the Company spun out all of the assets and liabilities from the Twin Disc, Incorporated Retirement Plan for Racine Hourly Paid Employees ("Hourly Plan") and Twin Disc, Incorporated Retirement Plan for Salaried Employees ("Salary Plan").

Eligibility and Vesting

The Plan is closed to new participants. All employees prior to October 1, 2003, were eligible to participate in the Hourly Plan or Salary Plan, as applicable.

Employees received one year of vesting for each plan year in which they completed 1,000 hours of service.

Pension, Death and Disability Benefits

Hourly Plan: Plan benefits are based on years of service for benefits earned. Effective January 1, 2009, the accrual of service was frozen.

Salary Plan: Plan benefits are based on average compensation for benefits earned prior to January 1, 1997, and on a cash balance plan for benefits earned after January 1, 1997. Each participant in the cash balance plan has an individual account for recordkeeping purposes which accrues an annual service credit and an interest credit. Plan benefits are based on years of service for benefits earned. Effective January 1, 2009, the accrual for service credit was frozen. Participants continue to earn an annual interest credit. The interest credit is based on the higher of the 30-year Treasury note or 3%.

The Plan provides for benefit payments under the following circumstances:

- (a) For normal retirement at age 65 and after completing five years of credited service.
- (b) For early retirement at minimum age 60 with at least 10 years of credited service, on or after age 55 if age plus credited services is at least 85, or any age after 30 years of credited service.
- (c) For disability retirement if they have 5 years or more of service, have been awarded a social security disability benefit, have terminated employment because of the disability prior to the normal retirement date and are not receiving deferred vested or early retirement benefit under the Plan.
- (d) For death of participant.

Twin Disc, Inc. Combined Retirement Plan for Racine Hourly and Salaried Employees

Notes to the Financial Statements

Note 1: Description of Plan (Continued)

Pension, Death and Disability Benefits (Continued)

For hourly plan participants, the amount of monthly pension benefit is calculated by multiplying the years of credited service by \$23.00.

For salary plan participants, the amount of monthly pension benefit for benefits accrued under the average compensation formula takes a percentage of the participants' final average monthly compensation, as defined, times the number of years of credited service, as defined, which is then offset by the participant's social security benefit. The maximum number of years of a participant's credit service cannot exceed 25.

The Plan permits single life annuities and joint and survivor annuities. The cash balance portion of the prior Salary Plan allows for lump sum payments.

If a vested participant dies, a reduced benefit is paid to the participant's surviving spouse.

Supplemental Medical Benefits

Participants who terminated employment after they are eligible for normal, early or disability retirement benefits receive a Supplemental Medical Benefit. The amount of Supplemental Medical Benefit payable is \$4.42 per month, multiplied by years of credited service as of October 1, 2003, up to a maximum of 30 years. If a participant dies and elected to receive a joint and survivor annuity under the Plan, the spouse will continue to receive the Supplemental Medical Benefit that the participant would have received had the participant lived.

Interest in Twin Disc, Incorporated Master Trust

All of the assets of the Plan are invested in the Twin Disc, Incorporated Master trust ("Master Trust"), in which the Plan is the sole Plan in the Master Trust. Accordingly, assets and investment earnings are not commingled with other plans.

Note 2: Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates in Preparation of Financial Statements

The preparation of the accompanying financial statements in accordance with GAAP requires management to make estimates and assumptions that directly affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements. Estimates also affect the reported amounts of revenue and expenses during the reporting period. Management considers the actuarial assumptions to be significant estimates. Actual results may differ from these estimates and are subject to change in the near term.

Twin Disc, Inc. Combined Retirement Plan for Racine Hourly and Salaried Employees

Notes to the Financial Statements

Note 2: Summary of Significant Accounting Policies (Continued)

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. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Gains and losses (realized and unrealized) included in the changes in net assets available for benefits are recorded in net appreciation in fair value of investments.

Payment of Benefits

Benefits payments to participants are recorded when paid.

Administrative Expenses

The Plan's expenses are paid by either the Plan or the Company, as provided by the Plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation of fair value of investments.

Subsequent Events

The Company has evaluated subsequent events through October 14, 2025, which is the date the financial statements were available to be issued.

Note 3: Fair Value Measurements

GAAP establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority level. Level 2 inputs consist of observable inputs other than quoted prices for identical assets. Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 2 inputs are used for investments for which Level 1 inputs were not available. Level 3 inputs would only be used in Level 1 or Level 2 inputs were not available. There are no Plan assets requiring the use of Level 2 or Level 3 inputs for the periods presented.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Twin Disc, Inc. Combined Retirement Plan for Racine Hourly and Salaried Employees

Notes to the Financial Statements

Note 3: Fair Value Measurements (Continued)

Common stock: Valued at the closing price reported on the active market on which the individual securities are traded. These securities include U.S. equity securities invested in companies that are traded on exchanges inside the U.S.

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

Real estate investment, hedged equity funds, and fixed income funds: Valued based on NAV provided by the fund. The NAV is used as a practical expedient to estimate fair value. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

The following tables set forth by level, within the fair value hierarchy, the Plan's investment assets at fair value as of December 31, 2024 and 2023. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement:

| <i>December 31, 2024</i> | Level 1 | Level 2 | Level 3 | Total |
|--|----------------|----------------|----------------|----------------------|
| Cash & cash equivalents | \$ 619,057 | \$ - | \$ - | \$ 619,057 |
| Company common stock | 1,153,979 | - | - | 1,153,979 |
| Mutual funds | 6,889,961 | - | - | 6,889,961 |
| Investment assets measured at NAV (a) | | | | 42,798,003 |
| Total investment assets at fair value | | | | \$ 51,461,000 |

| <i>December 31, 2023</i> | Level 1 | Level 2 | Level 3 | Total |
|--|----------------|----------------|----------------|----------------------|
| Cash & cash equivalents | \$ 3,183,525 | \$ - | \$ - | \$ 3,183,525 |
| Company common stock | 1,587,090 | - | - | 1,587,090 |
| Common stock | 3,805,325 | - | - | 3,805,325 |
| Mutual funds | 6,528,132 | - | - | 6,528,132 |
| Investment assets measured at NAV (a) | | | | 43,474,950 |
| Total investment assets at fair value | | | | \$ 58,579,022 |

(a) In accordance with GAAP, certain investments that are measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amount presented in the tables above is intended to permit reconciliation of the fair value hierarchy to the line item presented in the statements of net assets available for benefits.

Twin Disc, Inc. Combined Retirement Plan for Racine Hourly and Salaried Employees

Notes to the Financial Statements

Note 3: Fair Value Measurements (Continued)

There were no unfunded commitments or other redemption restrictions for the investments whose fair values are estimated using NAV. The following table sets forth additional disclosures of the Plan's investments whose fair values are estimated using NAV as of December 31:

| Investments | 2024 | 2023 | Redemption Frequency | Redemption Notice Period |
|---|----------------------|----------------------|-------------------------|-----------------------------|
| IR&M Long Government/Credit Fund (a) | \$ 38,488,212 | \$ 29,225,132 | Daily | 2 days |
| Parametric Defensive Equity Fund (b) | - | 3,275,765 | Monthly | 5 days |
| Principal Group Real Estate | 3,912,360 | 5,703,126 | Daily | 1 day |
| Templeton International Smaller Companies Fund (c) | - | 1,772,472 | Daily | 1 day |
| Georgetown Diversified Fund, Ltd. (d) | 397,431 | 3,498,455 | Quarterly | 90 days |
| Total | \$ 42,798,003 | \$ 43,474,950 | | |

(a) IR&M Government/Credit Fund is a limited liability company consisting primarily of investment-grade fixed income securities. The investments are value based on evaluated prices received from independent pricing services which utilize matrix pricing or prices from dealers who make markets in such securities.

(b) Parametric Defensive Equity Fund is a limited liability company consisting of derivative financial instruments which include equity futures and option contracts. These instruments derive their value, primarily or particularly from the underlying asset, indices, reference rate, or combination of these factors. A derivative financial instrument may be traded on an exchange or over-the-counter.

(c) Templeton International Smaller Companies Fund is equity securities invested in companies that are traded on exchanges outside the U.S. and are well diversified by industry sector, country, capitalization and equity style (i.e., growth and value strategies). Certain assets are invested in international commingled equity funds. The vast majority of the investments are made in companies in developed markets with a smaller percentage in emerging markets. Securities traded on exchanges are valued at the closing price reported on the active market on which the individual securities are traded.

(d) Georgetown Diversified Fund, Ltd is a limited partnership consisting of hedged equity mutual funds investing in a diversified group of alternative investment funds which invest in securities in a variety of equity related strategies. The value of the investments generally represents the fund's proportionate share of the net assets at the valuation date.

Twin Disc, Inc. Combined Retirement Plan for Racine Hourly and Salaried Employees

Notes to the Financial Statements

Note 4: Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits expected to be paid (a) retired or terminated employees, or their beneficiaries, (b) beneficiaries to the employees who have died, and (c) present employees, or their beneficiaries.

Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included, to the extent they are deemed attributable to employee service rendered to the valuation date. The actuarial present value of accumulated plan benefits is determined by an independent actuary and is the amounts that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuation as of January 1, 2024 were as follows:

| | |
|--|--|
| Rate of return on Plan assets | 7.01% |
| Retirement age - active participants | Assume between the ages of 50 to 70 based on varying probability rates |
| Retirement age - inactive participants | Assume age 65 |
| Mortality rate | IRS Adjusted Scale MP-2021 |
| Cash balance | Interest crediting rate 4.75% |

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

The actuarial present value of accumulated plan benefits information as of January 1, 2024, is as follows:

| | |
|--|---------------|
| Vested benefits: | |
| Participants currently receiving payments | \$ 57,308,298 |
| Other participants | 4,666,124 |
| <hr/> | |
| Total vested benefits | 61,974,422 |
| <hr/> | |
| Nonvested benefits | 176,453 |
| <hr/> | |
| Total actuarial present value of accumulated plan benefits | \$ 62,150,875 |
| <hr/> | |

Twin Disc, Inc. Combined Retirement Plan for Racine Hourly and Salaried Employees

Notes to the Financial Statements

Note 4: Accumulated Plan Benefits (Continued)

The change in the actuarial present value of accumulated plan benefits is as follows:

| | |
|--|----------------------|
| Actuarial present value of accumulated plan benefits as of January 1, 2023 | \$ 64,604,905 |
| Increase (decrease) during the year attributable to: | |
| Change in actuarial assumptions | 415,445 |
| Decrease in discount period | 3,239,639 |
| Benefit payments | (7,050,287) |
| Assumption changes | 941,173 |
| <hr/> | |
| Actuarial present value of accumulated plan benefits as of January 1, 2024 | <u>\$ 62,150,875</u> |

In its January 1, 2024 valuation, the Plan changed the discount rate from 5.30% to 5.10%.

Note 5: Funding Policy

The Plan is solely funded by contributions from the Company. The Plan's funding policy is for the Company to contribute amounts that meet or exceed the annual ERISA minimum funding requirement. The Company met the minimum ERISA minimum funding requirements in 2024 and 2023.

Note 6: Tax Status

The Company has requested a favorable determination letter from the Internal Revenue Service ("IRS") as to the qualified status of the Plan under the Internal Revenue Code ("IRC") and the Plan is, therefore, exempt from federal and state income taxes. The Plan administrator believes that the Plan is currently designed and being operated in compliance with applicable requirements of the IRC.

GAAP requires the Plans' management to evaluate tax positions taken by the Plan and recognize a tax liability if the Company has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS or Department of Labor. The plan administrator has analyzed the tax positions taken by the Plans, and has concluded that as of December 31, 2024 and 2023, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plans are subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 7: Party-in-Interest Transactions

Transactions involving funds administered by the Trustee are considered party-in-interest. These transactions are not, however, considered prohibited transaction under 29CFR 480(b) of the ERISA regulations.

Twin Disc, Inc. Combined Retirement Plan for Racine Hourly and Salaried Employees

Notes to the Financial Statements

Note 8: Related Party Transactions

The Plan owned shares of Twin Disc, Incorporated common stock as of December 31, 2024 and 2023, with fair value of \$1,153,979 and \$1,587,090, respectively. In 2024, there were no shares of Twin Disc, Incorporated Common stock purchased or sold by the Plan.

Note 9: Information Certified by the Trustee

Certain information related to the Plan's investments disclosed in the accompanying financial statements and supplemental schedules, including investments held at December 31, 2024 and 2023 and net appreciation in fair value of investments and interest and dividends for the years ended December 31, 2024 and 2023, was obtained or derived from information certified as complete and accurate by Midwest Institutional Trust Company as of December 31, 2024 and BMO Harris Bank N.A. as of December 31, 2023.

Note 10: Risks and Uncertainties

The Plan's investment are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in value of investments will occur in the near term and that such changes could materially affect the amounts reported in the accompanying financial statements.

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

Note 11: Plan Termination

Although it has not expressed any intent to do so, the Company has the right to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants would become 100% vested in their Company contributions.

Twin Disc, Inc. Combined Retirement Plan for Racine Hourly and Salaried Employees

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

EIN #39-0667110 Plan #004

December 31, 2024

| (a) | (b) Identity of Issue, Borrower, Lessor, or Similar Party | (c) Description of Investment, including Maturity Date, Rate of Interest, Collateral, and Par or Maturity Value | (d) Cost | (e) Current Value |
|-----|---|--|----------|-------------------|
|-----|---|--|----------|-------------------|

See Attachment A

This schedule and related Attachment A have been derived from information certified as complete and accurate by Midwest Institutional Trust Company, Trustee of the Plan.

See Independent Auditor's Report.



Twin Disc, Inc. Master Trust

Account Number: 90-0141-00-3
Statement Period: 01/01/24 through 12/31/24

**Asset and Liability Positions
12/31/24**

| Account ID | Asset Description Asset ID (CUSIP) / Ticker | Shares / Par | % of Asset Category at Mrkt | Total Cost / Unit Price | Total Market / Unit Price | Market of Acct Appr/Depr at Mrkt | % of Acct at Mrkt | Accrued Income | Estimated Annual Income Rate | Market Yield |
|----------------------------|---|--------------|-----------------------------|-------------------------|---------------------------|----------------------------------|-------------------|----------------|------------------------------|--------------|
| Equity | | | | | | | | | | |
| Common Stocks | | | | | | | | | | |
| Industrials | | | | | | | | | | |
| 03 | - Twin Disc Inc Com 901476701 / TWIN | 98,211,000 | 14.35 | 242,061.78 2.465 | 1,153,979.25 11.750 | 911,917.47 | 2.24 | | 15,713.00 0.16000 | 1.36% |
| Total Industrials | | | 14.35 | 242,061.78 | 1,153,979.25 | 911,917.47 | 2.24 | 0.00 | 15,713.00 | 1.36% |
| Total Common Stocks | | | 14.35 | 242,061.78 | 1,153,979.25 | 911,917.47 | 2.24 | 0.00 | 15,713.00 | 1.36% |
| Equity Funds | | | | | | | | | | |
| Large Cap | | | | | | | | | | |
| 03 | - Vanguard Total Stock Market Index Fund - Adm #585 922908728 / VTSAX | 31,525,971 | 55.27 | 4,049,849.60 128.461 | 4,446,107.69 141.030 | 396,258.09 | 8.64 | | 55,990.00 1.77600 | 1.26% |
| Total Large Cap | | | 55.27 | 4,049,849.60 | 4,446,107.69 | 396,258.09 | 8.64 | 0.00 | 55,990.00 | 1.26% |
| International | | | | | | | | | | |
| 03 | - American Europacific Growth Fund Class R6 #2616 298706821 / RERGX | 45,492,417 | 30.38 | 2,624,317.68 57.687 | 2,443,852.64 53.720 | - 180,465.04 | 4.75 | | 39,305.00 0.86400 | 1.61% |
| Total International | | | 30.38 | 2,624,317.68 | 2,443,852.64 | - 180,465.04 | 4.75 | 0.00 | 39,305.00 | 1.61% |
| Total Equity Funds | | | 85.65 | 6,674,167.28 | 6,889,960.33 | 215,793.05 | 13.39 | 0.00 | 95,295.00 | 1.38% |
| Total Equity | | | 100.00 | 6,916,229.06 | 8,043,939.58 | 1,127,710.52 | 15.63 | 0.00 | 111,008.00 | 1.38% |



Twin Disc, Inc. Master Trust

Account Number: 90-0141-00-3
Statement Period: 01/01/24 through 12/31/24

**Asset and Liability Positions
12/31/24**

| Account ID | Asset Description Asset ID (CUSIP) / Ticker | Shares / Par | % of Asset Category at Mrkt | Total Cost / Unit Price | Total Market / Unit Price | Market of Acct Appr/Depr at Mrkt | % of Acct at Mrkt | Accrued Income | Estimated Annual Income Rate | Market Yield |
|----------------------------------|--|---------------|-----------------------------|---------------------------|---------------------------|----------------------------------|-------------------|----------------|------------------------------|--------------|
| Fixed Income | | | | | | | | | | |
| Fixed Income Funds Pooled | | | | | | | | | | |
| 03 | - IR&M Long Government/Credit Fund LLC CF1038052 | 3,231,012.542 | 100.00 | 40,204,962.81 12.443 | 38,488,212.03 11.912 | - 1,716,750.78 | 74.79 | | | |
| | Total Pooled | | 100.00 | 40,204,962.81 | 38,488,212.03 | - 1,716,750.78 | 74.79 | 0.00 | 0.00 | .00% |
| | Total Fixed Income Funds | | 100.00 | 40,204,962.81 | 38,488,212.03 | - 1,716,750.78 | 74.79 | 0.00 | 0.00 | .00% |
| Real Estate | | | | | | | | | | |
| 03 | - Principal Group Real Estate-T Level RE1067108 | 62,055.682 | 100.00 | 1,656,618.77 26.696 | 3,912,359.92 63.045 | 2,255,741.15 | 7.60 | | | |
| | Total Real Estate | | 100.00 | 1,656,618.77 | 3,912,359.92 | 2,255,741.15 | 7.60 | 0.00 | 0.00 | .00% |
| Other Assets | | | | | | | | | | |
| Limited Partnerships | | | | | | | | | | |
| 03 | - Rock Creek Georgetown Fund Class C, LTD - Holdback Last Priced 11/07/2024 77208B905 | 1.000 | 100.00 | 397,430.99 397,430.990 | 397,430.99 | 0.00 | .77 | | | |
| | Total Limited Partnerships | | 100.00 | 397,430.99 | 397,430.99 | 0.00 | .77 | 0.00 | 0.00 | .00% |
| | Total Other Assets | | 100.00 | 397,430.99 | 397,430.99 | 0.00 | .77 | 0.00 | 0.00 | .00% |
| Cash Equivalent | | | | | | | | | | |
| 03 | - Cash | 0.000 | .00 | 0.00 | 0.00 | 0.00 | .00 | | | |
| | 016 | | | | | | | | | |



Twin Disc, Inc. Master Trust

Account Number: 90-0141-00-3
Statement Period: 01/01/24 through 12/31/24

**Asset and Liability Positions
12/31/24**

| Account ID | Asset Description Asset ID (CUSIP) / Ticker | Shares / Par | % of Asset Category at Mrkt | Total Cost / Unit Price | Total Market / Unit Price | Market of Acct Appr/Depr at Mrkt | % of Acct at Mrkt | Accrued Income | Estimated Annual Income Rate | Market Yield |
|----------------------------------|---|--------------|-----------------------------|-------------------------|---------------------------|----------------------------------|-------------------|-----------------|------------------------------|--------------|
| 04 | - Cash | 0.000 | .00 | 0.00 | 0.00 | 0.00 | .00 | | | |
| 06 | - Cash | 0.000 | .00 | 0.00 | 0.00 | 0.00 | .00 | | | |
| 30 | - Cash | 0.000 | .00 | 0.00 | 0.00 | 0.00 | .00 | | | |
| 31 | - Cash | 0.000 | .00 | 0.00 | 0.00 | 0.00 | .00 | | | |
| 03 | - Federated Hermes Treasury Obligations Fund 60934N500 / TOIXX | 619,047.480 | 100.00 | 619,047.48 1,000 | 619,047.48 1,000 | 0.00 | 1.20 | 1,212.19 | 26,905.00 0.04346 | 4.35% |
| 31 | - Federated Hermes Treasury Obligations Fund 60934N500 / TOIXX | 10.000 | .00 | 10.00 1,000 | 10.00 1,000 | 0.00 | .00 | 3.35 | 0.04346 | 4.35% |
| Total Cash Equivalent | | | 100.00 | 619,057.48 | 619,057.48 | 0.00 | 1.20 | 1,215.54 | 26,905.00 | 4.35% |
| Accruals Interest | | | | 1,215.54 | 1,215.54 | 0.00 | .00 | | | |
| Total Accrued Income | | | | 1,215.54 | 1,215.54 | 0.00 | .00 | | | |
| Total Assets and Accruals | | | | 49,795,514.65 | 51,462,215.54 | 1,666,700.89 | 100.00 | 1,215.54 | 137,913.00 | .27% |

Twin Disc, Inc. Combined Retirement Plan for Racine Hourly and Salaried Employees

Schedule H, Line 4j - Schedule of Reportable Transactions

EIN #39-0667110 Plan #004
For the Year Ended December 31, 2024

| (a) | (b) | (c) | (d) | (g) | (h) | (i) |
|----------------------------|----------------------|----------------|---------------|---------------|--|--------------------|
| Identity of Party Involved | Description of Asset | Purchase Price | Selling Price | Cost of Asset | Current Value of Asset on Transaction Date | Net Gain or (Loss) |

See Attachment B

This schedule and related Attachment B have been derived from information certified as complete and accurate by Midwest Institutional Trust Company, Trustee of the Plan.

See Independent Auditor's Report.



Twin Disc, Inc. Master Trust

Account Number: 90-0141-00-3
Statement Period: 01/01/24 through 12/31/24

5% Transactions

| Description | Number of Purchases / Sales | Commissions | Other Costs | Unit Price | Proceeds of Purchase / Sale | Cost of Purchase / Sale | Realized Gain / Loss |
|---|-----------------------------|-------------|-------------|------------|-----------------------------|-------------------------|----------------------|
| - IR&M Long Government/Credit Fund LLC | | | | | | | |
| Purchased 20513.149 Units 01/10/24 | | .00 | .00 | 12.187 | 250,000.00 | 250,000.00 | .00 |
| Sold 1695.681 Units 02/16/24 | | .00 | .00 | 11.814 | 20,032.56 | 19,001.49 | 1,031.07 |
| Sold 52128.524 Units 03/28/24 | | .00 | .00 | 11.990 | 625,000.00 | 584,142.75 | 40,857.25 |
| Sold 113.797 Units 05/22/24 | | .00 | .00 | 11.867 | 1,350.38 | 1,275.19 | 75.19 |
| Purchased 624737.090 Units 06/12/24 | * | .00 | .00 | 12.005 | 7,500,000.00 | 7,500,000.00 | .00 |
| Purchased 113021.263 Units 07/24/24 | | .00 | .00 | 11.945 | 1,350,000.00 | 1,350,000.00 | .00 |
| Sold 1730.800 Units 08/15/24 | | .00 | .00 | 12.570 | 21,756.26 | 19,395.03 | 2,361.23 |
| Sold 68419.063 Units 09/30/24 | | .00 | .00 | 12.818 | 877,000.00 | 766,691.57 | 110,308.43 |
| Sold 2321.731 Units 11/01/24 | | .00 | .00 | 12.254 | 28,450.01 | 26,016.90 | 2,433.11 |
| Purchased 248489.721 Units 11/13/24 | * | .00 | .00 | 12.073 | 3,000,000.00 | 3,000,000.00 | .00 |
| Sold 8387.258 Units 12/20/24 | | .00 | .00 | 11.923 | 100,000.00 | 93,986.09 | 6,013.91 |
| Purchases | 4 | .00 | .00 | 12.019 | 12,100,000.00 | 12,100,000.00 | .00 |
| Sales | 7 | .00 | .00 | 12.416 | 1,673,589.21 | 1,510,509.02 | 163,080.19 |
| - Federated Hermes Treasury Purchases | 261 | .00 | .00 | 1.000 | 20,529,332.33 | 20,529,332.33 | .00 |
| Sales | 178 | .00 | .00 | 1.000 | 23,093,799.70 | 23,093,799.70 | .00 |
| - Parametric Defensive Equity Fund LLC | | | | | | | |
| Sold 1000 Shs 07/02/24 | * | .00 | .00 | 3,016.153 | 3,016,153.39 | 1,400,000.00 | 1,616,153.39 |
| Sales | 1 | .00 | .00 | 3,016.153 | 3,016,153.39 | 1,400,000.00 | 1,616,153.39 |
| - Rock Creek Georgetown Fund, LTD Class C | | | | | | | |
| Sold 1831.355 Shs 11/07/24 | * | .00 | .00 | 2,170.147 | 3,974,309.95 | 1,740,066.34 | 2,234,243.61 |



Twin Disc, Inc. Master Trust

Account Number: 90-0141-00-3
Statement Period: 01/01/24 through 12/31/24

5% Transactions

| Description | Number of Purchases / Sales | Commissions | Other Costs | Unit Price | Purchase / Sale | Proceeds of Purchase / Sale | Purchase / Sale | Cost of Purchase / Sale | Realized Gain / Loss |
|--|-----------------------------|-------------|-------------|------------|-----------------|-----------------------------|-----------------|-------------------------|----------------------|
| Sales | 1 | .00 | .00 | 2,170.147 | 3,974,309.95 | | 1,740,066.34 | 2,234,243.61 | |
| - Vanguard Institutional Index Fd #94 Purchased 2913.236 Shs 01/10/24 | | .00 | .00 | 394.750 | 1,150,000.00 | | 1,150,000.00 | .00 | |
| Recd 31.929 Shs As A Reinvested Div of \$ 430.640 Per Sh | | .00 | .00 | 430.638 | 13,749.84 | | 13,749.84 | .00 | |
| Recd 25,088 Shs As A Reinvested Capital Gains Distribution | | .00 | .00 | 430.643 | 10,803.98 | | 10,803.98 | .00 | |
| Recd 1.695 Shs As A Reinvested Capital Gains Distribution | | .00 | .00 | 430.749 | 730.12 | | 730.12 | .00 | |
| Sold 9776.599 Shs 06/10/24 | * | .00 | .00 | 442.310 | 4,324,287.50 | | 3,037,050.15 | 1,287,237.35 | |
| Purchases | 4 | .00 | .00 | 395.459 | 1,175,283.94 | | 1,175,283.94 | .00 | |
| Sales | 1 | .00 | .00 | 442.310 | 4,324,287.50 | | 3,037,050.15 | 1,287,237.35 | |
| - Vanguard Total Stock Market Index Fund - Adm #585 Purchased 32715.376 Shs 06/10/24 | * | .00 | .00 | 128.380 | 4,200,000.00 | | 4,200,000.00 | .00 | |
| Recd 115,565 Shs As A Reinvested Div of \$ 130.250 Per Sh | | .00 | .00 | 130.250 | 15,052.34 | | 15,052.34 | .00 | |
| Sold 1500.825 Shs 07/23/24 | | .00 | .00 | 133.260 | 200,000.00 | | 192,675.91 | 7,324.09 | |
| Recd 95,962 Shs As A Reinvested Div of \$ 137.320 Per Sh | | .00 | .00 | 137.319 | 13,177.45 | | 13,177.45 | .00 | |
| Recd 99,893 Shs As A Reinvested Div of \$ 143.110 Per Sh | | .00 | .00 | 143.110 | 14,295.72 | | 14,295.72 | .00 | |
| Purchases | 4 | .00 | .00 | 128.457 | 4,242,525.51 | | 4,242,525.51 | .00 | |
| Sales | 1 | .00 | .00 | 133.260 | 200,000.00 | | 192,675.91 | 7,324.09 | |

* Transactions noted by an asterisk are in themselves greater than 5% of beginning Plan Year market values.

SCHEDULE SB ATTACHMENTS

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

| Attained Age | Attained Years of Credited Service ¹ | | | | | | | | | | Total | |
|--------------|---|-----|-----|-------|-------|-------|-------|-------|-------|-----------|-------|----|
| | Under 1 | 1-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40 & Over | | |
| Under 25 | 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 |
| 30-34 | 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 |
| 40-44 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 45-49 | 0 | 0 | 0 | 0 | 0 | 4 | 2 | 0 | 0 | 0 | 0 | 6 |
| 50-54 | 0 | 0 | 0 | 0 | 0 | 3 | 3 | 1 | 0 | 0 | 0 | 7 |
| 55-59 | 0 | 0 | 0 | 0 | 0 | 4 | 8 | 3 | 1 | 0 | 0 | 16 |
| 60-64 | 0 | 0 | 0 | 0 | 0 | 4 | 3 | 2 | 2 | 1 | 0 | 12 |
| 65-69 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| 70 & over | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 |
| Total | 0 | 0 | 0 | 0 | 0 | 16 | 16 | 6 | 3 | 2 | 0 | 43 |

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

Plan Name: Twin Disc, Inc. Combined Retirement Plan for Racine Hourly and Salaried Employees
 EIN / PN: 39-0667110/004
 Plan Sponsor: Twin Disc, Incorporated
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Actuarial Assumptions and Methods — Contributions

Economic Assumptions

Interest rate basis:

- Applicable month January 2024
- Interest rate basis 3-Segment Rates

Interest rates:

| | Reflecting Corridors | Not Reflecting Corridors |
|--|-------------------------|-----------------------------|
|--|-------------------------|-----------------------------|

Annual rates of increase

Plan Name: Twin Disc, Inc. Combined Retirement Plan for Racine Hourly and Salaried Employees
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Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

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

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

Mortality

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

Plan Name: Twin Disc, Inc. Combined Retirement Plan for Racine Hourly and Salaried Employees
EIN / PN: 39-0667110/004
Plan Sponsor: Twin Disc, Incorporated
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Termination (not due to disability or retirement) rates

The rates at which participants are assumed to leave the Company by age (Hourly) and both age and gender (Salaried) are shown below:

Representative Termination Rates

| Percentage assumed to leave during the year | | | |
|---|--------|----------|---------|
| Attained Age | Hourly | Salaried | |
| | | Males | Females |
| 20 | 7.420 | 19.00 | 24.60 |
| 25 | 5.327 | 10.40 | 14.10 |
| 30 | 3.675 | 6.40 | 9.00 |
| 35 | 2.440 | 5.00 | 7.40 |
| 40 | 1.574 | 3.90 | 5.90 |
| 45 | 1.005 | 2.80 | 4.30 |
| 50 | 0.637 | 1.70 | 2.50 |
| 55 | 0.350 | 0.30 | 0.40 |
| 60 | - | - | - |

Disability rates

Sample rates at which participants become disabled by age are shown below:

| Percentage becoming disabled during the year | |
|--|------|
| Age | Rate |
| 20 | 0.07 |
| 25 | 0.07 |
| 30 | 0.07 |
| 35 | 0.10 |
| 40 | 0.20 |
| 45 | 0.31 |
| 50 | 0.52 |
| 55 | 0.99 |
| 60 | 1.74 |

Plan Name: Twin Disc, Inc. Combined Retirement Plan for Racine Hourly and Salaried Employees
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Plan Sponsor: Twin Disc, Incorporated
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SCHEDULE SB ATTACHMENTS

Retirement

Rates at which participants are assumed to retire by age and service (Hourly) and age (Salaried) are shown below. The average retirement age is 62.26 for Hourly < 30 YOS, 58.02 for Hourly 30+ YOS, and 60.69 for Salaried.

| Percentage assumed to retire during the year | | | |
|--|----------|---------|----------|
| Attained Age | Hourly | | Salaried |
| | < 30 YOS | 30+ YOS | |
| 50-54 | 0 | 5 | 2 |
| 55-59 | 2 | 15 | 5 |
| 60-61 | 20 | 20 | 20 |
| 62-64 | 40 | 40 | 40 |
| 65-69 | 60 | 60 | 60 |
| 70 | 100 | 100 | 100 |

Benefit commencement date:

- Preretirement death benefit
Hourly Annuity or Salaried Frozen Annuity: The later of the death of the active participant or the date the participant would have attained age 55.
Salaried Cash Balance: Upon death.
- Deferred vested benefit
Hourly Annuity or Salaried Frozen Annuity: The later of age 55 or termination of employment.
Salaried Cash Balance: Upon termination of employment.
- Disability benefit
Upon disablement.
- Retirement benefit
Upon termination of employment.

Form of payment

Hourly Annuity: All married participants are assumed to elect the normal form of benefit (60% joint and survivor benefit).

Salaried Frozen Annuity: 80% of participants are assumed to elect a J&S and 20% are assumed to elect a single life annuity.

Salaried Cash Balance: 100% of participants are assumed to elect a lump sum.

Optional Payment Form Conversion Interest Rate

Hourly Annuity or Salaried Frozen Annuity: 6.00% for joint life annuities.

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SCHEDULE SB ATTACHMENTS

Salaried Cash Balance: Prior November segment rates with phase in for lump sums

Optional Payment Form Conversion Mortality

Hourly Annuity or Salaried Frozen Annuity: RP-2000 combined healthy mortality projected to 2008, weighted 90% male and 10% female for joint life annuities.

Salaried Cash Balance: Current 417(e) table for lump sums.

Percent married

100% of males; 100% of females are assumed to have an eligible spouse.

Spouse age

Wife three years younger than husband.

Administrative expenses

\$313,000

Cash flow

- Timing of benefit payments

Hourly Annuity or Salaried Frozen Annuity: Annuity payments are payable monthly at the beginning of the month.

Salaried Cash Balance: Lump sum payments are payable on date of decrement.

- Decrement Timing

All decrements are assumed to take place at the middle of the year based on rounded age.

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.

Plan Name: Twin Disc, Inc. Combined Retirement Plan for Racine Hourly and Salaried Employees
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Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Actuarial value of assets [for determining minimum required contributions]

Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings. The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2023 plan year.)

The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

Benefits not valued

All benefits described in the Plan Provisions section of this report were valued based on discussions with Twin Disc, Incorporated regarding the likelihood that these benefits will be paid. WTW has reviewed the plan provisions with Twin Disc, Incorporated and, based on that review, is not aware of any significant benefits required to be valued that were not.

The plan pays small benefits (with a present value up to \$5,000 in a single lump sum payment). Such lump sums are not explicitly valued; rather such participants' benefits are valued using the benefit choice assumptions described above.

Change in assumptions and methods since prior valuation

The segment interest rates used to calculate the funding target and target normal cost were updated from an applicable month of January 2023 to January 2024.

The mortality table used to calculate the funding target and target normal cost was updated to reflect the new latest mortality improvement scale, as required by guidance issued by IRS under IRC §430.

The interest crediting assumption was changed from 3.50% for 2023 to 4.75% for 2024.

The assumed plan-related expenses added to the target normal cost were changed from \$439,000 for 2023 to \$313,000 for 2024.

Plan Name: Twin Disc, Inc. Combined Retirement Plan for Racine Hourly and Salaried Employees
EIN / PN: 39-0667110/004
Plan Sponsor: Twin Disc, Incorporated
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. |
| Rates of increase in: Interest Crediting Rate | Salaried Cash Balance: The plan credits interest to the Salaried Plan Cash Balance account upon the annual interest rate on 30-year Treasury Securities for November of the prior calendar year, subject to a minimum of 3%. Our long term assumption of interest crediting rate is set to 4.75% which was developed using a spread between long term expectations of the inflation expectation and long term corporate bond expectation. |

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). |
| Termination | Termination rates are based on plan sponsor expectations for the future with periodic monitoring of observed gains and losses caused by termination patterns different than assumed. |
| Disability | Disability rates are based on plan sponsor expectations for the future with periodic monitoring of observed gains and losses caused by disability patterns different than assumed. |
| Retirement | Retirement rates are based on plan sponsor expectations for the future with periodic monitoring of observed gains and losses caused by retirement patterns different than assumed. |

Plan Name: Twin Disc, Inc. Combined Retirement Plan for Racine Hourly and Salaried Employees
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Plan Sponsor: Twin Disc, Incorporated
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Source of Prescribed Methods

Funding methods

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

Plan Name: Twin Disc, Inc. Combined Retirement Plan for Racine Hourly and Salaried Employees
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Plan Sponsor: Twin Disc, Incorporated
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

| | |
|--------------------------|---|
| Plan Sponsor | Twin Disc, Incorporated |
| EIN/PN | 39-0667110/004 |
| Plan Name | Twin Disc, Inc. Combined Retirement Plan for Racine Hourly and Salaried Employees |
| Valuation Date | January 1, 2024 |
| Enrolled Actuary | Gordon A. Young, FSA, EA |
| Enrollment Number | 23-05802 |

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.

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

December 31, 2024

SPONSOR: TWIN DISC, INCORPORATED

EIN: 39-0667110

PLAN NUMBER: 004

Name: Twin Disc, Inc Combined Retirement Plan for Racine Hourly and Salaried Employees

| (a) Identity of party involved | (b) Description of asset (include interest rate and maturity in case of a loan) | (c) Purchase price | (d) Selling price | (e) Lease rental | (f) Expense incurred with transaction | (g) Cost of asset | (h) Current value of asset on transaction date | (i) Net gain or (loss) |
|--------------------------------|---|--------------------|-------------------|------------------|---------------------------------------|-------------------|--|------------------------|
| FEDERATED | FEDERATED HERMES TREASURY | 1.000 | | | | 20,529,332 | 20,529,332 | |
| FEDERATED | FEDERATED HERMES TREASURY | | 1.000 | | | 23,093,800 | 23,093,800 | |
| INCOME RESEARCH & MANAGEMENT | IR&M LONG GOVERNMENT/CREDIT FUND LLC | 12.019 | | | | 12,100,000 | 12,100,000 | |
| INCOME RESEARCH & MANAGEMENT | IR&M LONG GOVERNMENT/CREDIT FUND LLC | | 12.416 | | | 1,510,509 | 1,673,589 | 163,080 |
| PARAMETRIC | PARAMETRIC DEFENSIVE EQUITY FUND LLC | | | | | | | |
| PARAMETRIC | PARAMETRIC DEFENSIVE EQUITY FUND LLC | | | | | | | |
| ROCK CREEK | ROCK CREEK GEORGETOWN FUND, LTD CLASS C | | 2,170.147 | | | 1,740,066 | 3,974,310 | 2,234,244 |
| VANGUARD | VANGUARD INSTITUTIONAL INDEX FD #94 | 395.459 | | | | 1,175,284 | 1,175,284 | |
| VANGUARD | VANGUARD INSTITUTIONAL INDEX FD #94 | | 442.310 | | | 3,037,050 | 4,324,288 | 1,287,237 |
| VANGUARD | VANGUARD TOTAL STOCK MARKET INDEX FUND - ADM #585 | 128.457 | | | | 4,242,526 | 4,242,526 | |
| VANGUARD | VANGUARD TOTAL STOCK MARKET INDEX FUND - ADM #585 | | 133.260 | | | 192,676 | 200,000 | 7,324 |

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

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 Twin Disc, Inc. Combined Retirement Plan for Racine Hourly and Salaried Employees | B Three-digit plan number (PN) ▶ | 004 |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Twin Disc, Incorporated | D Employer Identification Number (EIN) 39-0667110 | |
| E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | | |
| F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 | | |

| | | | |
|--|----------------------------|---------------------------|--------------------------|
| Part I Basic Information | | | |
| 1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u> | | | |
| 2 Assets: | | | |
| a Market value | 2a | | 58,581,351 |
| b Actuarial value | 2b | | 64,114,219 |
| 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 | 772 | 57,492,190 | 57,492,190 |
| b For terminated vested participants | 55 | 1,654,895 | 1,654,895 |
| c For active participants | 43 | 2,983,811 | 3,160,667 |
| d Total | 870 | 62,130,896 | 62,307,752 |
| 4 If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/> | | | |
| a Funding target disregarding prescribed at-risk assumptions | 4a | | |
| b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor | 4b | | |
| 5 Effective interest rate | 5 | | 5.02% |
| 6 Target normal cost | | | |
| a Present value of current plan year accruals | 6a | | 0 |
| b Expected plan-related expenses | 6b | | 313,000 |
| c Target normal cost | 6c | | 313,000 |

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

| | | |
|------------------|---|---|
| SIGN HERE | Gordon A. Young, FSA, EA GAY | 9/4/2025 |
| | Signature of actuary | Date |
| | Gordon A. Young, FSA, EA | 2305802 |
| | Type or print name of actuary | Most recent enrollment number |
| | Willis Towers Watson US LLC | 262-780-3259 |
| | Firm name | Telephone number (including area code) |
| | 111 E. Kilbourn Ave. Suite 1850 Milwaukee WI 53202 | |
| | Address of the firm | |

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

| Part II Beginning of Year Carryover and Prefunding Balances | | (a) Carryover balance | (b) Prefunding balance |
|--|---|-----------------------|------------------------|
| 7 | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) | 0 | 745,801 |
| 8 | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) | 0 | 471,203 |
| 9 | Amount remaining (line 7 minus line 8) | 0 | 274,598 |
| 10 | Interest on line 9 using prior year's actual return of <u>8.75%</u> | 0 | 24,027 |
| 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>5.08%</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 | 298,625 |

| Part III Funding Percentages | | | |
|-------------------------------------|--|-----------|---------|
| 14 | Funding target attainment percentage | 14 | 102.41% |
| 15 | Adjusted funding target attainment percentage | 15 | 102.89% |
| 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 | 99.47% |
| 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 | |
|-----------------------|--------------------------------|------------------------------|-----------------------|--------------------------------|------------------------------|---|
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| | | | | | | |
| Totals ▶ | | | 18(b) | 0 | 18(c) | 0 |

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

| | | |
|---|------------|---|
| a Contributions allocated toward unpaid minimum required contributions from prior years | 19a | 0 |
| b Contributions made to avoid restrictions adjusted to valuation date | 19b | 0 |
| c Contributions allocated toward minimum required contribution for current year adjusted to valuation date | 19c | 0 |

20 Quarterly contributions and liquidity shortfalls:

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

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

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

| Liquidity shortfall as of end of quarter of this plan year | | | |
|--|---------|---------|---------|
| (1) 1st | (2) 2nd | (3) 3rd | (4) 4th |
| 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 % | <input type="checkbox"/> N/A, full yield curve used |
|-------------------------|------------------------|------------------------|------------------------|---|

b Applicable month (enter code)..... **21b** 0

22 Weighted average retirement age **22** 61

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 | 313,000 |
| b Excess assets, if applicable, but not greater than line 31a | 31b | 313,000 |

32 Amortization installments:

| | Outstanding Balance | Installment |
|---|---------------------|-------------|
| a Net shortfall amortization installment | 0 | 0 |
| b Waiver amortization installment | 0 | 0 |

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

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).... **34** 0

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

36 Additional cash requirement (line 34 minus line 35)..... **36** 0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 0

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

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

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

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

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

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

SCHEDULE SB ATTACHMENTS

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

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

Hourly

(1) 0-29 Years of Service

| (1) | (2) | (3) | (4) | (5) |
|-------------------------------|---------------------------|---|------------------------------|-----------------|
| Assumed Retirement Age | Probability of Retirement | Expected Retirements Based on 100 Lives | Remaining Based on 100 Lives | Product (1)*(3) |
| | | | 100.0 | |
| 55.5 | 2% | 2.0 | 98.0 | 111.0 |
| 56.5 | 2% | 2.0 | 96.0 | 110.7 |
| 57.5 | 2% | 1.9 | 94.1 | 110.4 |
| 58.5 | 2% | 1.9 | 92.2 | 110.1 |
| 59.5 | 2% | 1.8 | 90.4 | 109.8 |
| 60.5 | 20% | 18.1 | 72.3 | 1093.7 |
| 61.5 | 20% | 14.5 | 57.9 | 889.5 |
| 62.5 | 40% | 23.1 | 34.7 | 1446.3 |
| 63.5 | 40% | 13.9 | 20.8 | 881.6 |
| 64.5 | 40% | 8.3 | 12.5 | 537.3 |
| 65.5 | 60% | 7.5 | 5.0 | 491.1 |
| 66.5 | 60% | 3.0 | 2.0 | 199.4 |
| 67.5 | 60% | 1.2 | 0.8 | 81.0 |
| 68.5 | 60% | 0.5 | 0.3 | 32.9 |
| 69.5 | 60% | 0.2 | 0.1 | 13.3 |
| 70 | 100% | 0.1 | 0.0 | 9.0 |
| Average Retirement Age | | | | |
| (5)/(3)= | | | | 62.27 |

Plan Name: Twin Disc, Inc. Combined Retirement Plan for Racine Hourly and Salaried Employees
 EIN / PN: 39-0667110/004
 Plan Sponsor: Twin Disc, Incorporated
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

(2) 30+ Years of Service

| (1) | (2) | (3) | (4) | (5) |
|------------------------|---------------------------|---|------------------------------|-----------------|
| Assumed Retirement Age | Probability of Retirement | Expected Retirements Based on 100 Lives | Remaining Based on 100 Lives | Product (1)*(3) |
| | | | 100.0 | |
| 50.5 | 5.0% | 5.0 | 95.0 | 252.5 |
| 51.5 | 5.0% | 4.8 | 90.3 | 244.6 |
| 52.5 | 5.0% | 4.5 | 85.7 | 236.9 |
| 53.5 | 5.0% | 4.3 | 81.5 | 229.3 |
| 54.5 | 5.0% | 4.1 | 77.4 | 222.0 |
| 55.5 | 15% | 11.6 | 65.8 | 644.2 |
| 56.5 | 15% | 9.9 | 55.9 | 557.4 |
| 57.5 | 15% | 8.4 | 47.5 | 482.2 |
| 58.5 | 15% | 7.1 | 40.4 | 417.0 |
| 59.5 | 15% | 6.1 | 34.3 | 360.5 |
| 60.5 | 20% | 6.9 | 27.5 | 415.4 |
| 61.5 | 20% | 5.5 | 22.0 | 337.8 |
| 62.5 | 40% | 8.8 | 13.2 | 549.3 |
| 63.5 | 40% | 5.3 | 7.9 | 334.9 |
| 64.5 | 40% | 3.2 | 4.7 | 204.1 |
| 65.5 | 60% | 2.8 | 1.9 | 186.5 |
| 66.5 | 60% | 1.1 | 0.8 | 75.7 |
| 67.5 | 60% | 0.5 | 0.3 | 30.8 |
| 68.5 | 60% | 0.2 | 0.1 | 12.5 |
| 69.5 | 60% | 0.1 | 0.0 | 5.1 |
| 70 | 100% | 0.0 | 0.0 | 3.4 |

Average Retirement Age
(5)/(3)= 58.02

Hourly Retirement Rates - Weighted Average for both groups (1) and (2) above

| | (1) | (2) | |
|--|-------|-------|---------|
| Weighted Average | 62.27 | 58.02 | |
| Count | 12 | 4 | |
| Weighted Average Expected Retirement Age | | | 61.2091 |

Plan Name: Twin Disc, Inc. Combined Retirement Plan for Racine Hourly and Salaried Employees
 EIN / PN: 39-0667110/004
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SCHEDULE SB ATTACHMENTS

Salaried

| (1) | (2) | (3) | (4) | (5) |
|--|---------------------------|---|------------------------------|-----------------|
| Assumed Retirement Age | Probability Of Retirement | Expected Retirements Based on 100 Lives | Remaining Based on 100 Lives | Product (1)*(3) |
| | | | 100.0 | |
| 50.5 | 2% | 2.0 | 98.0 | 101.0 |
| 51.5 | 2% | 2.0 | 96.0 | 100.9 |
| 52.5 | 2% | 1.9 | 94.1 | 100.8 |
| 53.5 | 2% | 1.9 | 92.2 | 100.7 |
| 54.5 | 2% | 1.8 | 90.4 | 100.5 |
| 55.5 | 5% | 4.5 | 85.9 | 250.8 |
| 56.5 | 5% | 4.3 | 81.6 | 242.6 |
| 57.5 | 5% | 4.1 | 77.5 | 234.5 |
| 58.5 | 5% | 3.9 | 73.6 | 226.7 |
| 59.5 | 5% | 3.7 | 69.9 | 219.0 |
| 60.5 | 20% | 14.0 | 56.0 | 846.3 |
| 61.5 | 20% | 11.2 | 44.8 | 688.2 |
| 62.5 | 40% | 17.9 | 26.9 | 1119.1 |
| 63.5 | 40% | 10.7 | 16.1 | 682.2 |
| 64.5 | 40% | 6.4 | 9.7 | 415.8 |
| 65.5 | 60% | 5.8 | 3.9 | 380.0 |
| 66.5 | 60% | 2.3 | 1.5 | 154.3 |
| 67.5 | 60% | 0.9 | 0.6 | 62.7 |
| 68.5 | 60% | 0.4 | 0.2 | 25.4 |
| 69.5 | 60% | 0.1 | 0.1 | 10.3 |
| 70 | 100% | 0.1 | 0.0 | 6.9 |
| Average Retirement Age (5)/(3)= | | | | 60.69 |

Retirement Rates – Combined Weighted Average for Hourly and Salaried

| | Hourly | Salaried | |
|--|--------|----------|----------------|
| Weighted Average | 61.21 | 60.69 | |
| Count | 16 | 27 | |
| Weighted Average Expected Retirement Age | | | 60.8831 |

Plan Name: Twin Disc, Inc. Combined Retirement Plan for Racine Hourly and Salaried Employees
 EIN / PN: 39-0667110/004
 Plan Sponsor: Twin Disc, Incorporated
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Merger

As of December 31, 2022, the Twin Disc, Incorporated Retirement Plan for Racine Hourly Paid Employees and the Twin Disc, Incorporated Retirement Plan for Salaried Employees have been merged to create the Twin Disc Inc. Combined Retirement Plan for Racine Hourly and Salaried Employees. Plan provisions are listed as defined for the Hourly and Salaried participants under the prior separate plan provisions below.

Plan Provisions – Twin Disc, Incorporated Retirement Plan for Racine Hourly Paid Employees

The most recent amendment reflected in the following plan provisions was adopted and effective December 10, 2013.

| | |
|---------------------------|---|
| Covered employees | Racine Hourly employees (with exceptions for leased employees and employees under collective bargaining agreements) will participate immediately. Employees hired on or after October 1, 2003 are not eligible to participate in the plan. Effective August 1, 2009, all accrued retirement benefits under the plan were frozen. |
| Participation date | Date of becoming a covered employee. |

Definitions

| | |
|--|---|
| Vesting service | One year for each 1,000-hour calendar year of employment by Twin Disc, Inc. |
| Credited service | After January 1, 1993, Credited Service will equal Vesting Service. Other rules were in effect for determining Credited Service prior to January 1, 1993. |
| Normal retirement date (NRD) | First of month coinciding with or next following the later of attainment of age 65 or five years of participation in the plan. |
| Monthly pension benefit | Monthly benefit equal to \$23.00 times Credited Service as of August 1, 2009. |
| Monthly preretirement death benefit | Accrued benefit beginning at the participant's earliest retirement age equal to 60% of the amount payable if the participant had retired early with the normal form of payment. |
| Accrued Benefit | The unreduced Normal Retirement Benefit (Monthly pension benefit). |

Plan Name: Twin Disc, Inc. Combined Retirement Plan for Racine Hourly and Salaried Employees
EIN / PN: 39-0667110/004
Plan Sponsor: Twin Disc, Incorporated
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Eligibility for Benefits

| | |
|--|---|
| Normal retirement | Retirement on NRD. |
| Early retirement | Earlier of the following: <ul style="list-style-type: none">(a) Age 60 and 10 years of Credited Service(b) Age 55 and 85 age plus Credited Service "points"; or(c) 30 years of Credited Service |
| Postponed retirement | Retirement after NRD. |
| Vested termination | Termination for reasons other than death or retirement after completing five years of vesting service. |
| Disability | Permanent and total disability after five years of Vesting Service. |
| Preretirement death benefit | Death with five years of vesting service and married for at least one year prior to date of death. |
| Medical Supplement for Pre-1987 Retirees | Normal, Early, or Disability Retirement before January 1, 1987, and Medicare eligible. |
| Medical Supplement for Post-1992 Retirees | Normal, Early, or Disability Retirement after January 1, 1993. |

Plan Name: Twin Disc, Inc. Combined Retirement Plan for Racine Hourly and Salaried Employees
EIN / PN: 39-0667110/004
Plan Sponsor: Twin Disc, Incorporated
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events

| Normal retirement | The monthly pension benefit determined as of NRD. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|-----------------------|--------------------------|--|--|-------------------|------------------|-----------------------|--------------------------|----|--------|--------|--------|----|--------|--------|--------|----|--------|--------|--------|----|--------|---------|---------|----|---------|---------|---------|----|---------|---------|---------|----|---------|---------|---------|
| Early retirement | <p>If Participant retires with less than 30 years of Credited Service, sum of (a) and (b):</p> <p>(a) Accrued Benefit, reduced by 1/180 for each full month the initial payment precedes age 62. This amount will be restored to the unreduced amount after age 62 if the participant retires with 85 "points"</p> <p>(b) Monthly supplement payable until age 65 equal to Credited Service as of August 1, 2009 multiplied by the applicable rate shown below:</p> <table border="1" data-bbox="509 632 1432 982"> <thead> <tr> <th colspan="4">Retirement Date</th> </tr> <tr> <th>Age at Retirement</th> <th>5/1992 to 2/1989</th> <th>3/1/1989 to 9/31/1990</th> <th>10/1/1990 and Thereafter</th> </tr> </thead> <tbody> <tr> <td>55</td> <td>\$5.25</td> <td>\$6.09</td> <td>\$6.39</td> </tr> <tr> <td>56</td> <td>\$6.25</td> <td>\$7.25</td> <td>\$7.61</td> </tr> <tr> <td>57</td> <td>\$7.50</td> <td>\$8.70</td> <td>\$9.14</td> </tr> <tr> <td>58</td> <td>\$8.75</td> <td>\$10.50</td> <td>\$10.66</td> </tr> <tr> <td>59</td> <td>\$10.00</td> <td>\$11.60</td> <td>\$12.18</td> </tr> <tr> <td>60</td> <td>\$11.50</td> <td>\$13.34</td> <td>\$14.01</td> </tr> <tr> <td>61</td> <td>\$11.50</td> <td>\$13.34</td> <td>\$14.01</td> </tr> </tbody> </table> | Retirement Date | | | | Age at Retirement | 5/1992 to 2/1989 | 3/1/1989 to 9/31/1990 | 10/1/1990 and Thereafter | 55 | \$5.25 | \$6.09 | \$6.39 | 56 | \$6.25 | \$7.25 | \$7.61 | 57 | \$7.50 | \$8.70 | \$9.14 | 58 | \$8.75 | \$10.50 | \$10.66 | 59 | \$10.00 | \$11.60 | \$12.18 | 60 | \$11.50 | \$13.34 | \$14.01 | 61 | \$11.50 | \$13.34 | \$14.01 |
| Retirement Date | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Age at Retirement | 5/1992 to 2/1989 | 3/1/1989 to 9/31/1990 | 10/1/1990 and Thereafter | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 55 | \$5.25 | \$6.09 | \$6.39 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 56 | \$6.25 | \$7.25 | \$7.61 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 57 | \$7.50 | \$8.70 | \$9.14 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 58 | \$8.75 | \$10.50 | \$10.66 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 59 | \$10.00 | \$11.60 | \$12.18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 60 | \$11.50 | \$13.34 | \$14.01 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 61 | \$11.50 | \$13.34 | \$14.01 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | <p>If participant has 30 years of Credited Service at retirement, sum of (a) and (b):</p> <p>(a) Accrued Benefit as of August 1, 2009 (without reductions).</p> <p>(b) Monthly supplement payable until age 62 equal to excess of \$1,140 over the Accrued Benefit as if the plan did not freeze on August 1, 2009.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Postponed retirement | The monthly pension benefit determined as of the actual retirement date. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vested termination | Accrued benefit payable at age 65. Earlier commencement (of reduced benefit) available if meet eligibility requirements for Early Retirement. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Disablement | Accrued Benefit. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Preretirement death | The monthly preretirement death benefit payable on behalf of an active employee. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Medical Supplement for Pre-1987 Retirees | \$28.60 per month payable to participant and spouse or surviving spouse after becoming eligible for Medicare. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Plan Name: Twin Disc, Inc. Combined Retirement Plan for Racine Hourly and Salaried Employees
 EIN / PN: 39-0667110/004
 Plan Sponsor: Twin Disc, Incorporated
 Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Medical Supplement for Post-1992 Retirees \$4.42 per month times years of Credited Service frozen as of October 1, 2003 (maximum 30 years) payable both before and after Participant's eligibility for Medicare.

Upon death of participant, surviving spouse will continue to receive benefit that would have been payable to the Participant.

Other Plan Provisions

Normal Form of Annuity The normal form of benefit is a life annuity if not married.
If married, participant will receive a 60% joint and survivor annuity based on 6% interest and RP-2000 Combined Healthy mortality projected to 2008 weighted 90% male. No portion of any temporary supplement will be payable to the surviving spouse.

Optional Form of Annuity Life annuity and 75% Joint and Survivor Annuity.

Maximum on benefits and pay All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

Future Plan Changes

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions. 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 benefits valued since the prior year.

Plan Name: Twin Disc, Inc. Combined Retirement Plan for Racine Hourly and Salaried Employees
EIN / PN: 39-0667110/004
Plan Sponsor: Twin Disc, Incorporated
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Plan Provisions – Twin Disc, Incorporated Retirement Plan for Salaried Employees

The most recent amendment reflected in the following plan provisions was amended December 10, 2013 and effective January 1, 2008.

Covered employees Salaried employees (with exceptions for leased employees and employees under collective bargaining agreements) will participate immediately.

Employees hired on or after October 1, 2003 are not eligible to participate in the plan. Effective August 1, 2009, all accrued retirement benefits under the plan were frozen.

Participation date Date of becoming a covered employee.

Definitions

Vesting service One year for each 1,000-hour calendar year of employment by Twin Disc, Inc.

Credited service After January 1, 1993, Credited Service will equal Vesting Service. Other rules were in effect for determining Credited Service prior to January 1, 1993.

Normal retirement date (NRD) First of month coinciding with or next following the later of attainment of age 65 or three years of participation in the plan.

Monthly pension benefit Sum of (a) and (b):
(a) Actuarial Equivalent of Cash Balance Account (converted to a life annuity)
(b) December 31, 1996 Frozen Benefit.

Monthly preretirement death benefit Sum of (a) and (b):
(a) Actuarial Equivalent of Cash Balance Account (converted to a life annuity)
(b) December 31, 1996 Frozen Benefit beginning at the participant's earliest retirement age equal to 60% of the amount payable if the participant had retired early with the normal form of payment.

Plan Name: Twin Disc, Inc. Combined Retirement Plan for Racine Hourly and Salaried Employees
EIN / PN: 39-0667110/004
Plan Sponsor: Twin Disc, Incorporated
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Cash Balance Account

For each plan year after January 1, 1997 and before the August 1, 2009 freeze date, in which a participant completes 1,000 hours of service, the participant's Cash Balance Account will increase at the end of the plan year (or termination/retirement date, if earlier) by an amount equal to the Accrual Percentage times Plan Year Compensation.

At the end of each Plan Year (or benefit commencement, if earlier), each active or inactive participant who has a Cash Balance Account will be credited with interest credits equal to the Interest Crediting Rate times the Cash Balance Account at the beginning of the Plan Year.

Accrual Percentage

| Years of Vesting Service on Crediting Date | Percentage |
|--|------------|
| Less than 10 | 4.5% |
| 10 to 19 | 5.5% |
| 20 or more | 6.5% |

Not applicable after August 1, 2009

Interest Crediting Rate

Annual interest rate of 30-year Treasury securities for November of the prior calendar year. Subject to a minimum of 3%.

Actuarial Equivalent Annuity

If a lump sum is not chosen, the Cash Balance Account is increased with interest until retirement and then converted to an annuity using IRC 417(e)(3)(C) segment rates for the November prior to the year of distribution and the IRC 417(e)(3)(B) mortality table.

December 31, 1996 Frozen Benefit

Monthly benefit amount based on plan provisions, average monthly compensation, Credited Service, Social Security Offset Allowance, final average compensation, and covered compensation as of December 31, 1996.

Employees hired on or after January 1, 1997, or who have not accrued any Credited Service prior to January 1, 1997, are not eligible to receive a December 31, 1996 Frozen Benefit.

Normal Retirement Benefits have been pre-calculated. If participant retires early or becomes disabled, eligibility for supplemental benefit amounts and early retirement subsidies will be based on total Credited Service.

Eligibility for Benefits

Normal retirement

Retirement on NRD.

Plan Name: Twin Disc, Inc. Combined Retirement Plan for Racine Hourly and Salaried Employees
EIN / PN: 39-0667110/004
Plan Sponsor: Twin Disc, Incorporated
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

| | |
|--|--|
| Early retirement | Earlier of the following: (a) Age 60 and 10 years of Credited Service (b) Age 55 and 85 age plus Credited Service "points"; or (c) 30 years of Credited Service |
| Postponed retirement | Retirement after NRD. |
| Vested termination | Termination for reasons other than death or retirement after completing three years of vesting service. |
| Disability | Permanent and total disability after three years of Vesting Service. |
| Preretirement death benefit | Death with three years of vesting service and married for at least one year prior to date of death. |
| Medical Supplement for Pre-1987 Retirees | Normal, Early, or Disability Retirement before January 1, 1987, and Medicare eligible. |
| Medical Supplement for Post-1992 Retirees | Normal, Early, or Disability Retirement after January 1, 1993. |

Benefits Paid Upon the Following Events

| | |
|-----------------------------|---|
| Normal retirement | The monthly pension benefit determined as of NRD. |
| Early retirement | The monthly pension benefit determined as of the early retirement date, and any applicable supplements. For purposes of determining eligibility for early retirement subsidies (or early retirement reductions), total Credited Service will be used. |
| Postponed retirement | The monthly pension benefit determined as of the actual retirement date. |
| Vested termination | The monthly pension benefit determined as of the termination date, with part (b) reduced if commenced before age 65. It will be reduced 0.55% for each of the first 60 months and 0.28% for each of the next 60 months. |
| Disablement | The monthly pension benefit determined as of the date of the disablement, and any applicable supplements. |

Plan Name: Twin Disc, Inc. Combined Retirement Plan for Racine Hourly and Salaried Employees
EIN / PN: 39-0667110/004
Plan Sponsor: Twin Disc, Incorporated
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Preretirement death

The monthly postretirement death benefit payable on behalf of an active employee is payable according to the sum of (a) and (b):

- (a) Actuarial Equivalent of Cash Balance Account (converted to a life annuity) payable immediately following the participant's death or the earliest date the participant would have been eligible to receive payments, if later.
- (b) December 31, 1996 Frozen Benefit beginning at the participant's earliest retirement age equal to 60% of the amount payable if the participant had retired early with the normal form of payment.

Medical Supplement for Pre-1987 Retirees

\$28.60 per month payable to participant and spouse or surviving spouse after becoming eligible for Medicare.

Medical Supplement for Post-1992 Retirees

\$4.42 per month times years of Credited Service frozen as of October 1, 2003 (maximum 30 years) payable before and after Participant's eligibility for Medicare.

Upon death of participant, surviving spouse will continue to receive benefit that would have been payable to the Participant.

Effective July 1, 2006, in the event a participant does not elect to receive payment of any benefit payable under the plan in the form of an annuity, then the participant may elect to receive the Supplemental Medical Benefit in the form of a lump sum.

Other Plan Provisions

Normal Form of payment

The normal form of benefit is a life annuity if not married. Otherwise if married, participant will receive a 60% joint and survivor annuity based on 6% interest and RP-2000 Combined Healthy mortality projected to 2008 weighted 90% male.

Optional Forms of Payment for Cash Balance Benefit

Life annuity, 50%, 60% and 75% Joint and Survivor Annuity (without "pop-up"), and Lump Sum.

Maximum on benefits and pay

All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

Plan Name: Twin Disc, Inc. Combined Retirement Plan for Racine Hourly and Salaried Employees
EIN / PN: 39-0667110/004
Plan Sponsor: Twin Disc, Incorporated
Valuation Date: January 1, 2024

SCHEDULE SB ATTACHMENTS

Future Plan Changes

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions. 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 benefits valued since the prior year.

Plan Name: Twin Disc, Inc. Combined Retirement Plan for Racine Hourly and Salaried Employees
EIN / PN: 39-0667110/004
Plan Sponsor: Twin Disc, Incorporated
Valuation Date: January 1, 2024

SPONSOR: Twin Disc Inc
 EIN: 39-0667110
 PLAN NUMBER: 004
 NAME: Twin Disc, Inc Combined Retirement Plan for Racine Hourly and Salaried Employees

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

| (a) (b) Identity of issue, borrower, lessor or similar party | (c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value | (d) Cost | (e) Current Value |
|--|---|---------------------------------|---------------------------------|
| * TWIN DISC INC COM | COMMON STOCK | \$242,061.78 | \$1,153,979.25 |
| AMERICAN EUROPACIFIC GROWTH FUND CLASS R6 #2616 FEDERATED HERMES TREASURY OBLIGATIONS FUND (PRINCIPAL) | MUTUAL FUND | \$2,624,317.68 | \$2,443,852.64 |
| VANGUARD TOTAL STOCK MARKET INDEX FUND - ADM #585 | MUTUAL FUND | \$619,057.48 | \$619,057.48 |
| IR&M LONG GOVERNMENT/CREDIT FUND LLC ROCK CREEK GEORGETOWN FUND CLASS C, LTD - HOLDBACK | PARTNERSHIP PARTNERSHIP | \$40,204,962.81 \$397,430.99 | \$38,488,212.03 \$397,430.99 |
| PRINCIPAL GROUP REAL ESTATE-T LEVEL | POOLED SEPARATED ACCT | \$1,656,618.77 | \$3,912,359.92 |

* indicates party -in-interest

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24 Change in Actuarial Assumptions

The interest crediting assumption was changed from 3.50% for 2023 to 4.75% for 2024.

The assumed plan-related expenses added to the target normal cost were changed from \$439,000 for 2023 to \$313,000 for 2024.

Plan Name: Twin Disc, Inc. Combined Retirement Plan for Racine Hourly and Salaried
Employees
EIN / PN: 39-0667110/004
Plan Sponsor: Twin Disc, Incorporated
Valuation Date: January 1, 2024