Form 5500-SF

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed 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-SF.**

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A This return/report is for: [X] a single-employer plan [ ] a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)

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 Check box if filing under: [X] Form 5558 [ ] automatic extension [ ] DFVC program
[ ] special extension (enter description)

D If the plan is a collectively-bargained plan, check here ▶ [ ]

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
FUCHS NORTH AMERICA, INC. PENSION PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 11/30/1963

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)
FUCHS NORTH AMERICA, INC.

3800 HAMPSTEAD-MEXICO ROAD
HAMPSTEAD, MD 21074

2b Employer Identification Number (EIN) 52-1755423

2c Sponsor's telephone number 410-363-1700

2d Business code (see instructions) 311900

3a Plan administrator's name and address [ ] Same as Plan Sponsor.
FUCHS NORTH AMERICA, INC. PENSION PLAN ADMIN. COMMITTEE
3800 HAMPSTEAD-MEXICO ROAD
HAMPSTEAD, MD 21074

3b Administrator's EIN 52-1755423

3c Administrator's telephone number 410-363-1700

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

5a Total number of participants at the beginning of the plan year	**5a**	72
b Total number of participants at the end of the plan year	**5b**	65
c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**5c(1)**	
c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**5c(2)**	
d(1) Total number of active participants at the beginning of the plan year	**5d(1)**	13
d(2) Total number of active participants at the end of the plan year	**5d(2)**	8
e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**5e**	0

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.	09/30/2026	CHRISTOPHER RODSKI
	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

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) [X] Yes [ ] No

b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) [X] Yes [ ] No

If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.

c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 578803. (See instructions.)

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	2674749	2514390
b Total plan liabilities	7b	11772	12518
c Net plan assets (subtract line 7b from line 7a)	7c	2662977	2501872
8 Income, Expenses, and Transfers for this Plan Year		**(a) Amount**	**(b) Total**
a Contributions received or receivable from: (1) Employers	8a(1)		
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	326190	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		326190
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	369366	
e Certain deemed and/or corrective distributions (see instructions)	8e		
f Administrative service providers (salaries, fees, commissions)	8f	117929	
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		487295
i Net income (loss) (subtract line 8h from line 8c)	8i		-161105
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristic Codes

9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1C 1A 1I

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

Part V Compliance Questions

10 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)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		500000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h			
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below. [X] Yes [ ] No

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 | **11a** | 0

b **PBGC missed contribution reporting requirements.** If the plan is covered by PBGC and the amount reported on line 11a is greater than $0, 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 _____

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? (If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above. [ ] Yes [ ] No

a 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 letter ruling granting the waiver. Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year	**12b**	
c Enter the amount contributed by the employer to the plan for this plan year	**12c**	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	**12d**	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?		[ ] Yes [ ] No [ ] N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year?		[ ] Yes [X] No
a If "Yes," enter the amount of any plan assets that reverted to the employer this year	**13a**	
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		[ ] Yes [X] No

c 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.)

13c(1) Name of plan(s):	**13c(2)** EIN(s)	**13c(3)** PN(s)

Part VIII IRS Compliance Questions

14a 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? [X] Yes [ ] No

14b 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
- [X] N/A

15 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_____.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

▶ **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
FUCHS NORTH AMERICA, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
FUCHS NORTH AMERICA, INC.

D Employer Identification Number (EIN)
52-1755423

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [X] 100 or fewer [ ] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	2662977
b Actuarial value	**2b**	2514949

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	37	1176747	1176747
b For terminated vested participants	22	323551	323551
c For active participants	13	404195	404195
d Total	72	1904493	1904493

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.29 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	95000
c Target normal cost	**6c**	95000

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

07/28/2026
Date

MARK ANDERSON
Type or print name of actuary

26-08129
Most recent enrollment number

BOLTON PARTNERS, INC.
Firm name

410-547-0500
Telephone number (including area code)

1 W. PENNSYLVANIA AVENUE, SUITE 600
TOWSON, MD 21204

Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 10.39 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 4.91 %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	132.05 %
15	Adjusted funding target attainment percentage	15	132.05 %
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	133.75 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			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

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

21 Discount rate:

a Segment rates:	1st segment: 5.07 %	2nd segment: 5.31 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	65

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**	95000
b Excess assets, if applicable, but not greater than line 31a	**31b**	95000

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

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**	
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

Fuchs North America, Inc.
Pension Plan
EIN/PN: 52-1755423/002

Schedule SB, line 26 - Schedule of Active Participant Data (Frozen Plan)

Attained Age		Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 & Up
Under 25	Number	0	0	0	0	0	0	0	0	0
25 to 29	Number	0	0	0	0	0	0	0	0	0
30 to 34	Number	0	0	0	0	0	0	0	0	0
35 to 39	Number	0	1	0	0	0	0	0	0	0
40 to 44	Number	0	1	0	0	0	0	0	0	0
45 to 49	Number	0	0	0	0	0	0	0	0	0
50 to 54	Number	0	0	1	2	0	0	0	0	0
55 to 59	Number	0	1	1	0	0	1	0	0	0
60 to 64	Number	0	0	1	0	2	1	1	0	0
65 to 69	Number	0	0	0	0	0	0	0	0	0
70 & Up	Number	0	0	0	0	0	0	0	0	0

Fuchs North America, Inc.
Pension Plan
EIN/PN: 52-1755423/002

Schedule SB, Part V – Statement of Actuarial Methods and Assumptions

Interest

The interest assumption for valuation purposes is prescribed by the Pension Protection Act of 2006 based on elections made by the Plan Sponsor

For Minimum Required Contribution

September segment rates adjusted by the 25-year average segment rates for the applicable plan year.

	1/1/2024		1/1/2025	
	Without Stabilization	With Stabilization	Without Stabilization	With Stabilization
First Segment	3.62%	4.75%	5.07%	5.07%
Second Segment	4.46%	4.87%	5.33%	5.31%
Third Segment	4.52%	5.59%	5.36%	5.50%
Effective Interest Rate	4.32%	4.91%	5.29%	5.29%

For all other valuation calculations

Same as the rates shown for minimum funding without reflecting Stabilization.

Withdrawal

None assumed.
Given the small size of the active employee population and the freeze in benefit accruals, the vested termination benefits payable are the same as those upon regular retirement. Accordingly, no separate assumption is made for the incidence of termination prior to normal retirement date.

Disablement

None assumed.
Given the small size of the active employee population and the freeze in benefit accruals, the disability benefits payable are the same as those upon regular retirement. Accordingly, no separate assumption is made for the incidence of disability.

Retirement Age

All active participants are assumed to retire upon reaching age 65, or current age if older. Terminated vested participants are assumed to commence payment at age 54, or current age if older.
The retirement age assumption is simplified to reflect no incidence of early or late retirement, taking into consideration the actuary's experience with plans of similar size, demographic composition, and plan design. The Plan's early retirement provisions do not provide any significant subsidies to encourage early commencement. The age at which a lump sum distribution is assumed to be paid for terminated vested participants reflects the approximate average age of current terminated vested participants, and is intended to reflect that many participants elect a lump sum at or shortly after termination of employment.

Fuchs North America, Inc.
Pension Plan
EIN/PN: 52-1755423/002

Schedule SB, Part V – Statement of Actuarial Methods and Assumptions

Mortality

For Valuation

2025 IRS Combined Static Mortality Table (changed from the 2024 IRS Combined Static Mortality Table).

No mortality improvement is assumed beyond any improvements already included in the underlying assumption.

Actuarial Cost Method

Traditional Unit Credit.

Salary Increases

Not applicable for a frozen plan.

Cash Balance Interest Credits

3.35%, compounded annually. For the prior year, 2.90%, compounded annually.
The interest credit rate is based on a five-year historical average of the actual interest credit rates for the November preceding the valuation date and the four prior years. This methodology for determining the interest credit rate is consistent with the manner in which the future interest credit rate would be determined for a cash balance plan under a PBGC standard termination. Although there is no expressed intention to terminate the plan, use of the termination basis assumption reflects the expected cost to settle benefits for those participants with a cash balance account and thus can be viewed as a reasonable long-term assumption for valuation purposes.

Marriage/Age of Spouse

75% of the population is assumed to be married with females assumed to be four years younger than males.
Assumptions regarding participant marital status are based on discussions with the Plan Sponsor regarding their covered participant demographics, surveys regarding general population trends, and the actuary's experience with plans covering a similar workforce, geography, and industry.

Fuchs North America, Inc.
Pension Plan
EIN/PN: 52-1755423/002

Schedule SB, Part V – Statement of Actuarial Methods and Assumptions

Expenses

Administrative expenses expected to be paid from plan assets in 2025 ($95,000) were added to the normal cost.
The expense assumption assumes that non-PBGC expenses paid from Plan assets during the current year will be the same as the prior year. The current year's PBGC premium is added to the non-PBGC expenses and rounded to the nearest $1,000.

Form of Payment

Benefits for active participants are assumed to be paid as lump sums upon termination of employment. Benefits for terminated vested participants are assumed to be paid as lump sums at age 54. Lump sum benefits are valued using the annuity substitution method.
All annuity forms of payment are actuarially equivalent to the normal form at all assumed commencement ages, which is determined as the actuarial equivalent of the cash balance account for that portion of the benefit. PPA mandates the use of annuity substitution as the method for valuing lump sum benefits.

Asset Valuation

For valuation

The three-year smoothing method described in Internal Revenue Code section 430(g)(3)(B), using annual determination dates ending on the valuation date, with an assumed investment return of 6.0% (not to exceed the third segment rate under Code section 430 (h)(2)(c)(iii) as specified by IRS Notice 2009-22).

The asset valuation method for valuation purposes is prescribed by the Pension Protection Act of 2006 based on elections made by the plan sponsor.

Changes Since Prior Year

The following changes were made to the assumptions:

- The statutory segment interest rates and mortality tables for determining the Minimum Required Contributions, maximum tax-deductible contribution, and PBGC premiums were updated per IRS regulations.
- The cash balance interest credit was increased from 2.90% to 3.35% to reflect a five-year average of the November 30-year Treasury rates.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

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▶ **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
FUCHS NORTH AMERICA, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
FUCHS NORTH AMERICA, INC.

D Employer Identification Number (EIN)
52-1755423

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [X] 100 or fewer [ ] 101-500 [ ] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2025

2 Assets:

a Market value	**2a**	2,662,977
b Actuarial value	**2b**	2,514,949

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	37	1,176,747	1,176,747
b For terminated vested participants	22	323,551	323,551
c For active participants	13	404,195	404,195
d Total	72	1,904,493	1,904,493

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5 Effective interest rate	**5**	5.29%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	95,000
c Target normal cost	**6c**	95,000

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 Mark Anderson MA — Signature of actuary

7/28/2026 — Date

MARK ANDERSON — Type or print name of actuary

2608129 — Most recent enrollment number

BOLTON PARTNERS, INC. — Firm name

410-547-0500 — Telephone number (including area code)

1 W. Pennsylvania Avenue, SUITE 600

TOWSON MD 21204 — Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 10.39%	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 4.91%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	132.05%
15	Adjusted funding target attainment percentage	15	132.05%
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	133.75%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
5.07 %	5.31 %	5.50%	

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	65

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**	95,000
b Excess assets, if applicable, but not greater than line 31a	**31b**	95,000

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

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**	
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

Fuchs North America, Inc.
Pension Plan
EIN/PN: 52-1755423/002

Schedule SB, Part V – Summary of Plan Provisions

Effective Date

November 30, 1963. Amended and restated as a Cash Balance Plan effective January 1, 1991. Participation and benefit accruals were frozen effective December 31, 2007. The Plan was most recently amended and restated effective January 1, 2014.

Eligibility

All employees, excluding commissioned salesmen, enter the Plan on the January 1 following six months of service. Effective January 1, 1997, salesmen were allowed to enter the plan on January 1 following six months of service. Effective December 31, 2007, no employees will commence participation in the plan.

Compensation

Total compensation as reported on Form W-2, plus employee elective deferral contributions to the Company's 401(k) Plan and Section 125 plan.

Retirement Dates

Normal Retirement

Age 65.

Early Retirement

Age 55 with ten years of Service.

Disability Retirement

Total and permanent disability.

Postponed Retirement

Date of actual retirement subsequent to Normal Retirement Date.

Retirement Benefits

Normal Retirement

The Normal Retirement Benefit is equal to the accrued benefit as of December 31, 1990 plus, for Plan Years beginning after December 31, 1990, the actuarial equivalent of an Account, calculated as the sum of: (1) 3% of compensation for each of the first ten years of service plus 4% of compensation for each year thereafter; and (2) interest credited annually at 7%. Effective January 1, 2009, the interest credit rate is equal to the rate on 30-year Treasury bills for November preceding the plan year. Interest credits are applied to participant accounts as of the last day of the plan year.

Early Retirement

Actuarial equivalent of the Normal Retirement Benefit.

Fuchs North America, Inc.
Pension Plan
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Schedule SB, Part V – Summary of Plan Provisions

Retirement Benefits

Disability Retirement

Actuarial equivalent of the Normal Retirement Benefit.

Postponed Retirement

Calculated in the same way as the Normal Retirement Benefit. Benefits shall begin no later than the April 1 following the calendar year in which an employee attains age 70 ½ or retires.

Optional Methods of Receiving Benefit Payments

Life Annuity--Basic Option

Monthly payments will be made to the employee during his lifetime. After his death, no further payments will be made.

Ten Years Certain and Continuous Annuity

Reduced monthly payments will be made to the employee during his lifetime. If he dies within a ten year period after commencement of his benefit, payments will continue to his designated beneficiary for the balance of the ten year period.

Joint and Contingent Option

Reduced monthly payments will be made to the employee during his lifetime. After his death, payments of 100%, 66-2/3% or 50% (as selected by the employee) will continue to his designated beneficiary for life.

Lump Sum Payment

A single lump sum payment equal to the sum of the prior plan accrued benefit, converted to a lump sum based on the Internal Revenue Code Section 417(e)(3) Applicable Mortality Table for the plan year of distribution and the Internal Revenue Code Section 417(e)(3) segment interest rates for the month of November prior to the plan year of distribution, plus the current cash balance account balance.

Annuity Conversion Rate

UP 84, 5%.

Pre-Retirement Death Benefits

In the event of the death of an active or terminated participant who has met the requirements for a vested benefit, his designated beneficiary will be entitled to a benefit. The benefit shall equal: (1) the vested benefit accrued as of December 31, 1990, payable to the beneficiary as if the participant had retired and selected the Joint and 100% Annuity Option; plus (2) the vested portion of the Cash Balance Account earned after December 31, 1990, payable as a lump sum or actuarially equivalent life annuity as elected by the beneficiary.

Fuchs North America, Inc.
Pension Plan
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Schedule SB, Part V – Summary of Plan Provisions

Vesting

A participant is 100% vested in his Accrued Benefit after five years of Vesting Service. A participant with an hour of service after December 31, 2007 is 100% vested in his Accrued Benefit after three years of Vesting Service.

Contributions

The Employer pays the entire cost of the Plan. No employee contributions are permitted.

Changes Since Prior Year

None.

Fuchs North America, Inc.
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Schedule SB, Line 24: Change in Actuarial Assumptions

The following assumption changes were made for the 2025 plan year:

- The statutory segment interest rates and mortality tables for determining the Minimum Required Contributions, maximum tax-deductible contribution, and PBGC premiums were updated per IRS regulations.
- The assumed Interest Crediting Rate for the Cash Balance benefit was increased from 2.90% to 3.35%.