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. . . . . ▶ [X]

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
THE FREIGHTCAR AMERICA, INC. PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 06/04/1999

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)
FREIGHTCAR AMERICA, INC.

125 SOUTH WACKER DRIVE
SUITE 1500
CHICAGO, IL 60606

2b Employer Identification Number (EIN)
25-1837219

2c Plan Sponsor's telephone number
312-928-0850

2d Business code (see instructions)
336990

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.	10/12/2026	LEAH O'RIORDAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address ☐ Same as Plan Sponsor

BENEFIT PLANS COMMITTEE OF FREIGHTCAR AMERICA, INC.

125 SOUTH WACKER DRIVE
SUITE 1500
CHICAGO, IL 60606

3b Administrator's EIN: 25-1837219

3c Administrator's telephone number: 312-928-0850

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:

a Sponsor's name

c Plan Name

4b EIN

4d PN

5	Total number of participants at the beginning of the plan year	**5**	181
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)**	10
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	10
b	Retired or separated participants receiving benefits	**6b**	92
c	Other retired or separated participants entitled to future benefits	**6c**	61
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	163
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	14
f	Total. Add lines **6d** and **6e**.	**6f**	177
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:

1A 1B 1I 3H

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) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached 0
- (4) ☒ **C** (Service Provider Information)
- (5) ☐ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 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 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
THE FREIGHTCAR AMERICA, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
25-1837219

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	9350424
b Actuarial value	**2b**	9364819

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	100	7643201	7643201
b For terminated vested participants	71	1780516	1780516
c For active participants	10	1028211	1052482
d Total	181	10451928	10476199

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**	5.36 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	258466
c Target normal cost	**6c**	258466

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

09/09/2026
Date

CHRISTOPHER G. BIRCH
Type or print name of actuary

26-07123
Most recent enrollment number

AON CONSULTING, INC.
Firm name

312-381-1000
Telephone number (including area code)

MSC# 17755, P.O. BOX 551343
ATLANTA, GA 30355
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)	2263	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	2263	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of -0.21 %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		58
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 5.11 %		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		58
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	89.39 %
15	Adjusted funding target attainment percentage	15	89.39 %
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	102.28 %
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
09/01/2026	395800	0			
			Totals ► 18(b)	395800	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	362830

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

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

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	62

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**	258466
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	1111380	103626
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**	362092

	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**	362092
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	362830
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	738
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
THE FREIGHTCAR AMERICA, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FREIGHTCAR AMERICA, INC.

D Employer Identification Number (EIN)
25-1837219

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

(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)

AON CONSULTING INC

22-2232264

(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	ACTUARIAL	87175	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

RSM US LLP

47-0714325

(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	AUDITOR	86903	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

GALLAGHER FIDUCIARY ADVISORS LLC

36-4291971

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 50	INVESTMENT ADVISOR	47940	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)

AMERISERV TRUST AND FINANCIAL SRVCS

25-1695966

(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?
25 50	TRUSTEE	9673	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 [ ]

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

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
THE FREIGHTCAR AMERICA, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FREIGHTCAR AMERICA, INC.

D Employer Identification Number (EIN)
25-1837219

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	395800
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	37524	37536
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	138368	57560
(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)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	9167745	8916649
(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)		
(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	9343637	9407545
Liabilities			
1g Benefit claims payable	1g		
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j		
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	9343637	9407545

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)	404512	
(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)		404512
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	4528	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		4528
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	448646	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		448646
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		275257
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1132943
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	680962	
(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)		680962
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)		
(5) Investment advisory and investment management fees	2i(5)	47940	
(6) Bank or trust company trustee/custodial fees	2i(6)	9673	
(7) Actuarial fees	2i(7)	87175	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	243285	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		388073
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1069035
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		63908
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: RSM US LLP **(2)** EIN: 47-0714325

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		7500000
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**			
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 575120.

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
THE FREIGHTCAR AMERICA, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FREIGHTCAR AMERICA, INC.

D Employer Identification Number (EIN)
25-1837219

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): _____ _____

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 0

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

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

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

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

Part III Amendments

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

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

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

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

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

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

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_____.

The FreightCar America, Inc. Pension Plan (formerly The Johnstown America, LLC Bargaining Unit Pension Plan)

Financial Report
December 31, 2025

Contents

Independent auditor's report	1-3
Financial statements	
Statements of net assets available for benefits	4
Statements of changes in net assets available for benefits	5
Notes to financial statements	6-16
Supplementary information	
Schedule H, line 4i—schedule of assets (held at end of year)	17
Schedule H, line 4j—schedule of reportable transactions	18

RSM US LLP

Independent Auditor's Report

Benefit Plans Committee
The FreightCar America, Inc. Pension Plan

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

We have performed audits of the financial statements of The FreightCar America, Inc. Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2025 and 2024, the related statements of changes in net assets available for benefits for the year ended December 31, 2025, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) 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 DOL'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 year ended December 31, 2025, stating that the certified investment information, as described in Note 6 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 accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

- The information in the accompanying financial statements related to assets held by and certified to by a qualified institutions agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meet the requirements of ERISA Section 103(a)(3)(C).

RSM US LLP is the U.S. member firm of RSM International, a global network of independent assurance, tax, and consulting firms.
Visit rsmus.com/aboutus for more information regarding RSM US LLP and RSM International.

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

Responsibilities of Management for the Financial Statements
Management is responsible for the preparation and fair presentation of the financial statements in accordance with U.S. 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 the Plan's ability to continue as a going concern within one year after the date that the financial statements are issued or available to be issued.

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

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.

- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our 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 U.S. 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 U.S. 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 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL'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).

RSM US LLP

Chicago, Illinois
October 8, 2026

The FreightCar America, Inc. Pension Plan

Statements of Net Assets Available for Benefits
December 31, 2025 and 2024

	2025	2024
Assets		
Investments, at fair value	**$ 8,916,649**	$ 9,167,745
Money market account, at fair value	**57,560**	138,368
Receivables:		
Contributions receivable	**395,800**	-
Interest receivable	**37,536**	37,524
Total assets	**9,407,545**	9,343,637
Net assets available for benefits	**$ 9,407,545**	$ 9,343,637

See notes to financial statements.

The FreightCar America, Inc. Pension Plan

Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2025 and 2024

	2025	2024
Contributions:		
Employer	**$ 404,512**	$ 10,255
Investment income:		
Interest and dividends	**453,174**	434,097
Net appreciation (depreciation) in fair value of investments	**275,257**	(382,954)
Total investment income	**728,431**	51,143
Total additions	**1,132,943**	61,398
Deductions:		
Benefits paid to participants	**680,962**	695,203
Trustee fees	**9,673**	10,222
Other administrative expenses	**378,400**	358,589
Total deductions	**1,069,035**	1,064,014
Net increase (decrease)	**63,908**	(1,002,616)
Net assets available for benefits:		
Beginning of year	**9,343,637**	10,346,253
End of year	**$ 9,407,545**	$ 9,343,637

See notes to financial statements.

Note 1. Plan Description

The following description of The FreightCar America, Inc. Pension Plan (the Plan) is provided for general informational purposes only. On December 31, 2016, the Plan changed its name from The Johnstown America, LLC Bargaining Unit Pension Plan. Participants should refer to the Plan document for more complete information.

General: Effective June 4, 1999, FreightCar America, Inc. (FCA) (formerly JAC Holdings International, Inc.) established the Plan as a defined benefit plan, which covers substantially all bargaining unit employees of Johnstown America, LLC (JA LLC or the Company), a wholly owned subsidiary of FCA. The Plan was established in conjunction with FCA's acquisition of JA LLC from Transportation Technologies Industries, Inc. (TTII) on June 3, 1999. Employees become eligible for the Plan upon attainment of age 21 and one year of continuous service. Refer to the Plan document for conditions of eligibility for employees incurring a break in continuous service.

Pension benefits for covered employees, which accrued as a result of employee service before June 3, 1999, remain the responsibility of TTII (for employee service during the period from October 28, 1991 through June 3, 1999) or Bethlehem Steel Corporation (BSC), the owners of JA LLC prior to TTII, for the period prior to October 28, 1991. No assets or liabilities of TTII's or BSC's pension plans have been transferred to this Plan. Rather, the Plan is coordinated with TTII's and BSC's plans by granting full past service credit and then offsetting all benefits payable from the TTII plan or the BSC plan. BSC had previously declared bankruptcy, and effective May 1, 2005, the Plan was amended to make whole participants of the Plan who retire on or after January 21, 2002, and before the termination date of JA LLC's 2005–2008 collective-bargaining agreement with the United Steelworkers to pay from this Plan any benefits that would have otherwise been paid by the BSC plan but have not been paid by either the BSC plan, BSC, or the Pension Benefit Guaranty Corporation (PBGC), a U.S. government agency.

Effective December 31, 2016, The Johnstown America, LLC Salaried Pension Plan (the Salaried Plan) and The Johnstown America Office & Tech Pension Plan (the O&T Plan) merged into the Plan (the Merger). Participants who participated in this Plan prior to the Merger are herein referred to as Bargaining Unit Participants. Participants who participated in the O&T Plan prior to the Merger are herein referred to as O&T Participants. Participants who participated in the Salaried Plan prior to the Merger are herein referred to as Salaried Participants.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Benefits: The Plan provides for pension, disability, and surviving spouse benefits. Monthly benefit payments are determined for each participant according to the retirement option selected. When a married participant retires, the normal benefit under the Plan is a qualified joint and 50% survivor annuity with the participant's spouse. For an unmarried participant, the normal retirement benefit is a single life annuity. A married participant may elect to receive benefits in a form other than a joint and 50% survivor annuity with their spouse's written permission. In addition, a married participant may elect the spouse to receive a preretirement survivor annuity, as defined in the Plan document.

Note 1. Plan Description (Continued)

The pension benefit under normal retirement is a special initial pension amount (in certain circumstances defined in the Plan document) and a monthly payment equal to the greater of the percent pension or the minimum pension for participants who retire, determined as follows:

The percent pension: A monthly amount equal to the participant's average monthly earnings (average monthly earnings are determined from the five consecutive years of highest earnings out of the last 120 calendar months of continuous service prior to retirement) multiplied by:

a. For Bargaining Unit Participants and O&T Participants, a percentage that is 1.2% times years of service up to 30 years and 1.3% times years of service over 30 years.

b. For Salaried Participants, a percentage that is 1.35% times years of service.

The minimum pension: The minimum pension is a dollar amount multiplied by the number of continuous years of service, except that the dollar amount is different for different portions of the participant's service. The minimum monthly pension benefit is calculated as follows:

a. For Bargaining Unit Participants and O&T Participants:

- Service accrued before February 1, 2005—$40 per year of service
- Service accrued on or after February 1, 2005—$50 per year of service

b. For Salaried Participants:

- Service accrued before May 1, 2005—$40 per year of service
- Service accrued on or after May 1, 2005—$50 per year of service

The total retirement benefit pension: The total retirement benefit pension is available only to O&T Participants and Salaried Participants who had been paid as a salaried employee for at least 60 months at any time prior to retirement, including at least the 12 consecutive months ending immediately prior to retirement.

- For O&T Participants, the total retirement benefit pension is calculated as follows: 1.05 times the product of average monthly earnings (average monthly earnings are determined from the five consecutive years of highest earnings out of the last 120 calendar months of continuous service prior to retirement), multiplied by 1.5%, multiplied by the number of years of continuous service reduced by 0.475% (at age 62) or 3% (prior to age 62), multiplied by the number of years between the date of retirement and age 62.

- For Salaried Participants, the total retirement benefit pension is calculated as follows: 1.05 times the product of average monthly earnings (average monthly earnings are determined from the five consecutive years of highest earnings out of the last 120 calendar months of continuous service prior to retirement), multiplied by 1.5% (1.6% effective May 1, 2005), multiplied by the number of years of continuous service reduced by 0.475% (at age 62) or 3% (prior to age 62) (1.2% effective May 1, 2005, prior to age 60), multiplied by the number of years between the date of retirement and age 62 (age 60 effective May 1, 2005).

Note 1. Plan Description (Continued)

Normal retirement age under the Plan is 65 upon completion of five years of continuous service. Specific terms of the Plan provide other retirement options with a combination of factors of age and years of credited service.

Rule-of-65 retirement, as defined in the Plan document, provides that, when there is a layoff or disability of two years and the employee has worked 20 years of continuous service as of last day worked and has not obtained the age of 55, the employee will be entitled to receive benefits immediately.

- For Bargaining Unit Participants and O&T Participants, in accordance with the settlement agreement ratified in November 2004 and the collective-bargaining agreement executed in the first quarter of 2005, as implemented by appropriate Plan amendments adopted on May 18, 2005, the Rule-of-65 retirement applies only to benefits accrued up to May 18, 2005.

- For Salaried Participants, the Second Amendment to the Salaried Plan (September 2003) eliminated Rule-of-65 retirement with respect to benefits accruing after that amendment was adopted.

70/80 retirement, as defined in the Plan document, provides that, when there is a layoff, disability, or permanent shutdown of a plant and the employee has not attained the age of 62 years and has worked at least 15 years of continuous service and (a) who has attained the age of 55 years and whose combined age and years of continuous service shall equal 70 or more or (b) whose combined age and continuous service shall equal 80 or more the employee will be eligible to retire and, upon retirement, be eligible for a pension.

Surviving spouse's benefit: For Bargaining Unit Participants and O&T Participants, the surviving spouse's benefit of a participant who has completed at least 15 years of continuous service is the higher of two amounts:

1. The first amount is $200 for each month before the surviving spouse attains the age at which widow's or widower's benefits are first provided under Title II of the Social Security Act or the Railroad Retirement Act (generally, age 60) and $150 for each month thereafter.

2. The second amount is 50% of the amount of the participant's regular pension as if the participant had retired on the date of their death or, if the participant were under age 62, as if they were age 62 (this includes a pro rata reduction for part-time employees). Once the surviving spouse becomes entitled to widow's or widower's benefits under Title II of the Social Security Act or the Railroad Retirement Act, however, this benefit is reduced by 50% of the benefit that the widow or widower is entitled to (or would become entitled to if he or she applied for it), without regard to any offset or suspension under the law. If the surviving spouse is not eligible for widow's or widower's benefits, the reduction will nevertheless be applied as if he or she had been eligible and had applied for the benefit. As an exception, if the surviving spouse receives any payment that would have been subtracted from the participant's basic amount as an "other pension" if the participant had received it, it will likewise be subtracted from this second amount (except any portion attributable to the participant's contributions).

For Salaried Participants, the surviving spouse of a participant who has completed at least 15 years of continuous service is eligible for benefits payable as follows:

1. For each month until the surviving spouse becomes eligible for Social Security, 50% of the participant's pension or, if higher, a minimum benefit of $140 per month.

Note 1. Plan Description (Continued)

2. For each month after the surviving spouse becomes eligible for Social Security, 50% of the participant's pension less 50% of the surviving spouse's Social Security benefit or, if higher, a minimum benefit of $90 ($140 effective May 1, 2005) per month.

The surviving spouse's benefit under this subsection begins with the month following the month in which the participant died and continues through the month in which the surviving spouse dies.

The Plan also provides certain benefits to employees considered totally and permanently disabled.

During May 2002, the Plan was amended to eliminate a supplemental payment of $400 per month which was available to Bargaining Unit Participants who retired on a 70/80 or Rule-of-65 pension. In connection with the elimination of Rule-of-65 retirement, as discussed above, the $400 supplemental benefit payment was amended to be treated as follows:

a. For participants who, after February 25, 2005, satisfy the eligibility requirements previously in effect for Rule-of-65 retirement and who take Rule-of-65 retirement before January 1, 2010 (with respect to that portion of their benefit which had accrued up to February 25, 2005), shall be paid a $400 per month supplement that accompanies Rule-of-65 retirement.

b. For participants who, after February 25, 2005, satisfy the eligibility requirements previously in effect for Rule-of-65 retirement and who take Rule-of-65 retirement on or after January 1, 2010 (with respect to that portion of their benefit which had accrued up to February 25, 2005), the $400 per month supplement that accompanies Rule-of-65 retirement shall be paid pro rata under the following formula: $400 multiplied by the ratio of the participant's continuous service as of January 1, 2010, over the participant's continuous service on the date of actual retirement.

Effective September 1, 2003, the Rule-of-65 retirement and 70/80 retirement are no longer in effect for Salaried Participants. Salaried Participants who satisfy the preamendment conditions for Rule-of-65 and 70/80 retirements shall remain entitled to the Rule-of-65 and 70/80 retirements but only with respect to that portion of the benefit which accrued on or before September 1, 2003.

Effective January 1, 2005, the Plan is closed to all Salaried Participants who are new employees of JA LLC hired on or after January 1, 2005. Participation in this Plan is limited to a closed group of Salaried Participants no greater than the class of participants as of December 31, 2004.

In 2008, in connection with a union settlement to shut down one of FCA's plants, the Plan was amended primarily to extend service accrual toward vesting for certain Bargaining Unit Participants and O&T Participants no longer on active employment with JA LLC and, effective May 16, 2008, to freeze the Plan for Bargaining Unit Participants and O&T Participants. As a result of the freeze, no new Bargaining Unit Participants or O&T Participants will be admitted to the Plan after the effective date of the amendment. In addition, there will be no further accrual of pension benefits for existing Bargaining Unit Participants and O&T Participants after May 16, 2008, and all existing Bargaining Unit Participants and O&T Participants became fully vested in their benefits in accordance with the terms of the Plan and the Internal Revenue Code (IRC).

The Company suspended and froze this Plan as of December 31, 2009, for Salaried Participants. There will be no further accrual of pension benefits for existing Salaried Participants after December 31, 2009, and all existing Salaried Participants became fully vested in their benefits in accordance with the terms of the Plan and the IRC.

Note 1. Plan Description (Continued)

Contributions: The Company's funding policy is to make quarterly contributions to the Plan to meet minimum funding requirements, as determined by the Plan's independent actuary. No voluntary employee contributions are permitted. The Plan is in compliance with applicable ERISA minimum funding requirements as of December 31, 2025 and 2024. There were $395,800 and $0 of employer contributions receivable to the Plan during the years ended December 31, 2025 and 2024, respectively. There were approximately $8,700 and $10,300 of employer contributions made to the Plan during the years ended December 31, 2025 and 2024, respectively.

Vested benefits: Except as noted above, employees become 100% vested in their benefits upon completion of five years of service with no vesting until such time.

Plan administration: The Plan is administered by the Company. All assets are held in a trust fund administered by Ameriserv Wealth & Capital Management (the Trustee), the Trustee of the Plan.

Note 2. Summary of Significant Accounting Policies

Basis of accounting: The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

Use of estimates: The preparation of financial statements in conformity with U.S. GAAP requires Plan management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates. The Plan utilizes various investment instruments. Investment securities, in general, are exposed to various risks, such as interest rate, credit and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits. The Plan uses an actuary to determine the actuarial present value of accumulated plan benefits. A change in the actuarial assumptions used could significantly change the amount of the actuarial present value of accumulated plan benefits reported in the accompanying financial statements.

Subsequent events: The Plan Administrator has evaluated subsequent events for potential recognition and/or disclosure through October 8, 2026, the date the financial statements were available to be issued.

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. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by the investment advisors and custodians. See Note 7 for discussion of fair value measurements.

Securities traded on a national securities exchange are valued at the last reported sales price on the last business day of the plan year; investments traded on the over-the-counter market and listed securities for which no sale was reported on that date are valued at the average of the last reported bid and ask prices. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Note 2. Summary of Significant Accounting Policies (Continued)

Administrative expenses: The Trustee fees and other Plan expenses, including insurance premiums, accounting fees and administrative fees, are paid directly by the Plan. See Note 9 for Trustee fees paid. The Plan paid $388,073 and $368,811 for other Plan expenses during the years ended December 31, 2025 and 2024, respectively.

Payment of benefits: Benefits are recorded when paid.

Actuarial present value of accumulated plan benefits: The actuarial present value of accumulated plan benefits, determined by the Plan's actuary, is the amount 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, withdrawals or retirement) between the valuation dates and the expected dates of payment.

Accumulated plan benefits include benefits expected to be paid to (a) retired and terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits payable under all circumstances are included to the extent they are deemed attributable to employee service rendered to the valuation date.

The more significant assumptions underlying the actuarial computations as of January 1, 2025, the Plan's valuation date, are as follows:

Actuarial cost method	Standard Unit Credit Cost Method
Expected long-term rate of return on Plan assets	3.00% as of January 1, 2025
Mortality basis after normal retirement	The aggregate base rates from the Pri-2012 mortality study projected generationally from 2012 with Scale MP-2021 The contingent survivor base rates from the Pri-2012 mortality study projected generationally from 2012 with Scale MP-2021 The disabled retiree base rates from the Pri-2012 mortality study projected generationally from 2012 with Scale MP-2021
Normal retirement age	Age 65 and five years of service

The actuarial computations' expected long-term rate of return on Plan assets was 3.00% as of January 1, 2025 and 2024.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan was to terminate, different actuarial assumptions might be applicable in determining the actuarial present value of accumulated plan benefits.

The actuarial valuations are done using the beginning-of-the-year method. Therefore, the accumulated plan benefits as of December 31, 2024, are presented from information provided by the actuary as of January 1, 2025. There were no changes in the Plan's provisions or coverage from December 31, 2024 to January 1, 2025.

Note 3. Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits (as determined on January 1, 2025) as of January 1, 2025, is summarized as follows:

Vested benefits:	
Retired participants currently receiving payments	$ 9,524,767
Participants with deferred benefits	2,617,872
Other participants	1,408,309
Total vested benefits	13,550,948
Nonvested benefits	28,952
Total actuarial present value of accumulated plan benefits	$ 13,579,900

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

Actuarial present value of accumulated plan benefits, January 1, 2024	$ 14,140,496
Increase (decrease) during the year attributable to:	
Interest accumulation	413,938
Benefits paid	(690,199)
Assumption changes	6,502
Benefits accumulated	(290,837)
Net decrease	(560,596)
Actuarial present value of accumulated plan benefits, January 1, 2025	$ 13,579,900

Note 4. Plan Termination and Pension Benefit Guaranty Corporation Matters

In the event the Plan is terminated, the net assets of the Plan will be allocated for payment of plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations thereunder, and the Plan document.

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

Some benefits may be fully or partially provided for by the then-existing assets and PBGC guaranty while other benefits may not be provided for at all. Generally, the PBGC guarantees most vested normal-age retirement benefits, early retirement benefits, and certain disability and surviving benefits. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC.

Note 5. Federal Income Tax Status

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated November 17, 2015, that the Plan and related trust were designed in accordance with the applicable regulations of the IRC. The Plan has been amended since receiving the determination letter. However, the Company and the Plan Administrator believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

U.S. GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audit by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 6. Information Certified by Ameriserv Wealth & Capital Management

The following is a summary of the Plan's asset information as of December 31, 2025 and 2024, and for the year ended December 31, 2025, included throughout the Plan's financial statements and ERISA-required supplemental schedules, obtained by management and agreed to or derived from information certified as complete and accurate by Ameriserv Wealth & Capital Management, a qualified institution. Accordingly, as permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the information which appears throughout the financial statements and supplemental schedules related to the following assets and income.

	2025	2024
Statements of net assets available for benefits:		
Investments, at fair value—mutual funds:		
PIMCO Long-Term US Government Instl	$ 1,592,705	$ 1,627,986
PIMCO Investment Grade Credit Bond Instl	4,383,929	4,530,154
PIMCO Long-Term Credit Bond Fund	2,940,015	3,009,605
Total	$ 8,916,649	$ 9,167,745
Money market account, at fair value	$ 57,560	$ 138,368
Interest receivable	37,536	37,524
Statements of changes in net assets available for benefits—investment income:		
Interest and dividends	453,174	434,097
Net appreciation (depreciation) in fair value of investments	275,257	(382,954)

Note 7. Fair Value Measurements

The Plan performs fair value measurements in accordance with Financial Accounting Standards Board Accounting Standards Codification (ASC) 820 which defines fair value as the price that would be received from selling an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. When determining the fair value measurements for assets and liabilities required to be recorded at fair value, the Plan considers the principal or most advantageous market in which it would transact and considers assumptions that market participants would use when pricing the asset or liability, such as inherent risk, transfer restrictions, and risk of nonperformance. ASC 820 also establishes a fair value hierarchy that requires the Plan to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The hierarchy establishes three levels of inputs that may be used to measure fair value:

Level 1: Inputs are unadjusted quoted prices in active markets for identical assets or liabilities.

Level 2: Inputs other than Level 1 that are observable, either directly or indirectly, such as quoted prices in active markets for similar assets or liabilities, quoted prices for identical or similar assets or liabilities in markets that are not active, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.

Level 3: Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities.

Following is a description of the valuation methodology used for assets at fair value. There have been no changes in the methodology used at December 31, 2025 and 2024.

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

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

Note 7. Fair Value Measurements (Continued)

Assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The following table sets forth by level, within the fair value hierarchy, a summary of the Plan's investments measured at fair value on a recurring basis at December 31, 2025 and 2024:

	Investments at Fair Value			
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	Total
December 31, 2025:				
Mutual funds	$ 8,916,649	$ -	$ -	$ 8,916,649
Money market account	57,560	-	-	57,560
Total assets at fair value	$ 8,974,209	$ -	$ -	$ 8,974,209
December 31, 2024:				
Mutual funds	$ 9,167,745	$ -	$ -	$ 9,167,745
Money market account	138,368	-	-	138,368
Total assets at fair value	$ 9,306,113	$ -	$ -	$ 9,306,113

Changes in fair value levels: To assess the appropriate classification of investments within the fair value hierarchy, the availability of market data is monitored. Changes in economic conditions or valuation techniques may require the transfer of investments from one fair value level to another. In such instances, the transfer is reported at the end of the reporting period.

Plan management evaluates the significance of transfers between levels based upon the nature of the investment and size of the transfer relative to total net assets available for benefits. For the year ended December 31, 2025, there were no transfers in or out of Level 3.

Note 8. Reconciliation Between Financial Statements and Form 5500

Net increase in net assets available for benefits per financial statements	$ 63,908
Interest and dividends	1
Administrative expenses	(1)
Net increase in net assets available for benefits per Form 5500	$ 63,908

Note 9. Related-Party and Party-in-Interest Transactions

Plan investments consist of investments in funds administered by the Trustee, as defined by the Plan, and therefore, these transactions qualify as exempt party-in-interest transactions. The Plan has not considered Company contributions to the Plan or benefits paid by the Plan for participants as party-in-interest transactions. The Plan paid $9,673 and $10,222 in Trustee fees during the years ended December 31, 2025 and 2024, respectively.

Note 10. Risks and Uncertainties

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

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

Supplementary Information

Schedule SB Attachment (Form 5500) —2025 Plan Year
The FreightCar America, Inc. Pension Plan
EIN: 25-1837219 PN: 001

Schedule SB, line 26a — Schedule of Active Participant Data as of January 1, 2025

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39										
40-44										
45-49				1						
50-54				2						
55-59					1	3				
60-64					2	1				
65-69										
70+										

N-10

Schedule SB Attachment (Form 5500) —2025 Plan Year
The FreightCar America, Inc. Pension Plan
EIN: 25-1837219 PN: 001

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2024), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA
1st Segment Rate	5.07%
2nd Segment Rate	5.31%
3rd Segment Rate	5.50%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month lookback (as of September 2024), without regard to interest rate stabilization
1st Segment Rate	5.07%
2nd Segment Rate	5.33%
3rd Segment Rate	5.36%
Optional Payment Form Election Percentage	100% elect single life annuity
Optional Payment Form Conversion Interest Rate	N/A
Optional Payment Form Conversion Mortality	N/A
Retirement Age	
Active Participants	See Tables 1–2
Terminated Vested Participants	Age 65 unless eligible for unreduced benefit at age 62
Mortality Rates	
Healthy and Disabled	2012 base mortality rates for annuitants and non annuitants per §1.430(h)(3)-1(d), projected generationally for years beyond 2012 using IRS-prescribed mortality improvement rates per §1.430(h)(3)-1(b)(iii)
Withdrawal Rates	See Table 3
Disability Rates	See Table 4
Decrement Timing	Middle of year decrements (except that retirement is assumed to occur at the beginning of the year for ages where the assumed retirement rate is 100%)
Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.

Schedule SB Attachment (Form 5500) —2025 Plan Year
The FreightCar America, Inc. Pension Plan
EIN: 25-1837219 PN: 001

Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of $280,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2023 Plan Year	3.00%
2024 Plan Year	3.00%
2025 Plan Year	3.00%
Trust Expenses Included in Target Normal Cost	$258,466
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2025

Actuarial Assumptions and Methods

Table 1

Retirement Rates — Former Bargaining Unit Pension Plan Participants

Age	Years of Service	
	0-29	30+
45	0.00%	8.00%
46	0.00%	8.00%
47	0.00%	8.00%
48	0.00%	8.00%
49	0.00%	8.00%
50	0.00%	8.00%
51	0.00%	8.00%
52	0.00%	8.00%
53	0.00%	10.00%
54	0.00%	10.00%
55	0.00%	10.00%
56	0.00%	15.00%
57	0.00%	15.00%
58	0.00%	15.00%
59	0.00%	15.00%
60	10.00%	20.00%
61	10.00%	20.00%
62	70.00%	70.00%
63	20.00%	20.00%
64	20.00%	20.00%
65+	100.00%	100.00%

Table 2

Retirement Rates — Former Salaried Pension Plan Participants

Age	Years of Service	
	0-29	30+
45	0.00%	2.00%
46	0.00%	2.00%
47	0.00%	2.00%
48	0.00%	2.00%
49	0.00%	2.00%
50	0.00%	2.00%
51	0.00%	2.00%
52	0.00%	2.00%
53	0.00%	15.00%
54	0.00%	15.00%
55	0.00%	20.00%
56	0.00%	20.00%
57	0.00%	10.00%
58	0.00%	10.00%
59	0.00%	10.00%
60	10.00%	20.00%
61	10.00%	20.00%
62	70.00%	70.00%
63	20.00%	20.00%
64	20.00%	20.00%
65+	100.00%	100.00%

Table 3

Withdrawal Rates

Age	Male	Female
35	3.10%	5.10%
36	2.90%	4.80%
37	2.70%	4.50%
38	2.40%	4.30%
39	2.20%	4.10%
40	2.00%	3.90%
41	1.80%	3.70%
42	1.70%	3.40%
43	1.60%	3.20%
44	1.50%	3.00%
45	1.30%	2.80%
46	1.20%	2.50%
47	1.10%	2.30%
48	1.00%	2.10%
49	0.80%	1.80%
50	0.70%	1.40%
51	0.50%	1.00%
52	0.30%	0.70%
53	0.20%	0.40%
54	0.10%	0.10%
55+	0.00%	0.00%

Table 4

Disability Rates

Age	Male	Female	Age	Male	Female
35	0.05%	0.10%	55	0.96%	0.89%
36	0.06%	0.11%	56	1.07%	0.96%
37	0.07%	0.13%	57	1.20%	1.04%
38	0.08%	0.14%	58	1.33%	1.12%
39	0.09%	0.16%	59	1.47%	1.19%
40	0.11%	0.18%	60	1.61%	1.27%
41	0.12%	0.21%	61	1.77%	1.34%
42	0.14%	0.24%	62	1.94%	1.41%
43	0.17%	0.27%	63	2.11%	1.47%
44	0.19%	0.30%	64+	2.29%	1.52%
45	0.22%	0.34%			
46	0.25%	0.37%			
47	0.29%	0.41%			
48	0.34%	0.46%			
49	0.40%	0.51%			
50	0.46%	0.56%			
51	0.55%	0.62%			
52	0.65%	0.68%			
53	0.75%	0.75%			
54	0.85%	0.82%			

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. . . . . ▶ [X]

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
THE FREIGHTCAR AMERICA, INC. PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 06/04/1999

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)

FREIGHTCAR AMERICA, INC.

125 SOUTH WACKER DRIVE
SUITE 1500
CHICAGO IL 60606

2b Employer Identification Number (EIN) 25-1837219

2c Plan Sponsor's telephone number 312-928-0850

2d Business code (see instructions) 336990

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	Signature of plan administrator	Date 10/12/26	LEAH O'RIORDAN 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

The FreightCar America, Inc. Pension Plan

Schedule H, Line 4j—Schedule of Reportable Transactions
Year Ended December 31, 2025

Employer Identification Number: 25-1837219
Plan Number: 001

(a) Identity of Party Involved	(b) Description of Asset	No. of Transactions	(c) Purchase Price	(d) Selling Price	(e) Cost of Asset	(f) Current Value of Asset on Transaction Date	(g) Net Loss
Series of transactions in same security:							
Goldman Sachs	Goldman Sachs Prime Obligations Fund	24	$ 989,172	$ -	$ 989,172	$ 989,172	$ -
Goldman Sachs	Goldman Sachs Prime Obligations Fund	45	-	1,070,086	1,070,086	1,070,086	-
Pacific Investment Management Company	PIMCO Investment Grade Credit Bond Instl	12	213,479	-	213,479	213,479	-
Pacific Investment Management Company	PIMCO Investment Grade Credit Bond Instl	5	-	515,000	516,154	515,000	(1,154)
Pacific Investment Management Company	PIMCO Long-Term Credit Bond Fund	12	172,440	-	172,440	172,440	-
Pacific Investment Management Company	PIMCO Long-Term Credit Bond Fund	5	-	320,000	346,821	320,000	(26,821)

* Party-in-interest.

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
The FreightCar America, Inc. Pension Plan

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
FreightCar America, Inc.

D Employer Identification Number (EIN)
25-1837219

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	9,350,424
b Actuarial value	**2b**	9,364,819

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	100	7,643,201	7,643,201
b For terminated vested participants	71	1,780,516	1,780,516
c For active participants	10	1,028,211	1,052,482
d Total	181	10,451,928	10,476,199

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**	5.36%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	258,466
c Target normal cost	**6c**	258,466

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

Christopher G. Birch CGB
Signature of actuary

09/09/2026
Date

Christopher G. Birch
Type or print name of actuary

2607123
Most recent enrollment number

Aon Consulting, Inc.
Firm name

312-381-1000
Telephone number (including area code)

MSC# 17755, P.O. Box 551343

Atlanta GA 30355
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)	2,263	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	2,263	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of -0.21%	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		58
	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 5.11%		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		58
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	89.39%
15	Adjusted funding target attainment percentage	15	89.39%
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	102.28%
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
09/01/2026	395,800	0			
			Totals ► 18(b)	395,800	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	362,830

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:

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

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	62

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**	258,466
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	1,111,380	103,626
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**	362,092

	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**	362,092
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	362,830
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	738
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

Schedule SB Attachment (Form 5500) —2025 Plan Year
The FreightCar America, Inc. Pension Plan
EIN: 25-1837219 PN: 001

Schedule SB, line 19 — Discounted Employer Contributions

Year applied for contributions: 2025

Date	Amount	Days to Discount to 1/1/2025 at 5.36%	Interest Adjusted Contribution
September 1, 2026	$ 395,800	608	$ 362,830
Total Contribution	$ 395,800		$ 362,830

Schedule SB Attachment (Form 5500) —2025 Plan Year
The FreightCar America, Inc. Pension Plan
EIN: 25-1837219 PN: 001

Schedule SB, line 22 — Description of Weighted Average Retirement Age

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 beginning of year.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
60	10.00%	1.0000	6.00
61	10.00%	0.9000	5.49
62	70.00%	0.8100	35.15
63	20.00%	0.2430	3.06
64	20.00%	0.1944	2.49
65	100.00%	0.1555	10.11
Weighted Average			62.30

Schedule SB Attachment (Form 5500) —2025 Plan Year
The FreightCar America, Inc. Pension Plan
EIN: 25-1837219 PN: 001

Schedule SB, Part V — Summary of Plan Provisions

Effective Date	June 4, 1999
Eligibility	Age 21 and one year of service.
Plan Status	Benefit accruals are frozen as of January 26, 2009.
Normal Retirement	
Eligibility	Age 65 and five years of service.
Benefit	Regular monthly benefit plus special payment (if 10 or more years of service).
Regular Monthly Benefit	Maximum of (1) and (2) minus (3) and (4). (1) Average monthly earnings times: 1.20% times service up to 30 years plus 1.30% times service after 30 years. (2) (Monthly minimum pensions times service) plus ($1.50 times service in excess of 15 years) plus ($1.50 times services in excess of 30 years). Monthly minimum pensions are: Effective February 1, 2005, for the P&M Hourly Plan, the benefit under (2) is determined as: ($40.00 times service before February 2005) plus ($50.00 times service after January 2005). (3) Accrued monthly benefit from Bethlehem Steel Corporation Pension Plans for service prior to October 28, 1991. (4) Accrued monthly benefit from Transportation Technologies Pension Plans for service prior to June 4, 1999.
Special Payment	Thirteen or 14 weeks of vacation pay minus vacation taken in retirement year. This payment is in lieu of the first three months of regular pension payments.
Early Unreduced Retirement	
Eligibility	Age 62 and 15 years of service or 30 years of service.
Benefit	Regular benefit plus special payment.

Early Reduced Retirement

Eligibility: Age 60 with 15 years of service.

Benefit: Reduced regular benefit plus special payment.

Age at Start Pension	Regular Benefit Reduction
60	16.18%
61	8.55%
62	0.00%

Vested Retirement

Eligibility: Five years of service.

Benefit: Accrued regular pension payable at age 65 or payable unreduced at age 62 if terminated at or over age 40 with at least 15 years of service. If a participant terminates prior to age 40 or with less than 15 years of service, benefits are payable on an actuarially equivalent basis at age 60.

Special Early Retirement Window for P&M Hourly Plan

Effective February 1, 1998, participants in the P&M Hourly Plan who have 30 years of service and who retire prior to October 2001 receive a $400 temporary supplemental retirement payable until age 62. Participants with 30 years of service who retired prior to June 30, 1998 received an additional $100 monthly supplement payable until age 62.

The plan was amended effective in 2004 to provide a $400 temporary supplement to age 62 for those participants retiring between January 1, 2002 and May 15, 2008, with 30 years of service.

Disability Retirement

Eligibility: Fifteen years of service upon total and permanent disability.

Benefit: Accrued regular pension payable immediately, plus a $400 per month supplement paid until age 62 if not eligible for a public pension.

Surviving Spouse Benefit

Eligibility	Fifteen years of service.
Benefit	
Prior to Age 60	Monthly benefit equal to the greater of: (1) $200 (2) 50% of accrued regular monthly benefit
After Age 60	Monthly benefit equal to the greater of: (1) $150 (2) 50% of accrued regular monthly benefit minus 50% of Social Security widower's monthly benefit

Prepension Spouse Coverage

Eligibility	Age 55 with 15 years of service or age 60 with 10 years of service. Effective two years after election by participant.
Benefit	50% of accrued benefit reduced for joint and survivor option. Paid in addition to surviving spouse benefit.
Charge	Participant's retirement benefit reduced 0.70% for each year coverage in effect.

Preretirement Survivor Annuity Coverage

Eligibility	Five years of service.
Benefit	50% of accrued benefit reduced for joint and survivor option. Further reduced by any surviving spouse benefit. No benefit if prepension spouse coverage elected.
Participant Charge	None if coverage declined or if prepension spouse coverage elected, else:

Age	Annual Reduction
Under 35	0.00%
35 to 49	0.10%
50 to 59	0.30%
60 or over	0.50%

Shutdown/Layoff Retirement Benefit

Eligibility	Age plus service equal to at least 80; or Age 55 with age plus service equal to at least 70; or 20 years of service with age plus service equal to at least age 65 (layoff only).
Benefit	Regular pension plus special payment plus a $400 per month supplement paid until age 62 if not eligible for a public pension.
Unreduced Form of Benefit	Life annuity.

Definitions

Average Monthly Earnings	Highest 60 consecutive months of earnings out of last 120 months divided by 60.
Earnings	Participant's pay including Section 401(k) deferrals less the $0.95 per hour cost of living adjustment.
Service	Elapsed time measured on years and months since last hiring date. Includes service with Bethlehem Steel Corporation. For active participants with 25 years of service on November 1, 1991, an extra month of service shall be credited for every month of service between November 1, 1991 and October 31, 1994. For participants that remain active after January 26, 2009; benefit service is frozen as of that date but eligibility service continues to accrue.

Former USWA Office & Technical Salaried Pension Plan

Effective Date	June 4, 1999.
Eligibility	Age 21 and one year of service.
Normal Retirement	
Eligibility	Age 65 and five years of service.
Benefit	Regular monthly benefit plus special payment (if 10 or more years of service).
Regular Monthly Benefit	Maximum of (1), (2), and (3) minus (4) and (5). (1) Average monthly earnings times: 1.20% times service up to 30 years plus 1.30% times service after 30 years. (2) (Monthly minimum pensions times service) plus ($1.50 times service in excess of 15 years) plus ($1.50 times services in excess of 30 years). Monthly minimum pensions are: Effective February 1, 2005, for the P&M Hourly Plan, the benefit under (2) is determined as: ($40.00 times service before February 2005) plus ($50.00 times service after January 2005). (3) 1.50% of average monthly earnings times service minus 45% of Social Security primary insurance amount. (Reduction begins at age 62.) (4) Accrued monthly benefit from Bethlehem Steel Corporation Pension Plans for service prior to October 28, 1991. (5) Accrued monthly benefit from Transportation Technologies Pension Plans for service prior to June 4, 1999.
Special Payment	Thirteen or 14 weeks of vacation pay minus vacation taken in retirement year. This payment is in lieu of the first three months of regular pension payments.
Early Unreduced Retirement	
Eligibility	Age 62 and 15 years of service or 30 years of service.
Benefit	Regular benefit plus special payment, (part c of regular benefit reduced 3.00% for each year prior to age 62; 3.00% reduction ceases at age 62, at which point benefit is recalculated and Social Security reduction applies).

Early Reduced Retirement

Eligibility — Age 60 with 15 years of service.

Benefit — Reduced regular benefit plus special payment.

Age at Start Pension	Regular Benefit Reduction
60	16.18%
61	8.55%
62	0.00%

Vested Retirement

Eligibility — Five years of service.

Benefit — Accrued regular pension payable at age 65 or payable unreduced at age 62 if terminated at or over age 40 with at least 15 years of service. If a participant terminates prior to age 40 or with less than 15 years of service, benefits are payable on an actuarially equivalent basis at age 60.

Disability Retirement

Eligibility — Fifteen years of service upon total and permanent disability.

Benefit — Accrued regular pension payable immediately (part (c) of the regular benefit reduced 3% for each year prior to age 62; 3.00% reduction ceases at age 62, at which point Social Security reduction applies) plus a $400 per month supplement paid until age 62 if not eligible for a public pension.

Surviving Spouse Benefit

Eligibility — Fifteen years of service.

Benefit

Prior to Age 60 — Monthly benefit equal to the greater of:

(1) $140

(2) 50% of accrued regular monthly benefit

After Age 60 — Monthly benefit equal to the greater of:

(1) $140

(2) 50% of accrued regular monthly benefit minus 50% of Social Security widower's monthly benefit

Prepension Spouse Coverage

Eligibility	Age 55 with 15 years of service or age 60 with 10 years of service. Effective two years after election by participant.
Benefit	50% of accrued benefit reduced for joint and survivor option. Paid in addition to surviving spouse benefit.
Charge	Participant's retirement benefit reduced 0.70% for each year coverage in effect.

Preretirement Survivor Annuity Coverage

Eligibility	Five years of service.
Benefit	50% of accrued benefit reduced for joint and survivor option. Further reduced by any surviving spouse benefit. No benefit if prepension spouse coverage elected.

Participant Charge

None if coverage declined or if prepension spouse coverage elected, else:

Age	Annual Reduction
Under 35	0.00%
35 to 49	0.10%
50 to 59	0.30%
60 or over	0.50%

Shutdown/Layoff Retirement Benefit

Eligibility	Age plus service equal to at least 80; or Age 55 with age plus service equal to at least 70; or 20 years of service with age plus service equal to at least age 65 (layoff only).
Benefit	Regular pension plus special payment plus a $400 per month supplement paid until age 62 if not eligible for a public pension. (Part (c) of the regular pension benefit reduced 3.00% for each year prior to age 62; 3.00% reduction ceases at age 62, at which point benefit is recalculated and Social Security reduction applies).

Unreduced Form of Benefit	Life annuity.
Definitions	
Average Monthly Earnings	Highest 60 consecutive months of earnings out of last 120 months divided by 60.
Earnings	Participant's pay including Section 401(k) deferrals less the $0.95 per hour cost of living adjustment.
Service	Elapsed time measured on years and months since last hiring date. Includes service with Bethlehem Steel Corporation. For active participants with 25 years of service on November 1, 1991, an extra month of service shall be credited for every month of service between November 1, 1991 and October 31, 1994.

Former Salaried Pension Plan

Effective Date	June 4, 1999.
Eligibility	Age 21 and one year of service; employees hired on or after January 1, 2005 are not eligible.
Plan Freeze	Effective December 31, 2009 all future accruals in the plan are frozen.
Normal Retirement	
Eligibility	Age 65 and five years of service.
Benefit	Regular monthly benefit plus special payment (if 10 or more years of service).
Regular Monthly Benefit	Maximum of (1), (2), and (3) minus (4) and (5). (1) 1.35% times average monthly earnings times service. (2) ($40.00 times service before May 2005) plus ($50.00 times service after April 2005). (3) 1.05 times below: (1.60% of average monthly earnings times service) minus (0.475% of Social Security covered compensation times service (maximum 35 years)). (Covered compensation offset begins at age 62.) (4) Accrued monthly benefit from Bethlehem Steel Corporation Pension Plans for service prior to October 28, 1991. (5) Accrued monthly benefit from Transportation Technologies Pension Plans for service prior to June 4, 1999.
Special Payment	Nine weeks of base pay remaining unused vacation in the year of retirement. This payment is available to early and normal retirees with at least 10 years of service and replaces the first three monthly pension benefit payments.
Early Unreduced Retirement	
Eligibility	Age 62 and 15 years of service or 30 years of service.
Benefit	Regular benefit plus special payment (part (c) of regular benefit reduced 1.20% for each year prior to age 60; at age 62 the benefit is recalculated and covered compensation offset applies).

Early Reduced Retirement

Eligibility — Age 60 with 15 years of service.

Benefit — Reduced regular benefit plus special payment.

Age at Start at Pension	Regular Benefit Reduction
60	16.18%
61	8.55%
62	0.00%

Vested Retirement

Eligibility — Five years of service.

Benefit — Accrued regular pension payable at age 65 or payable unreduced at age 62 if terminated at or over age 40 with at least 15 years of service. Participants who terminate prior to age 40 or with less than 15 years of service can receive actuarially equivalent benefits commencing at age 60.

Disability Retirement

Eligibility — Fifteen years of service upon total and permanent disability.

Benefit — Accrued regular pension payable immediately (part (c) of the regular benefit reduced 3.00% for each year prior to age 62; reduction ceases at age 62 at which point benefit is recalculated and covered compensation offset applies).

Surviving Spouse Benefit

Eligibility — Fifteen years of service.

Benefit

Prior to Age 60 — Monthly benefit equal to the greater of:

(1) $140

(2) 50% of accrued regular monthly benefit

After Age 60 — Monthly benefit equal to the greater of:

(1) $140

(2) 50% of accrued regular monthly benefit minus 50% of Social Security widower's monthly benefit

Prepension Spouse Coverage

Eligibility	Age 55 with 15 years of service or age 60 with 10 years of service. Effective two years after election by participant.
Benefit	50% of accrued benefit reduced for joint and survivor option. Paid in addition to surviving spouse coverage.
Charge	Participant's retirement benefit reduced 0.70% for each year coverage in effect.

Preretirement Survivor Annuity Coverage

Eligibility	Five years of service.
Benefit	50% of accrued benefit reduced for joint and survivor option. Further reduced by any surviving spouse benefit. No benefit if prepension spouse coverage elected.
Participant Charge	None if coverage declined or if prepension spouse coverage elected, else:

Age	Annual Reduction
Under 35	0.0%
35 to 49	0.1%
50 to 59	0.3%
60 or over	0.5%

Shutdown/Layoff Retirement Benefit

Eligibility	Age plus service equal to at least 80; or Age 55 with age plus service equal to at least 70; or 20 years of service with age plus service equal to at least 65 (layoff only).
Benefit	Regular pension plus special payment. (Part (c) of the regular pension benefit reduced 3.00% for each year prior to age 62; reduction ceases at age 62 at which point benefit is recalculated and covered compensation offset applies.)
Unreduced Form of Benefit	Life annuity.

Definitions

Average Monthly Earnings	Highest 60 consecutive months of earnings out of last 120 months divided by 60.
Earnings	Participant's W-2 pay plus Section 401(k) and Section 125 deferrals minus bonus, overtime, expense reimbursements, moving expenses, salary gross-up payments, and imputed income.
Service	Elapsed time measured on years and months since last hiring date. Includes service with Bethlehem Steel Corporation. For active participants with 25 years of service on November 1, 1991, an extra month of service shall be credited for every month of service earned between November 1, 1991 and October 31, 1994.

Plan Changes Since the Prior Year

The funding, financial accounting, and plan reporting valuations do not reflect any plan changes.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

The FreightCar America, Inc. Pension Plan

Schedule H, Line 4i—Schedule of Assets (Held at End of Year)
December 31, 2025

Employer Identification Number: 25-1837219
Plan Number: 001

Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
Pacific Investment Management Company	PIMCO Long-Term US Government Instl — 113,683 shares	$ 1,923,873	$ 1,592,705
Pacific Investment Management Company	PIMCO Investment Grade Credit Bond Instl—476,514 shares	4,252,470	4,383,929
Pacific Investment Management Company	PIMCO Long-Term Credit Bond Fund—330,339 shares	3,124,370	2,940,015
Goldman Sachs	Goldman Sachs Prime Obligations Fund—57,453 shares	57,560	57,560
Total		$ 9,358,273	$ 8,974,209

* Party-in-interest.

Schedule SB Attachment (Form 5500) —2025 Plan Year
The FreightCar America, Inc. Pension Plan
EIN: 25-1837219 PN: 001

Schedule SB, line 32 — Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	$ 1,111,380	January 1, 2025	15	$ 103,626