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

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:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) _____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
TWIN DISC, INC COMBINED RETIREMENT PLAN FOR RACINE HOURLY AND SALARIED EMPLOYEES

1b Three-digit plan number (PN) ▶ 004

1c Effective date of plan 12/31/2022

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)
TWIN DISC, INCORPORATED

222 E ERIE STREET
SUITE 400
MILWAUKEE, WI 53202

2b Employer Identification Number (EIN)
39-0667110

2c Plan Sponsor's telephone number
262-638-4000

2d Business code (see instructions)
333610

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/09/2026	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 [X] 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

4b EIN

c Plan Name

4d PN

5	Total number of participants at the beginning of the plan year	**5**	851
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	**6a(1)**	37
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	31
b	Retired or separated participants receiving benefits	**6b**	520
c	Other retired or separated participants entitled to future benefits	**6c**	44
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	595
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	204
f	Total. Add lines **6d** and **6e**.	**6f**	799
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**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 Characteristic 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 Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [X] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [X] Trust
- **(4)** [ ] 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)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [X] **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)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 1
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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 2025 Form M-1 annual report. If the plan was not required to file the 2025 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

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

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	851	01/01/2025	12/31/2025

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	3431224

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. Specify nature of costs ▶	6d	

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 ☐ paid in cash, or ☐ 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)

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
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: [X] Single [ ] Multiple-A [ ] Multiple-B

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	51462216
b Actuarial value	**2b**	52755339

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	766	52938446	52938446
b For terminated vested participants	48	1421821	1421821
c For active participants	37	2752366	2894223
d Total	851	57112633	57254490

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**	5.26 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	452000
c Target normal cost	**6c**	452000

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	09/23/2026 Date
JOHN M. CHMIELEWSKI, F.S.A. Type or print name of actuary	26-07661 Most recent enrollment number
MILLIMAN, INC. Firm name	262-784-2250 Telephone number (including area code)
17335 GOLF PARKWAY BROOKFIELD, WI 53045 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	298625
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	298625
10	Interest on line 9 using prior year's actual return of 0.49 %	0	1463
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 5.02 %		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	300088

Part III Funding Percentages

14	Funding target attainment percentage	14	91.61 %
15	Adjusted funding target attainment percentage	15	91.61 %
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	102.41 %
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
09/15/2026	980363	0			
			Totals ► 18(b)	980363	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	898354

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: 5.00 %	2nd segment: 5.27 %	3rd segment: 5.50 %	☐ 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**	452000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	4799239	446354
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**	898354

	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**	898354
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	898354

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 C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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

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).. . . . . [X] 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

(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

(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

(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

(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

(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	110784	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WILLIS TOWERS WATSON

23-1159360

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	50667	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(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 ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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	21589	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WIPFLI LLP

41-2899048

(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	16054	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name: GORDON A. YOUNG
b EIN: 23-1159360
c Position: ENROLLED ACTUARY
d Address: 111 E. KILBOURN AVE.
SUITE 1850
MILWAUKEE, WI 53202
e Telephone: 262-780-3259

Explanation: TWIN DISC, INCORPORATED HAS REPLACED WILLIS TOWERS WATSON US LLC WITH MILLIMAN, INC. AS PROVIDER OF ACTUARIAL SERVICES FOR THE PLAN. JOHN M. CHMIELEWSKI EA# 26-07661 WILL REPLACE GORDON A. YOUNG EA# 26-05802 AS ENROLLED ACTUARY.

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)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

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

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

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 or DFE sponsor's name as shown on line 2a of Form 5500
TWIN DISC, INCORPORATED

D Employer Identification Number (EIN)
39-0667110

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: PRIN US PROPERTY SA-RL 41

b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSUANCE

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)
42-0127290-027	P	3431224

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)

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)

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)

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

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

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

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 Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	980363
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1216	1624
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)		
(5) Partnership/joint venture interests	1c(5)	38885643	36763618
(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)	3912360	3431224
(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)	7509018	7209587
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	1153979	1237839
(2) Employer real property	1d(2)		
1e Buildings and other property used in plan operation	1e		
1f Total assets (add all amounts in lines 1a through 1e)	1f	51462216	49624255
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	31771	34801
1k Total liabilities (add all amounts in lines 1g through1j)	1k	31771	34801
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	51430445	49589454

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)	980363	
(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)		980363
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)	9941	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		9941
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	15394	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	141117	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		156511
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	4852057	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	4629340	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		222717
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	2591175	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		2591175

		(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)		133040
(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)		1216958
c Other income	2c		55
d Total income. Add all **income** amounts in column (b) and enter total	2d		5310760
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6513411	
(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)		6513411
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)	16054	
(5) Investment advisory and investment management fees	2i(5)	159784	
(6) Bank or trust company trustee/custodial fees	2i(6)	21589	
(7) Actuarial fees	2i(7)	50667	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	390246	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		638340
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		7151751
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-1840991
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) [X] 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) [X] 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: 41-2899048

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.)	**4a**		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.)	**4b**		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.)	**4c**		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.)	**4d**		X	
e Was this plan covered by a fidelity bond?	**4e**	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?	**4f**		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?	**4g**		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?	**4h**		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.)	**4i**	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.)	**4j**	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?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		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.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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.) ..... [X] Yes [ ] No [ ] Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 583409.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

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

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 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** 2

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: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

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

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

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

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

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

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

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

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

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

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

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

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

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

21b If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

WIPFLI

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

Financial Statements and Supplemental Schedules

Years Ended December 31, 2025 and 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, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years ended December 31, 2025 and 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 a qualified institution as of December 31, 2025 and 2024, and for the years ended December 31, 2025 and 2024, 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).

"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.

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.

"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.

- 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, 2025 and the Schedule H, Line 4j - Schedule of Reportable Transactions for the year ended December 31, 2025, 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

Milwaukee, Wisconsin
October 1, 2026

"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.

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

Statements of Net Assets Available for Benefits

As of December 31,	2025	2024
Assets:		
Investments, at fair value	$ 48,642,268	$ 51,461,000
Interest and dividends receivable	1,624	1,216
Company contribution receivable	980,363	-
Total assets	49,624,255	51,462,216
Liabilities:		
Accrued expenses	34,801	31,771
Net assets available for benefits	$ 49,589,454	$ 51,430,445

See accompanying notes to financial statements.

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

Statements of Changes in Net Assets Available for Benefits

Year Ended December 31,	2025	2024
Additions:		
Interest and dividends	$ 156,102	$ 186,783
Net appreciation in fair value of investments	4,174,295	291,397
Company contributions	980,363	-
Total additions	5,310,760	478,180
Deductions:		
Benefit paid to participants	6,513,411	7,074,273
Administration expenses	638,340	502,204
Total deductions	7,151,751	7,576,477
Net change	(1,840,991)	(7,098,297)
Net assets available for benefits at beginning of year	51,430,445	58,528,742
Net assets available for benefits at end of year	$ 49,589,454	$ 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.

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 participants 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.

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 1, 2026, 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, 2025 and 2024.

Note 3: Fair Value Measurements (Continued)

Cash and cash equivalents: Valued at cost, which approximates fair value due to the short-term maturity and highly liquid nature of these investments. Funds invested in treasury obligation funds are valued using quoted market prices.

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, 2025 and 2024. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement:

December 31, 2025	**Level 1**	**Level 2**	**Level 3**	**Total**
Cash & cash equivalents	$ 914,873	$ -	$ -	$ 914,873
Company common stock	1,237,839	-	-	1,237,839
Mutual funds	6,294,714	-	-	6,294,714
Investment assets measured at NAV (a)				40,194,842
Total investment assets at fair value				$ 48,642,268

December 31, 2024	**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

(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.

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	2025	2024	Redemption Frequency	Redemption Notice Period
IR&M Long Government/Credit Fund (a)	$ 36,763,618	$ 38,488,212	Daily	2 days
Principal Group Real Estate	3,431,224	3,912,360	Daily	1 day
Georgetown Diversified Fund, Ltd. (b)	-	397,431	Quarterly	90 days
Total	$ 40,194,842	$ 42,798,003		

(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) 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.

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 extend 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.

Note 4: Accumulated Plan Benefits (Continued)

The significant actuarial assumptions used in the valuation as of January 1, 2025 were as follows:

Rate of return on Plan assets	(6.57%)
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, 2025, is as follows:

Vested benefits:	
Participants currently receiving payments	$ 51,624,167
Other participants	4,023,794
Total vested benefits	55,647,961
Nonvested benefits	136,056
Total actuarial present value of accumulated plan benefits	$ 55,784,017

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, 2024	$ 62,150,875
Increase (decrease) during the year attributable to:	
Actuarial (gains)/losses	46,878
Decrease in discount period	2,991,523
Benefit payments	(7,074,273)
Assumption changes	(2,330,986)
Actuarial present value of accumulated plan benefits as of January 1, 2025	$ 55,784,017

In its January 1, 2025 valuation, the Plan changed the discount rate from 5.10% to 5.75%.

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 2025 and 2024.

Note 6: Tax Status

Prior to the Company combining the assets and liabilities from Hourly Plan and Salary Plan, the Company had favorable determination letters from the Internal Revenue Service ("IRS") as to the qualified status of the Plans under the Internal Revenue Code ("IRC"), and therefore, concluded the Plans were exempt from federal and state income taxes. The Company has not requested a favorable determination letter for the Plan. 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, 2025 and 2024, 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 Plan is 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.

Note 8: Related Party Transactions

The Plan owned shares of Twin Disc, Incorporated common stock as of December 31, 2025 and 2024, with fair value of $1,237,839 and $1,153,979, respectively. In 2025, there were 20,000 shares of Twin Disc, Incorporated Common stock sold by the Plan, resulting in a $314,226 realized gain. In 2025, there were no shares of Twin Disc, Incorporated Common stock purchased by the Plan. 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, 2025 and 2024 and net appreciation in fair value of investments and interest and dividends for the years ended December 31, 2025 and 2024, was obtained or derived from information certified as complete and accurate by Midwest Institutional Trust Company, trustee of the Plan.

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, 2025

(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: 01/01/25 through 12/31/25

Asset and Liability Positions
12/31/25

Account ID	Asset Description *Asset ID (CUSIP) / Ticker*	Shares / Par	% of Asset Category at Mrkt	Total Cost / *Unit Price*	Total Market / *Unit Price*	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income *Rate*	Market Yield
Equity										
Common Stocks										
Industrials										
03	- Twin Disc Inc Com *901476101 / TWIN*	74,211.000	16.43	182,908.74 *2.465*	1,237,839.48 *16.680*	1,054,930.74	2.54		11,873.00 *0.16000*	.96%
	Total Industrials		**16.43**	**182,908.74**	**1,237,839.48**	**1,054,930.74**	**2.54**	**0.00**	**11,873.00**	**.96%**
Total Common Stocks			**16.43**	**182,908.74**	**1,237,839.48**	**1,054,930.74**	**2.54**	**0.00**	**11,873.00**	**.96%**
Equity Funds										
Large Cap										
03	- Vanguard Total Stock Market Index Fund - Adm #585 *922908728 / VTSAX*	22,565.128	48.89	2,906,504.79 *128.805*	3,682,628.89 *163.200*	776,124.10	7.57		40,933.00 *1.81400*	1.11%
	Total Large Cap		**48.89**	**2,906,504.79**	**3,682,628.89**	**776,124.10**	**7.57**	**0.00**	**40,933.00**	**1.11%**
	International									
03	- American Eupac Fund Class R6 #2616 *298706821 / RERGX*	43,117.935	34.68	2,502,422.91 *58.037*	2,612,084.50 *60.580*	109,661.59	5.37		85,934.00 *1.99300*	3.29%
	Total International		**34.68**	**2,502,422.91**	**2,612,084.50**	**109,661.59**	**5.37**	**0.00**	**85,934.00**	**3.29%**
Total Equity Funds			**83.57**	**5,408,927.70**	**6,294,713.39**	**885,785.69**	**12.94**	**0.00**	**126,867.00**	**2.02%**
Total Equity			**100.00**	**5,591,836.44**	**7,532,552.87**	**1,940,716.43**	**15.49**	**0.00**	**138,740.00**	**1.84%**

Twin Disc, Inc. Master Trust

Account Number: 90-0141-00-3
Statement Period: 01/01/25 through 12/31/25

Asset and Liability Positions
12/31/25

Account ID	Asset Description *Asset ID (CUSIP) / Ticker*	Shares / Par	% of Asset Category at Mrkt	Total Cost / *Unit Price*	Total Market / *Unit Price*	Market Appr/Depr	% 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*	2,899,425.197	100.00	36,486,911.50 *12.584*	36,763,618.41 *12.679*	276,706.91	75.58			
	Total Pooled		**100.00**	**36,486,911.50**	**36,763,618.41**	**276,706.91**	**75.58**	**0.00**	**0.00**	**.00%**
	Total Fixed Income Funds		**100.00**	**36,486,911.50**	**36,763,618.41**	**276,706.91**	**75.58**	**0.00**	**0.00**	**.00%**
Total Fixed Income			**100.00**	**36,486,911.50**	**36,763,618.41**	**276,706.91**	**75.58**	**0.00**	**0.00**	**.00%**
Real Estate										
03 -	Principal Group Real Estate-T Level *RE1067108*	52,347.101	100.00	1,397,441.58 *26.696*	3,431,223.75 *65.547*	2,033,782.17	7.05			
Total Real Estate			**100.00**	**1,397,441.58**	**3,431,223.75**	**2,033,782.17**	**7.05**	**0.00**	**0.00**	**.00%**
Cash Equivalent										
03 -	Cash	0.000	.00	0.00	0.00	0.00	.00			
04 -	Cash	0.000	.00	0.00	0.00	0.00	.00			
06 -	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*	914,873.280	100.00	914,873.28 *1.000*	914,873.28 *1.000*	0.00	1.88	1,617.41	33,538.00 *0.03665*	3.67%

Twin Disc, Inc. Master Trust

Account Number: 90-0141-00-3
Statement Period: 01/01/25 through 12/31/25

Asset and Liability Positions
12/31/25

Account ID	Asset Description *Asset ID (CUSIP) / Ticker*	Shares / Par	% of Asset Category at Mrkt	Total Cost / *Unit Price*	Total Market / *Unit Price*	Market Appr/Depr	% of Acct at Mrkt	Accrued Income	Estimated Annual Income *Rate*	Market Yield
31 -	Federated Hermes Treasury Obligations Fund *60934N500 / TOIXX*	0.000	.00	0.00	0.00 *1.000*	0.00	.00	6.53	*0.03665*	
Total Cash Equivalent			**100.00**	**914,873.28**	**914,873.28**	**0.00**	**1.88**	**1,623.94**	**33,538.00**	**3.67%**
Total Assets				**44,391,062.80**	**48,642,268.31**	**4,251,205.51**	**100.00**	**1,623.94**	**172,278.00**	**.35%**
Accruals										
Interest				**1,623.94**	**1,623.94**	**0.00**	**.00**			
Total Accrued Income				**1,623.94**	**1,623.94**	**0.00**	**.00**			
Total Assets and Accruals				**44,392,686.74**	**48,643,892.25**	**4,251,205.51**	**100.00**	**1,623.94**	**172,278.00**	**.35%**

See Independent Auditor's Report

Attachment A - 3/3

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, 2025

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) 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: 01/01/25 through 12/31/25

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							
Sold 44260.053 Units 01/27/25		.00	.00	11.862	525,000.00	495,970.10	29,029.90
Sold 2303.738 Units 02/06/25		.00	.00	12.199	28,102.37	25,815.27	2,287.10
Sold 32144.821 Units 02/27/25		.00	.00	12.444	400,000.00	360,209.01	39,790.99
Sold 44752.571 Units 04/23/25		.00	.00	11.843	530,000.00	501,489.16	28,510.84
Sold 2311.548 Units 05/01/25		.00	.00	12.191	28,179.91	25,902.79	2,277.12
Sold 43821.905 Units 06/20/25		.00	.00	12.094	530,000.00	491,060.29	38,939.71
Sold 10301.020 Units 07/21/25		.00	.00	12.135	125,000.00	115,431.36	9,568.64
Sold 2239.852 Units 08/01/25		.00	.00	12.252	27,443.25	27,443.25	.00
Sold 42936.789 Units 08/26/25		.00	.00	12.344	530,000.00	481,141.84	48,858.16
Sold 31680.270 Units 09/26/25		.00	.00	12.626	400,000.00	355,003.34	44,996.66
Sold 2150.454 Units 11/03/25		.00	.00	12.798	27,521.72	24,097.60	3,424.12
Sold 43392.470 Units 11/26/25		.00	.00	12.905	560,000.00	486,248.12	73,751.88
Sold 29291.854 Units 12/22/25		.00	.00	12.631	370,000.00	328,239.18	41,760.82
Sales	13	.00	.00	12.308	4,081,247.25	3,718,051.31	363,195.94
- Federated Hermes Treasury Purchases	172	.00	.00	1.000	7,438,270.78	7,438,270.78	.00
Sales	122	.00	.00	1.000	7,142,454.98	7,142,454.98	.00

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

Attachment to 2025 Schedule SB, Line 26 – Schedule of Active Participant Data

TWIN DISC, INC. COMBINED RETIREMENT PLAN FOR RACINE HOURLY AND SALARIED EMPLOYEES

(EIN: 39-0667110)

(PN: 004)

The number of active participants summarized by attained age and years of credited service as of January 1, 2025 is shown below.

	Years of Credited Service										
Age	0	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40+	Total
0–24	-	-	-	-	-	-	-	-	-	-	-
25–29	-	-	-	-	-	-	-	-	-	-	-
30–34	-	-	-	-	-	-	-	-	-	-	-
35–39	-	-	-	-	-	-	-	-	-	-	-
40–44	-	-	-	-	-	-	-	-	-	-	-
45–49	-	-	-	-	-	2	3	-	-	-	5
50–54	-	-	-	-	-	1	5	1	-	-	7
55–59	-	-	-	-	-	3	7	2	-	-	12
60–64	-	-	-	-	-	-	5	1	2	-	8
65–69	-	-	-	-	-	1	1	-	1	1	4
70+	-	-	-	-	-	-	-	-	-	1	1
Total	-	-	-	-	-	7	21	4	3	2	37

Appendix A : Statement of actuarial assumptions, methods and data sources

Actuarial Assumptions and Methods — Contributions

Economic Assumptions

Interest rate basis:

- Applicable month: January 2025
- Interest rate basis: 3-Segment Rates

Interest rates:

	Reflecting Corridors	Not Reflecting Corridors
First segment rate	5.00%	5.00%
Second segment rate	5.27%	5.27%
Third segment rate	5.50%	5.40%
Effective interest rate	5.26%	5.25%

Annual rates of increase

Compensation	N/A
Future Social Security wage bases	N/A
Statutory limits on compensation	N/A
Salaried Cash Balance Interest Crediting Rate	4.75%

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.

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			
	Hourly	Salaried	
Attained Age		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

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 62.27 for Hourly < 30 YOS, 58.02 for Hourly 30+ YOS, and 60.69 for Salaried.

Percentage assumed to retire during the year			
	Hourly		Salaried
Attained Age	< 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.

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	$452,000
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.

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 2024 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 2024 to January 2025. The assumed plan-related expenses added to the target normal cost were changed from $313,000 for 2024 to $452,000 for 2025.

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.

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.

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

December 31, 2025

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)
INCOME RESEARCH & MANAGEMENT	IR&M LONG GOVERNMENT/CREDIT FUND LLC		12.308			3,718,051	4,081,247	363,196
FEDERATED	FEDERATED HERMES TREASURY	1.000				7,438,271	7,438,271	-
FEDERATED	FEDERATED HERMES TREASURY		1.000			7,142,455	7,142,455	-

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
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: [X] Single [ ] Multiple-A [ ] Multiple-B

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

Part I Basic Information

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

2 Assets:			
a Market value		2a	51,462,216
b Actuarial value		2b	52,755,339

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	766	52,938,446	52,938,446
b For terminated vested participants	48	1,421,821	1,421,821
c For active participants	37	2,752,366	2,894,223
d Total	851	57,112,633	57,254,490

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	5.26 %
6 Target normal cost			
a Present value of current plan year accruals		6a	0
b Expected plan-related expenses		6b	452,000
c Target normal cost		6c	452,000

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

John M. Chmielewski JMC
Signature of actuary

09/23/2026
Date

John M. Chmielewski, F.S.A.
Type or print name of actuary

26-07661
Most recent enrollment number

Milliman, Inc.
Firm name

(262) 784-2250
Telephone number (including area code)

17335 Golf Parkway

Brookfield WI 53045
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	298,625
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	298,625
10	Interest on line 9 using prior year's actual return of 0.49%	0	1,463
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 5.02%		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	300,088

Part III Funding Percentages

14	Funding target attainment percentage	**14**	91.61%
15	Adjusted funding target attainment percentage	**15**	91.61%
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**	102.41%
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
09/15/2026	980,363				
			Totals ► **18(b)**	980,363	**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**	898,354

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [ ] Yes [X] 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:	
5.00 %	5.27 %	5.50 %	☐ 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**	452,000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	4,799,239	446,354
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**	898,354

	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**	898,354
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	898,354

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

Attachment to 2025 Schedule SB, Line 19 – Discounted Employer Contributions

TWIN DISC, INC. COMBINED RETIREMENT PLAN FOR RACINE HOURLY AND SALARIED EMPLOYEES
(EIN: 39-0667110)
(PN: 004)

DATE	CONTRIBUTION AMOUNT	VALUATION YEAR	EFFECTIVE INTEREST RATE	INTEREST-ADJUSTED CONTRIBUTION
09/15/2026	$980,363	2025	5.26%	$898,354
Sum	$980,363			$898,354

Schedule SB, Line 22

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, 2025

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) Assumed Retirement Age	(2) Probability of Retirement	(3) Expected Retirements Based on 100 Lives	(4) Remaining Based on 100 Lives	(5) 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**

(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	11	3	
Weighted Average Expected Retirement Age			61.3593

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	61.36	60.69	
Count	14	23	
Weighted Average Expected Retirement Age			60.9435

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, 2025

Appendix B : Summary of principal 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).

Eligibility for Benefits

Normal retirement	Retirement on NRD.
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 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.

Benefits Paid Upon the Following Events

Normal retirement

The monthly pension benefit determined as of NRD.

Early retirement

If Participant retires with less than 30 years of Credited Service, sum of (a) and (b):

(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"

(b) Monthly supplement payable until age 65 equal to Credited Service as of August 1, 2009 multiplied by the applicable rate shown below:

	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

If participant has 30 years of Credited Service at retirement, sum of (a) and (b):

(a) Accrued Benefit as of August 1, 2009 (without reductions).

(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.

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.

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 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.

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.

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.

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.

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.

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 31,2025

(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	$182,908.74	$1,237,839.48
	AMERICAN EUROPACIFIC GROWTH FUND CLASS R6 #2616	MUTUAL FUND	$2,502,422.91	$2,612,084.50
	FEDERATED HERMES TREASURY OBLIGATIONS FUND (PRINCIPAL)	MUTUAL FUND	$914,873.28	$914,873.28
	VANGUARD TOTAL STOCK MARKET INDEX FUND - ADM #585	MUTUAL FUND	$2,906,504.79	$3,682,628.89
	IR&M LONG GOVERNMENT/CREDIT FUND LLC	PARTNERSHIP	$36,486,911.50	$36,763,618.41
	PRINCIPAL GROUP REAL ESTATE-T LEVEL	POOLED SEPARATED ACCT	$1,397,441.58	$3,431,223.75

* indicates party -in-interest

Attachment to 2025 Schedule SB, Line 32 – Schedule of Amortization Bases

TWIN DISC, INC. COMBINED RETIREMENT PLAN FOR RACINE HOURLY AND SALARIED EMPLOYEES
(EIN: 39-0667110)
(PN: 004)

TYPE OF BASE	PRESENT VALUE OF REMAINING INSTALLMENTS	VALUATION DATE ESTABLISHED	YEARS REMAINING IN AMORTIZATION PERIOD	AMORTIZATION INSTALLMENT
Shortfall	$4,799,239	01/01/2025	15.0	$446,354
Sum	$4,799,239			$446,354

Attachment to 2025 Schedule SB, Line 25 – Change in Method

TWIN DISC, INC. COMBINED RETIREMENT PLAN FOR RACINE HOURLY AND SALARIED EMPLOYEES
(EIN: 39-0667110)
(PN: 004)

In accordance with Revenue Procedure 2017-56, we have matched the prior actuary's January 1, 2025 valuation results within 3%. Consequently, the change in Enrolled Actuary meets the requirements for automatic approval of a change in actuarial cost method according to IRS guidelines.

Attachment to 2025 Schedule SB, Line 24 – Change in Assumptions

TWIN DISC, INC. COMBINED RETIREMENT PLAN FOR RACINE HOURLY AND SALARIED EMPLOYEES
(EIN: 39-0667110)
(PN: 004)

The plan has changed the assumptions for administrative expenses

Administrative Expense: The assumed plan-related expenses added to the target normal cost were changed from $313,000 for 2024 to $452,000 for 2025.