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
FLOWSERVE CORPORATION PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 12/31/1950

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)
FLOWSERVE CORPORATION

5215 NORTH O'CONNOR BLVD. STE 700
IRVING, TX 75039

2b Employer Identification Number (EIN)
31-0267900

2c Plan Sponsor's telephone number
972-443-6500

2d Business code (see instructions)
333200

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.	10/13/2026	CHRIS GAITHER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	8031
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)**	4039
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	3605
b	Retired or separated participants receiving benefits	**6b**	1449
c	Other retired or separated participants entitled to future benefits	**6c**	2001
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	7055
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	443
f	Total. Add lines **6d** and **6e**.	**6f**	7498
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**	5
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 1C

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) [ ]	Insurance	**(1)** [ ]	Insurance
(2) [ ]	Code section 412(e)(3) insurance contracts	**(2)** [ ]	Code section 412(e)(3) insurance contracts
(3) [X]	Trust	**(3)** [X]	Trust
(4) [ ]	General assets of the sponsor	**(4)** [ ]	General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2025 Form M-1 annual report. If the plan was not required to file the 2025 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE 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
FLOWSERVE CORPORATION 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
FLOWSERVE CORPORATION

D Employer Identification Number (EIN)
31-0267900

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	362467018
b Actuarial value	**2b**	361373295

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	1902	111188153	111188153
b For terminated vested participants	2114	66394769	66394769
c For active participants	4039	248057885	248161913
d Total	8055	425640807	425744835

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**	5.30 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	555229
b Expected plan-related expenses	**6b**	4600000
c Target normal cost	**6c**	5155229

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

10/13/2026
Date

COLIN LAPIC
Type or print name of actuary

26-09252
Most recent enrollment number

WILLIS TOWERS WATSON US LLC
Firm name

214-530-4200
Telephone number (including area code)

PO BOX 674401
HOUSTON, TX 77267
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	49517624
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	31952910
9	Amount remaining (line 7 minus line 8)	0	17564714
10	Interest on line 9 using prior year's actual return of 4.28 %	0	751770
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		9214519
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 5.09 %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		394381
c	Total available at beginning of current plan year to add to prefunding balance		9608900
d	Portion of (c) to be added to prefunding balance		9608900
12	Other reductions in balances due to elections or deemed elections	0	8000000
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	19925384

Part III Funding Percentages

14	Funding target attainment percentage	14	80.18 %
15	Adjusted funding target attainment percentage	15	80.18 %
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	84.53 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)	0	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:	1st segment: 5.00 %	2nd segment: 5.27 %	3rd segment: 5.50 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	63

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ☒ Yes ☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	**30**	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6c)	**31a**	5155229
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	84296924	8361537
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**	13516766

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	13521943	13521943

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

SCHEDULE 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
FLOWSERVE CORPORATION PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FLOWSERVE CORPORATION

D Employer Identification Number (EIN)
31-0267900

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

BAIN CAPITAL CREDIT LP
200 CLARENDON ST.
BOSTON, MA 02116

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

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

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

WILLIS TOWERS WATSON

WILLIS TOWERS WATSON
800 N. GLEBE ROAD
ARLINGTON, VA 22203

53-0181291

(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	ACTUARY	554359	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

T. ROWE PRICE ASSOCIATES, INC.

1307 POINT STREET
BALTIMORE, MD 21231

52-1714114

(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?
15 50	RECORDKEEPER	274035	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

LEGAL AND GENERAL

35-7085469

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MANAGEMENT	134960	Yes [ ] No [X]	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)

NORTHERN TRUST COMPANY

50 SOUTH LASALLE STREET
CHICAGO, IL 60603

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 20 49 50 62 72	TRUSTEE	55679	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WELLINGTON TRUST COMPANY

280 CONGRESS STREET
BOSTON, MA 02210

04-2755549

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MANAGEMENT	39640	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MERCER

1166 AVENUE OF THE AMERICAS
NEW YORK, NY 10036

13-2834414

(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	ACTUARY	36000	Yes [ ] No [X]	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)

STATE STREET RESEARCH & MANAGEMENT

ONE FINANCIAL CENTER
BOSTON, MA 02111

13-3142135

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MANAGEMENT	19853	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

JP MORGAN INVESTMENT MANAGEMENT INC

383 MADISON AVENUE
NEW YORK, NY 10179

13-3200244

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	INVESTMENT MANAGEMENT	16478	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

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

A Name of plan
FLOWSERVE CORPORATION PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
FLOWSERVE CORPORATION

D Employer Identification Number (EIN)
31-0267900

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

a Name of MTIA, CCT, PSA, or 103-12 IE: LGIM MSCI ACWI CIT

b Name of sponsor of entity listed in (a): LEGAL & GENERAL

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
35-7085469-011	C	88551404

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET INTERMEDIATE GOV

b Name of sponsor of entity listed in (a): STATE STREET

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-0025081-144	C	31959702

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET LONG GOV BOND INDEX

b Name of sponsor of entity listed in (a): STATE STREET+

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-0025081-142	C	60851710

a Name of MTIA, CCT, PSA, or 103-12 IE: LGIM TREASURY 15+ STRIPS CIT

b Name of sponsor of entity listed in (a): LEGAL & GENERAL

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
35-7085469-021	C	24874728

a Name of MTIA, CCT, PSA, or 103-12 IE: RESCAP GLOBAL REAL ESTATE CIT W CL

b Name of sponsor of entity listed in (a): RESCAP

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
83-2160256-001	C	27432799

a Name of MTIA, CCT, PSA, or 103-12 IE: LGIM GLOBAL CORE INFRASTRUCTURE CIT

b Name of sponsor of entity listed in (a): LEGAL & GENERAL

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
35-7085469-013	C	39553115

a Name of MTIA, CCT, PSA, or 103-12 IE: WELLINGTON SECURITIZED OPPORTUNITIE

b Name of sponsor of entity listed in (a): WELLINGTON TRUST COMPANY

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
04-6913417-160	C	20862298

a Name of MTIA, CCT, PSA, or 103-12 IE: BNY MELLON DB NSL EFF BETA FA FUND

b Name of sponsor of entity listed in (a): BNY MELON

c EIN-PN 25-6078093-351	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14425483

a Name of MTIA, CCT, PSA, or 103-12 IE: JPM EMERGING MARKETS FUND

b Name of sponsor of entity listed in (a): JPMORGAN CHASE BANK N.A.

c EIN-PN 82-3282328-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19233452

a Name of MTIA, CCT, PSA, or 103-12 IE: STATE STREET LONG CREDIT INDEX

b Name of sponsor of entity listed in (a): STATE STREET

c EIN-PN 04-0025081-146	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14104362

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

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a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
FLOWSERVE CORPORATION PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FLOWSERVE CORPORATION

D Employer Identification Number (EIN)
31-0267900

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)	10000000	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3497264	6336313
(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)	13724306	13970622
(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)	335252310	341849053
(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)		
(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	362473880	362155988
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	362473880	362155988

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	185438	
(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)		185438
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(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)		39844689
(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)		
c Other income	2c		1580975
d Total income. Add all **income** amounts in column (b) and enter total	2d		41611102
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	36634749	
(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)		36634749
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)	274035	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	210931	
(6) Bank or trust company trustee/custodial fees	2i(6)	55679	
(7) Actuarial fees	2i(7)	590359	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	4163241	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		5294245
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		41928994
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-317892
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: WHITLEY PENN LLP **(2)** EIN: 75-2393478

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		20000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 591679.

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
FLOWSERVE CORPORATION PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
FLOWSERVE CORPORATION

D Employer Identification Number (EIN)
31-0267900

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): 38-2702003

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 | 443

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: 43.5 % Private Equity: 0.0 % Investment-Grade Debt and Interest Rate Hedging Assets: 42.6 %
High-Yield Debt: 12.0 % Real Assets: 0.0 % Cash or Cash Equivalents: 1.0 % Other: 0.9 %

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_____.

FLOWSERVE CORPORATION
PENSION PLAN

FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULES

YEARS ENDED DECEMBER 31, 2025 AND 2024
WITH REPORT OF INDEPENDENT AUDITORS

FLOWSERVE CORPORATION
PENSION PLAN

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REPORT OF INDEPENDENT AUDITORS

To the Participants and Plan Administrator of the
Flowserve Corporation Pension Plan

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

We have performed audits of the financial statements of the Flowserve Corporation 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, and the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of December 31, 2024, the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's ("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 and for the years ended December 31, 2025 and 2024, stating that the certified investment information, as described in Note 5 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 ("GAAP").

HLB WE ARE AN INDEPENDENT MEMBER OF THE GLOBAL ADVISORY AND ACCOUNTING NETWORK

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

Basis for Opinion

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

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with 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 for one year after the date that the financial statements are 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 GAAP.

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

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

Other Matter — Supplemental Schedules Required by ERISA

The supplemental schedules of Form 5500, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2025, and Form 5500, Schedule H, Line 4j – Schedule of Reportable Transactions for the year ended December 31, 2025, are presented for the purpose 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).



Fort Worth, Texas
October 9, 2026

FLOWSERVE CORPORATION
PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	December 31,	
	2025	**2024**
ASSETS		
Investments, at fair value:		
Cash and cash equivalents	$ 6,336,313	$ 3,497,264
Limited partnership funds	13,970,622	13,724,306
Common/Collective trusts	341,849,053	335,252,310
Total investments, at fair value	362,155,988	352,473,880
Company contributions receivable	—	10,000,000
Net assets available for benefits	$ 362,155,988	$ 362,473,880

The accompanying notes are an integral part of these financial statements.

FLOWSERVE CORPORATION
PENSION PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Year Ended December 31,	
	2025	**2024**
Additions to Net Assets		
Investment income:		
Net appreciation in fair value of investments	$ 40,284,983	$ 13,566,986
Interest and dividends	1,580,975	1,575,206
Total investment income	41,865,958	15,142,192
Contributions:		
Company contributions	—	10,000,000
Total additions to net assets	41,865,958	25,142,192
Deductions from Net Assets		
Benefits paid to participants	(36,634,749)	(39,777,974)
Administrative expenses	(5,549,101)	(4,016,382)
Total deductions from net assets	(42,183,850)	(43,794,356)
Decrease in net assets available for benefits	(317,892)	(18,652,164)
Net assets available for benefits:		
Beginning of year	362,473,880	381,126,044
End of year	$ 362,155,988	$ 362,473,880

The accompanying notes are an integral part of these financial statements.

FLOWSERVE CORPORATION
PENSION PLAN

STATEMENT OF ACCUMULATED PLAN BENEFITS

	December 31, 2024
Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants currently receiving payments	$ 104,881,153
Other vested participants	290,203,750
Total vested benefits	395,084,903
Non-vested benefits	164,678
Total actuarial present value of accumulated plan benefits	$ 395,249,581

The accompanying notes are an integral part of these financial statements.

FLOWSERVE CORPORATION
PENSION PLAN

STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS

	Year Ended December 31, 2024
Actuarial present value of accumulated plan benefits at January 1, 2024	$ 395,531,532
Increase (decrease) in accumulated plan benefits during the year attributable to:	
Benefits paid	(39,777,974)
Increase for interest due to decrease in discount period	23,795,559
Actuarial gains	19,930,990
Plan amendment	293,912
Changes in actuarial assumptions and other	(4,524,438)
Net increase in actuarial present value of accumulated plan benefits	(281,951)
Actuarial present value of accumulated plan benefits at December 31, 2024	$ 395,249,581

The accompanying notes are an integral part of these financial statements.

NOTES TO FINANCIAL STATEMENTS

1. DESCRIPTION OF THE PLAN

General

The following is a general description of the Flowserve Corporation (the "Company") Pension Plan (the "Plan"), including eligibility requirements, vesting and available benefits. Participants should refer to the Plan document for complete terms and provisions of the Plan.

The Plan is a defined benefit pension plan covering substantially all union and non-union employees of the Company in the United States. It is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

Non-union employees

The Plan is a non-contributory benefit arrangement that operates under a cash balance formula (the "Cash Balance Section") for all non-union participants. As a result, a notional account for each non-union participant is established. This account is credited with Company contributions and interest quarterly based upon each participant's age, years of service and eligible compensation.

Effective December 31, 2023, the Cash Balance Section of the Plan was closed and no employees newly hired on or after January 1, 2024 were eligible to participate in the Cash Balance Section of the Plan (rehires were still able to participate). Additionally, effective December 31, 2024, the Cash Balance Section of the Plan was frozen and active participants no longer receive any additional Contribution Credits after December 31, 2024. Interest credits will continue to be added to cash balance pension accounts. None of these changes apply to union employees.

Union employees

The Company has a number of collective bargaining agreements that require the Plan to provide benefits to employees covered under these agreements. While the pension benefits may vary from agreement to agreement, generally these agreements provide a monthly benefit calculated by multiplying a specified amount in the collective bargaining agreement by the covered employees' years of service. The following current or former manufacturing sites have collective bargaining agreements with benefits provided under the Plan:

- Angola, New York
- Cleveland, Ohio
- Dayton, Ohio
- Jeffersonville, Indiana
- Lynchburg, Virginia
- Phillipsburg, New Jersey
- Tulsa, Oklahoma
- Vernon, California
- Williamsport, Pennsylvania

Vesting and benefit provisions

Participants who do not receive benefits under the cash balance formula vest 100% after completion of three years of service. Effective as of January 1, 2025 (i) each Eligible Cash Balance Employee's Cash Balance Account was frozen with respect to Contribution Credits, and (ii) the Accrued Benefit of each Eligible Actively Employed Cash Balance Employee became fully vested. Participants who were not active Eligible Cash Balance Employees as of January 1, 2025, continued under the vesting schedule in effect prior to that date which vested participants at a rate of 33 1/3% for each year of service. Participants are eligible to receive payments in the form of lump-sum distributions or annuity payments from the Plan upon attainment of normal retirement eligibility requirements, early retirement eligibility requirements, disability retirement eligibility requirements and, for cash balance participants, upon termination of employment as defined by the Plan.

Administration

The Plan is administered by the Pension and Investment Committee (referred to as the "Plan Administrator"), which is appointed by the Organization and Compensation Committee of the Board of Directors. The Plan's trustee is The Northern Trust Company ("Northern Trust").

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").

Fair value

Investments are recorded at fair value. See Note 9 for a description of the determination of the investments' fair values. The receivable for Company contributions approximated fair value at December 31, 2025 due to the relatively short maturity of this instrument.

Investment transactions

Purchases and sales of securities are reflected on a trade-date basis. Dividend income is recorded on the ex-dividend date. Interest income is recorded as earned on an accrual basis. The net appreciation in the fair value of investments includes the realized gains or losses recognized during the year and the unrealized appreciation on those investments held at the end of the year.

Administrative expenses

The Plan is charged with investment manager and trustee fees, as well as Pension Benefit Guarantee Corporation ("PBGC") premiums. Certain other administrative costs of the Plan are paid by the Company.

NOTES TO FINANCIAL STATEMENTS (continued)

Use of estimates

The preparation of financial statements in conformity with U.S. GAAP requires 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 may differ from those estimates.

Refer to Note 4 for significant actuarial assumptions used in determining the Plan's present value of accumulated benefits.

Benefits

Benefits paid to participants are recorded upon distribution.

Actuarial present value of accumulated plan benefits

Accumulated plan benefits for participants under collective bargaining agreements are those future periodic payments that are attributable under the Plan's provisions to the years of service participants have rendered based on labor grade and/or years of service. Accumulated plan benefits for participants under the cash balance formula are calculated based on Company contributions and interest income, which are determined by, among other things, each participant's years of service and compensation.

Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees and (b) beneficiaries of employees who have died.

The calculation of the present value of all accrued benefits recognizes future changes in benefit eligibility that may occur due to aging and accrual of service. In addition, it includes the accrued portion of disabilities or pre-retirement death benefits, which is expected to become payable.

Risks and uncertainties

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

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the 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 Plan's financial statements.

Accounting developments

New accounting pronouncements

Pronouncements implemented

None.

Pronouncements not yet implemented

None.

Subsequent events

In preparing the accompanying financial statements, management has evaluated subsequent events and transactions for potential recognition or disclosure through October 9, 2026, the date the financial statements were available for issuance.

Effective February 2, 2026, Fidelity succeeded T. Rowe Price as the Plan administrator. Except for this administrative transition, no other material subsequent events require recognition or disclosure in these financial statements.

3. FUNDING POLICY

The funding policy of the Plan is designed to fund the Plan's current service costs on a current basis, to fund interest on the unfunded accrued liability and to reduce any unfunded accrued liability. An independent actuary calculates the Company's contributions necessary to meet minimum funding requirements under ERISA.

In years where net assets available for benefits fall short of accumulated plan benefits the shortfall may be reduced over time by the investment performance of the assets in the Plan. Additional Company contributions may also be considered to amend the shortfall, to the extent such additional contributions do not adversely affect the Company's cash flow needs, and to the extent such additional contributions are the most strategic use of the Company's assets.

For the 2025 and 2024 plan years, the Company made contributions to the Plan in amounts which exceeded the minimum contributions required under ERISA. Contributions of $0.0 million and $10.0 million were made before September 15, 2026 and 2025, respectively, which were recorded by the Plan and included in the accompanying financial statements as of December 31, 2025 and 2024.

4. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

The actuarial present value of accumulated plan benefits was determined by the Company's independent actuary and represents the amount that results from applying actuarial assumptions and the Plan's provisions 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 or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in determining the Plan's January 1, 2025 present value of accumulated plan benefits are as follows:

Interest discount rate	6.25% compounded annually
Life expectancy	MP-2021 Mortality Improvement Scale Table
Retirement age	From 55 to 70 with various probabilities

The interest discount rate for 2024 was 6.00%.

5. CERTIFIED INVESTMENTS

Certain information related to investments disclosed in the accompanying financial statements and ERISA - required supplemental schedules, including investments held at December 31, 2025 and 2024, and net appreciation in fair value of investments and interest and dividends for the years ended December 31, 2025 and 2024, was obtained by management and agreed to or derived from information certified as complete and accurate by Northern Trust (the trustee of the Plan).

6. PARTY-IN-INTEREST TRANSACTIONS

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who directly or indirectly owns 50% or more of such an employer or employee organization, or relatives of such aforementioned persons.

Northern Trust Collective Short Term Investment Fund is managed by Northern Trust, which is the trustee as defined by the Plan and, therefore, transactions with this money market fund qualifies as party-in-interest transactions, which are exempt from the prohibited transaction rules.

During the years ended December 31, 2025 and 2024, the Plan paid certain expenses related to plan operations and investment activity to various service providers. These transactions are party-in-interest transactions under ERISA.

7. INCOME TAX STATUS

The Plan received a determination letter from the Internal Revenue Service ("IRS") dated October 25, 2016, stating that the Plan, as then designed, was qualified under Section 401(a) of the Internal Revenue Code (the "Code") and, therefore, the related trust is exempt from taxation. Once qualified, the Plan is

required to operate in conformity with the Code to maintain its qualification. The Plan has been amended since receiving the determination letter; however, the Plan Administrator and the Company believe the amendments are not material and the Plan is designed and is currently being operated in compliance with the applicable requirements of the Code.

U.S. GAAP requires 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 Administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2025, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

8. PLAN TERMINATION

A general description of the priority order of participant claims to the assets of the Plan upon Plan termination and benefits guaranteed by the PBGC, a U.S. government agency, is provided in the Plan document. Should the Plan terminate, the net assets generally will not be available on a pro rata basis to provide participant benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Company and the level of benefits guaranteed by the PBGC. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guarantee, while other benefits may not be provided for at all.

9. FAIR VALUE OF INVESTMENTS

The Plan's investments, shown below, are presented at fair value. Fair value is defined as 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. Where available, fair value is based on observable market prices or parameters or derived from such prices or parameters. Where observable prices or inputs are not available, valuation models may be applied.

Assets and liabilities are recorded at fair value in the statement of net assets available for benefits and categorized based upon the level of judgment associated with the lowest level of significant inputs used to measure their fair values. Hierarchical levels, as defined by U.S. GAAP are directly related to the amount of subjectivity associated with the inputs to fair valuation of these assets and liabilities, and are as follows:

Level I – Inputs are unadjusted, quoted prices in active markets for identical assets or liabilities at the measurement date.

Level II – Inputs (other than quoted prices included in Level I) are either directly or indirectly observable for the asset or liability through correlation with market data at the measurement date and for the duration of the instrument's anticipated life.

Level III – Inputs reflect the best estimate of what market participants would use in pricing the asset or liability at the measurement date. Consideration is given to the risk inherent in the valuation technique and the risk inherent in the inputs to the model.

As of December 31, 2025 and 2024 the Plan held no investments in Level III assets.

The fair values of the Plan's investments were:

	December 31, 2025		
	Total	**Level I**	**Level II**
Cash and cash equivalents	$ 6,336,313	$ 6,336,313	$ —
Limited partnership funds	13,970,622	—	13,970,622
Common/Collective trusts	341,849,053	—	341,849,053
Total investments	$ 362,155,988	$ 6,336,313	$ 355,819,675

	December 31, 2024		
	Total	**Level I**	**Level II**
Cash and cash equivalents	$ 3,497,264	$ 3,497,264	$ —
Limited partnership funds	13,724,306	—	13,724,306
Common/Collective trusts	335,252,310	—	335,252,310
Total investments	$ 352,473,880	$ 3,497,264	$ 348,976,616

The following is a description of the valuation methodologies used for the investments measured at fair value:

Cash and cash equivalents- Money market funds represent the cash and cash equivalents balance. Fair value of the money market funds is based on quoted market prices on the last business day of the year and is classified as a Level I asset.

Common/Collective trusts- Fair values of common/collective trust funds are based on the fair values of the underlying securities, which are based on the last reported sales price or bid in active markets and are classified as Level II assets. Were the Plan to initiate a full redemption of the common/collective trust funds, such request would have to be submitted in writing.

Limited partnership funds- Fair values of limited partnership funds are based on the fair values of the underlying securities or assets, which are based on the last reported sales price or bid in active markets on the day of determination and are classified as Level II assets. Were the Plan to initiate a full redemption of the limited partnership funds, such request would have to be submitted in writing.

SUPPLEMENTAL SCHEDULES

SCHEDULE SB ATTACHMENTS

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

	Attained Years of Credited Service[1]										
Attained Age	**Under 1**	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40 & Over**	**Total**
Under 25	0	107	9	0	0	0	0	0	0	0	116
	-	72,800	-	-	-	-	-	-	-	-	72,307
25-29	3	228	60	0	0	0	0	0	0	0	291
	-	97,790	106,907	-	-	-	-	-	-	-	99,233
30-34	3	195	122	36	0	0	0	0	0	0	356
	-	95,599	119,910	124,951	-	-	-	-	-	-	106,845
35-39	1	204	124	100	42	1	0	0	0	0	472
	-	113,987	131,298	133,730	121,579	-	-	-	-	-	123,302
40-44	0	156	108	102	104	30	2	0	0	0	502
	-	112,137	122,632	134,833	160,579	126,541	-	-	-	-	129,846
45-49	3	130	83	78	79	68	35	4	0	0	480
	-	122,801	132,693	127,161	146,344	134,006	123,436	-	-	-	130,633
50-54	0	115	92	100	67	64	49	21	2	0	510
	-	118,964	124,184	127,692	139,663	119,665	126,974	177,166	-	-	127,412
55-59	1	128	76	63	64	65	67	70	36	2	572
	-	105,827	128,604	108,338	114,270	115,017	129,892	161,054	131,476	-	122,272
60-64	1	81	59	68	69	49	25	35	51	20	458
	-	104,859	118,693	111,293	120,458	117,058	128,695	126,270	141,172	149,686	120,077
65-69	0	28	26	34	35	26	17	14	16	29	225
	-	110,373	97,092	106,790	127,311	106,973	-	-	-	133,563	115,102
70 & over	0	3	3	7	6	7	8	2	4	17	57
	-	-	-	-	-	-	-	-	-	-	121,692
Total	12	1,375	762	588	466	310	203	146	109	68	4,039
	-	105,218	122,437	124,385	136,162	120,812	124,577	151,703	133,321	134,982	119,865

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

Plan Name: Flowserve Corporation Pension Plan
EIN / PN: 31-0267900/001
Plan Sponsor: Flowserve Corporation
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26a

Schedule of Active Participant Data for Cash Balance Plans as of January 1, 2025

	Attained Years of Credited Service[2]										
Attained Age	**Under 1**	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40 & Over**	**Total**
Under 25	0	104	9	0	0	0	0	0	0	0	113
	-	4,071	-	-	-	-	-	-	-	-	4,584
25-29	3	224	57	0	0	0	0	0	0	0	284
	-	6,493	15,399	-	-	-	-	-	-	-	8,251
30-34	3	184	118	36	0	0	0	0	0	0	341
	-	6,937	19,871	31,749	-	-	-	-	-	-	14,037
35-39	1	202	118	98	40	1	0	0	0	0	460
	-	8,321	23,512	42,070	54,540	-	-	-	-	-	23,544
40-44	0	153	105	99	99	29	2	0	0	0	487
	-	8,662	26,255	45,457	77,159	87,240	-	-	-	-	38,879
45-49	2	127	82	76	77	64	32	4	0	0	464
	-	12,059	35,300	47,776	83,890	102,620	124,734	-	-	-	55,250
50-54	0	106	89	90	60	59	47	20	2	0	473
	-	15,346	39,590	60,636	100,051	111,685	145,807	212,354	-	-	73,101
55-59	1	124	74	59	56	62	66	70	36	2	550
	-	13,825	44,954	59,740	97,987	120,059	163,671	223,756	193,500	-	100,450
60-64	1	79	56	66	62	45	24	33	49	20	435
	-	15,264	46,191	66,995	111,924	136,746	187,969	209,036	263,778	274,144	117,540
65-69	0	28	23	30	33	24	15	13	16	29	211
	-	16,667	41,778	77,764	148,515	148,235	-	-	-	324,253	147,901
70 & over	0	3	3	6	5	6	5	2	4	14	48
	-	-	-	-	-	-	-	-	-	-	226,415
Total	11	1,334	734	560	432	290	191	142	107	65	3,866
	-	9,577	30,398	52,969	93,310	115,320	154,310	217,921	241,121	325,390	63,652

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

Plan Name: Flowserve Corporation Pension Plan
EIN / PN: 31-0267900/001
Plan Sponsor: Flowserve Corporation
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

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

Interest rates:	**Reflecting Stabilization**	**Not Reflecting Stabilization**
• First segment rate	5.00%	5.00%
• Second segment rate	5.27%	5.27%
• Third segment rate	5.50%	5.40%
• Effective interest rate	5.30%	5.27%

Annual rates of increase

• Cash balance interest credit	4.50% in 2025 grading to a long-term rate of 4.75% in 2026

Administrative expenses	$4,600,000

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

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion date	The valuation date coincident with or next following the date on which the employee becomes a participant.
New or rehired employees	It was assumed there will be no new or rehired employees.
Mortality	
• Healthy	Separate rates for non-annuitants and annuitants based on Pri-2012 “Employees” and “Healthy Annuitants” (participants and beneficiaries combined) tables, respectively, without collar or amount adjustments and then projected forward with a generational projection as specified in the regulations under §1.430(h)(3)-1 using the IRS adjusted Scale MP-2021 (i.e., MP-2021 with no mortality improvement for 2020-2023 and future mortality improvement capped at 0.78% for years after 2024).
• Disabled	Alternative disabled life mortality tables as defined under Revenue Ruling 96-7.

SCHEDULE SB ATTACHMENTS

Termination

Rates varying by age and service and by employee type.

Representative Termination Rates – Cash Balance

Percentage leaving during the year		
	Years of Service	
Attained Age	0-3	4+
20	25%	18%
25	23%	16%
30	22%	14%
35	21%	12%
40	20%	10%
45	20%	8%
50	20%	7.5%
55	20%	7.5%
60	20%	0%

Representative Termination Rates – Union

Percentage leaving during the year		
Attained Age	Males	Females
20	20.0730%	20.0730%
25	11.3230%	11.3230%
30	5.0580%	5.0580%
35	3.6110%	3.6110%
40	2.3800%	2.3800%
45	1.5580%	1.5580%
50	1.0270%	1.0270%
55	0.5930%	0.5930%
60	0.1010%	0.1010%
65	0.0000%	0.0000%

SCHEDULE SB ATTACHMENTS

Disability

The rates at which participants become disabled by age and gender are shown below:

Percentage becoming disabled during the year		
Age	Males	Females
20	0.0540%	0.0580%
25	0.0560%	0.0590%
30	0.0600%	0.0720%
35	0.7400%	0.1030%
40	0.1160%	0.1630%
45	0.2000%	0.1740%
50	0.3770%	0.4780%
55	0.7430%	0.7110%
60	1.2130%	1.0160%
65	0.1170%	0.1170%

SCHEDULE SB ATTACHMENTS

Retirement

Rates varying by age and employee type.

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age and employee type are shown below.

Percentage retiring during the year		
Age	Cash Balance	Union
55	8.00%	1.00%
56	8.00%	1.00%
57	8.00%	1.00%
58	9.00%	1.00%
59	9.00%	2.50%
60	9.00%	5.00%
61	9.00%	5.00%
62	15.00%	20.00%
63	17.00%	15.00%
64	18.00%	10.00%
65	20.00%	100.00%
66	30.00%	100.00%
67	30.00%	100.00%
68	30.00%	100.00%
69	100.00%	100.00%
70	100.00%	100.00%

- Duriron Pump and Foundry Division – Dayton, OH — Age 65, or age 60 with 30 years of service.
- BW/IP Pension Plan No. 2 – Vernon, CA — Age 65, or age 62 with 30 years of service
- IAM 1130-0 Cleveland, OH — Age 65
- Limitorque Lynchburg, VA — Age 65, or age 62 with 30 years of service

SCHEDULE SB ATTACHMENTS

Benefit commencement date:

- Preretirement death benefit: The later of the death of the active participant or the date the participant would have attained age 55
- Future deferred vested benefit: 80% of Cash Balance participants are assumed to commence immediately and 20% are assumed to defer payment to age 65. 100% of union participants are assumed to defer payment to age 65.
- Current deferred vested benefit: Cash Balance participants are assumed to defer payment according to the ages and rates below:

Age	Rate
65	50%
66	15%
67	10%
68	10%
69	30%
70	100%

- Disability benefit: Upon disablement
- Retirement benefit: 75% of Cash Balance participants are assumed to elect an immediate lump sum, 10% are assumed to elect an immediate single life annuity; 15% are assumed to defer payment to age 65.

Form of payment

The following forms of payment are assumed:

Form of payment	Active Termination	Active Retirement
Immediate Lump Sum	80%	75%
Immediate Single Life Annuity	0%	10%
Deferred Single Life Annuity	20%	15%

Percent married

95% of employees are assumed to be married.

Spouse age

Husbands are assumed to be three years older than their wives.

SCHEDULE SB ATTACHMENTS

Covered pay	Compensation assumed paid in the current year beginning on the valuation date is the prior year's base pay increased by salary scale, the prior year target bonus percentage, and a 8.00% load to account for other annual allowances, such as overtime.
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
Decrement timing	The approach used is called rounded middle of year (rounded MOY) decrement timing. Most events are assumed to occur at the middle of year during which the eligibility condition will be met or the start/end date will occur. For death and disability decrements, the rate applied is based on the participant's rounded age (nearest integer age) at the beginning of the year, to align with the methodology generally used to create those rate tables. For retirement and withdrawal decrements: the age is generally the participant's rounded age at the middle of the year.
Actuarial value of assets (for determining minimum required contributions)	Average of the fair market value of assets on the valuation dates 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings (of 6.25%, with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2024 plan year.)

SCHEDULE SB ATTACHMENTS

Benefits not valued

All benefits described in the Plan Provisions section of this report were valued except the Special Retirement Benefits related to vacation pay in the Agreement with Local 3320 United Steelworkers of America – Dayton, OH has not explicitly been valued using actual vacation entitlement data.

WTW has reviewed the plan provisions with Flowserve Corporation and, based on that review, is not aware of any other significant benefits required to be valued that were not.

Sources of Data and Other Information

Flowserve Corporation, along with its third party administrator, furnished participant data as of January 1, 2025. Information on assets, contributions and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date.

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

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.)
- ☒ a single-employer plan
- ☐ a DFE (specify) _____

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
FLOWSERVE CORPORATION PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 12/31/1950

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)

FLOWSERVE CORPORATION

5215 NORTH O'CONNOR BLVD. STE 700

IRVING TX 75039

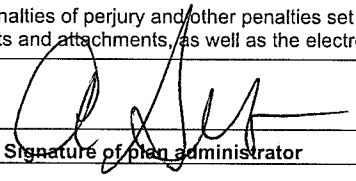
2b Employer Identification Number (EIN) 31-0267900

2c Plan Sponsor's telephone number 972-443-6500

2d Business code (see instructions) 333200

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		10/13/26	Chris Gaither
	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

FLOWSERVE CORPORATION

PENSION PLAN

I.R.S. Employer Identification Number: 31-0267900

Plan No. 001

SCHEDULE H; LINE 4j -- SCHEDULE OF REPORTABLE TRANSACTIONS

For the year ended December 31, 2025

(a)	(b)	(c)			(d)	(g)	(h)	(i)
Identity of Party Involved	**Description of Asset (include interest rate and maturity in the case of a loan)**	**Number of Purchase Transactions**	**Purchase Price**	**Number of Sell Transactions**	**Selling Price**	**Cost of Asset**	**Current Value of Asset on Transaction Date**	**Net Gain or (Loss)**
Category (iii)- Series of securities transactions in excess of 5% of Plan assets								
* Northern Trust Collective Short Term Investment Fund	Money Market Fund	81	50,022,801	—	—	—	—	—
* Northern Trust Collective Short Term Investment Fund	Money Market Fund	—	—	50	47,182,999	47,182,999	47,182,999	—

There were no category (i), (ii), or (iv) reportable transactions during the year ended December 31, 2025.
Columns (e) and (f) are not applicable. The information in this schedule has been certified as to its completeness and accuracy by the Trustee.
* Denotes an investment held by an entity known to be a party-in-interest to the Plan.

SCHEDULE SB (Form 5500)	Single-Employer Defined Benefit Plan Actuarial 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) and section 6059 of the Internal Revenue Code (the Code). ▶ **File as an attachment to Form 5500 or 5500-SF.**	**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 FLOWSERVE CORPORATION 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 FLOWSERVE CORPORATION	**D** Employer Identification Number (EIN) 31-0267900

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

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

Part I Basic Information

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

2 Assets:

a Market value	**2a**	362,467,018
b Actuarial value	**2b**	361,373,295

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	1,902	111,188,153	111,188,153
b For terminated vested participants	2,114	66,394,769	66,394,769
c For active participants	4,039	248,057,885	248,161,913
d Total	8,055	425,640,807	425,744,835

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**	5.30%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	555,229
b Expected plan-related expenses	**6b**	4,600,000
c Target normal cost	**6c**	5,155,229

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 Colin Lapic JCL — Signature of actuary — 10/13/2026 — Date

Colin Lapic — Type or print name of actuary — 2609252 — Most recent enrollment number

Willis Towers Watson US LLC — Firm name — 214-530-4200 — Telephone number (including area code)

PO Box 674401

Houston TX 77267 — 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 [ ]

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2025

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

Plan Name:	Flowserve Corporation Pension Plan
EIN / PN:	31-0267900/001
Plan Sponsor:	Flowserve Corporation
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26b
Schedule of Projection of Expected Benefit Payments

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2025	207,181	13,717,529	12,328,619	26,253,329
2026	614,623	2,002,851	11,916,774	14,534,248
2027	716,876	2,401,082	11,426,776	14,544,734
2028	988,103	2,067,088	10,921,113	13,976,304
2029	1,109,056	2,694,978	10,406,452	14,210,486
2030	1,288,294	3,365,489	9,894,081	14,547,864
2031	1,484,671	3,548,623	9,378,237	14,411,531
2032	1,442,014	4,106,268	8,858,268	14,406,550
2033	1,604,563	3,885,406	8,369,651	13,859,620
2034	1,873,548	4,548,948	7,815,651	14,238,147
2035	1,580,255	3,983,694	7,296,468	12,860,417
2036	1,550,829	4,865,827	6,784,244	13,200,900
2037	1,738,556	3,748,955	6,280,534	11,768,045
2038	1,597,826	3,792,013	5,785,148	11,174,987
2039	1,546,979	4,099,068	5,300,678	10,946,725
2040	1,674,731	4,126,337	4,829,328	10,630,396
2041	1,469,261	4,084,613	4,373,508	9,927,382
2042	1,470,720	3,206,087	3,935,684	8,612,491
2043	1,385,068	4,039,355	3,518,106	8,942,529
2044	1,481,036	3,943,352	3,122,829	8,547,217
2045	1,204,190	3,629,341	2,751,709	7,585,240
2046	1,326,411	3,600,146	2,406,246	7,332,803
2047	1,200,482	3,729,297	2,087,571	7,017,350
2048	1,174,215	4,251,309	1,796,413	7,221,937
2049	1,118,861	3,386,739	1,533,065	6,038,665
2050	964,051	3,943,095	1,297,356	6,204,502
2051	955,160	3,603,945	1,088,672	5,647,777
2052	844,029	3,330,100	905,968	5,080,097
2053	823,836	3,993,050	747,833	5,564,719
2054	728,909	3,169,811	612,552	4,511,272

Plan Name: Flowserve Corporation Pension Plan
EIN / PN: 31-0267900/001
Plan Sponsor: Flowserve Corporation
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants and Beneficiaries Receiving Payments	Total
2055	705,388	3,114,895	498,189	4,318,472
2056	633,977	2,550,328	402,650	3,586,955
2057	579,985	2,301,770	323,766	3,205,521
2058	534,805	2,457,778	259,379	3,251,962
2059	501,083	1,850,587	207,404	2,559,074
2060	467,480	1,424,692	165,899	2,058,071
2061	434,606	1,391,249	133,091	1,958,946
2062	395,736	878,181	107,391	1,381,308
2063	357,681	849,931	87,420	1,295,032
2064	326,464	653,324	71,997	1,051,785
2065	299,762	520,528	60,141	880,431
2066	268,198	424,937	51,053	744,188
2067	240,954	187,376	44,088	472,418
2068	217,704	210,347	38,740	466,791
2069	195,058	164,326	34,615	393,999
2070	174,423	131,996	31,412	337,831
2071	156,147	92,892	28,902	277,941
2072	139,391	79,640	26,912	245,943
2073	124,201	63,064	25,311	212,576
2074	110,470	54,866	23,998	189,334

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Plan Sponsor

Flowserve Corporation

Plan

Flowserve Corporation Pension Plan

Effective Date and Most Recent Amendment

The plan was originally effective July 1, 1999. The plan was restated in its entirety effective January 1, 2022. The last amendment reflected herein is effective December 31, 2023.

Plan Year

The twelve-month period ending December 31.

Vesting

Cash Balance Plan:

Years of Vesting Service	Vested Percentage
0	0.00%
1	33.33%
2	66.67%
3 or more	100.00%

All participants were immediately vested as of January 1, 2025.

Other:

Years of Vesting Service	Vested Percentage
0	0.00%
1	0.00%
2	0.00%
3 or more	100.00%

SCHEDULE SB ATTACHMENTS

Cash Balance

Plan Coverage

All non-union employees of Flowserve Corporation, including participants of the former Durco International, BW/IP International, Automax, Durametallic, EPP, Pac-Seal, and Valtek hired on or before December 31, 2023.

Non-union employees of Ingersoll-Dresser Pumps (IDP) at locations other than Liberty Corners, NJ, Phillipsburg, NJ, and Huntington Park, CA became participants in the plan as of August 8, 2000. Non-union employees of the IDP locations noted above became participants as of August 8, 2001, if still employed by Flowserve as of that date.

Invatec employees in the valve repair, leak sealing, line services and field machining business begin participating in the plan effective March 1, 2002, with no credit for past service. This group was divested as of December 31, 2005. Non-union employees of Invensys Flow Control became participants in the plan as of May 2, 2002.

Participation

Effective January 1, 2024, the cash balance plan is closed to new participants.

Normal Retirement Benefit

Eligibility: Age 65 with three years of service.

Benefit Amount: The participant's account balance is maintained quarterly by increasing the July 1, 1999, opening account balance, if applicable, or the account balance based on the first of the month after date of hire as follows:

Age Plus Service Points	Pensionable Pay Up to Wage Base	Pensionable Pay Over Wage Base
Less than 45	3%	6%
45-54	4%	8%
55-64	5%	10%
65-74	6%	11%
75 or more	7%	12%

Effective January 1, 2025, account balances will no longer receive contribution credits.

Interest credits are based on the prevailing rate of return on 10-year Treasury bills as of the first business day of the month preceding the beginning of the quarter, but not less than 3.79% on an annual basis. The minimum 3.79% rate will apply through the beginning of the quarter in which the participant terminates employment.

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Plan Sponsor:	Flowserve Corporation
Valuation Date:	January 1, 2025

SCHEDULE SB ATTACHMENTS

Minimum interest crediting rates are guaranteed for participants as of June 30, 1999, according to the following schedule:

Age Plus Service Points at June 30, 1999	Minimum Interest Credit Guarantee Prior to January 1, 2018	Minimum Interest Credit Guarantee On and After January 1, 2018
Fewer than 50	None	None
50 – 64	6.5%	6.00%
65 or more	7.0%	6.00%

Furthermore, each participant is guaranteed to receive a benefit at least equal to the actuarial present value of his or her accrued benefit as of June 30, 1999, increased by 0.25% per month for each month worked from June 30, 1999, to June 30, 2002 (i.e., maximum 36 months).

Early Retirement Benefit

Eligibility: Age 55 with three years of service.

Monthly Benefit: Computed as for normal retirement. Participants who were covered under the benefit provisions of either the former BW/IP Retirement Plan, former Durco Salaried Plan, or the Cookeville Hourly Plan as of June 30, 1999, who elect the annuity option are eligible for an enhanced annuity determined by the following schedule:

	Early Retirement Factor (ERF)		
Retirement Age	BW/IP	Durco	Cookeville
55	55.00%	60.00%	N/A
56	61.00%	64.00%	N/A
57	67.00%	68.00%	N/A
58	73.00%	72.00%	N/A
59	79.00%	76.00%	N/A
60	86.00%	80.00%	67.00%
61	93.00%	84.00%	72.00%
62	100.00%	88.00%	78.00%
63	100.00%	92.00%	85.00%
64	100.00%	96.00%	92.00%
65	100.00%	100.00%	100.00%

SCHEDULE SB ATTACHMENTS

	Retirement Age	Enhanced Annuity
BW/IP Employee Participants	55-62	Cash Balance Account x [1-.02 x (62 - RetAge)] Age 62 annuity deferred to 65
	62.0833-64.9167	Cash Balance Account x $(1 + i)^{(62\text{-RetAge})}$ Immediate annuity at 65
	65 and over	Cash Balance Account Immediate annuity at RetAge
Durco Salaried Employee Participants	55-62	Cash Balance Account x .88 x [1-.005 x (62 - RetAge)] Age 62 annuity deferred to 65
	62.0833-64.9167	Cash Balance Account x ERF x $(1 + i)^{(62\text{-RetAge})}$ Immediate annuity at 65
	65 and over	Cash Balance Account Immediate annuity at RetAge
Cookeville Hourly Employee Participants	60-62	Cash Balance Account x .88 x [1-.005 x (62 - RetAge)] Age 62 annuity deferred to 65
	62.0833-64.9167	Cash Balance Account x ERF x $(1 + i)^{(62\text{-RetAge})}$ Immediate annuity at 65
	65 and over	Cash Balance Account Immediate annuity at RetAge

Annuities values are calculated using the 30-year Treasury bond rate in effect during the month in which benefit payments commence.

Disability Retirement Benefit

Eligibility: Total and permanent disability, regardless of age and service.

Monthly Benefit: Cash balance credits and interest accrue for first 2 years on long-term disability. If the participant remains disabled after the first 2 years and qualifies for Company Long-Term Disability (LTD) and Social Security Disability Insurance (SSDI), cash balance credits and interest continue to accrue until the earlier of the date on which the participant is no longer disabled, no longer eligible for LTD, no longer eligible for SSDI or attains age 65.

SCHEDULE SB ATTACHMENTS

Deferred Vested Retirement Benefit

Eligibility: Participants vest according to the following schedule:

Years of Vesting Service	Vested Percentage
0	0.00%
1	33.33%
2	66.67%
3 or more	100.00%

Monthly Benefit: Participant's vested account balance upon termination. The account balance will continue to receive interest credits at the applicable 10-year Treasury bond rate until the date of payment. Minimum guaranteed interest credits no longer apply.

All non-union participants were 100% vested as of January 1, 2025.

Pre-retirement Death Benefit

Eligibility: All participants.

Monthly Benefit: All participants are 100% vested upon death. Beneficiary will be paid 100% of the cash balance account as a lump sum payment. A spouse beneficiary can elect to receive an immediate life annuity that is actuarially equivalent to the cash balance account in lieu of a lump sum payment.

Changes in Plan Provisions since Last Actuarial Valuation

None.

SCHEDULE SB ATTACHMENTS

Agreement with Local 4997 United Steelworkers of America-Vernon, CA (BW/IP Pension Plan No. 2)

Plan Coverage

All Pump hourly or factory workers at Vernon, California for whom the United Steelworkers of America, Local 4997 is the bargaining agent, become eligible at date of employment.

Participation

Age 21 and completion of 1,000 hours within a 12 consecutive month period.

Credited Service

Total length of service	All service with employer, but not in excess of 40 years
Years of benefit service	One year for every plan year in which participant has 1,800 or more hours of service. If participant has fewer than 1,800, but more than 500 hours of service, every 150 hours of service shall count as a month and the remaining hours, if 75 or more shall count as another month.

Normal Retirement

Eligibility:	Age 65 and five years total length of service.
Benefit:	Effective November 15 of the year noted below, a monthly benefit of the rate in effect multiplied by years of benefit service up to 40 years. If retiring after Normal Retirement Age, participant is eligible for greater of benefit as of actual retirement date based on current service and current multiplier or benefit as of Normal Retirement Date actuarially increased from age 65 to age at retirement. Step level increase(s) applicable over the remaining term of the collectively bargained agreement under which the participant retires.

Labor Grade	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
1-4	43.10	44.60	47.60	49.10	51.10	53.10	55.10	57.10	59.10	59.10	59.60	60.10	60.60	61.10	61.60
5-9	44.85	46.35	49.35	50.85	52.85	54.85	56.85	58.85	60.85	60.85	61.35	61.85	62.35	62.85	63.35
10+	45.60	47.10	50.10	51.60	53.60	55.60	57.60	59.60	61.60	61.60	62.10	62.60	63.10	63.60	64.10

SCHEDULE SB ATTACHMENTS

Early Retirement

62/30 Retirement

Eligibility: Age 62 and 30 years total length of service.

Benefit: A monthly benefit equal to the normal retirement benefit earned to date of retirement and payable immediately. Step level increase(s) applicable over the remaining term of the collectively bargained agreement under which the participant retires.

55/5 Retirement

Eligibility: Age 55 and five years total length of service.

Benefit: A monthly benefit equal to the normal retirement benefit earned to date of termination multiplied by the following factor based on age at retirement (use straight-line interpolation between ages): Step level increase(s) applicable over the remaining term of the collectively bargained agreement under which the participant retires.

Early Retirement Age	Early Retirement Percentage
64	92.08%
63	85.02%
62	78.14%
61	73.00%
60	67.87%
59	63.24%
58	59.04%
57	55.22%
56	51.74%
55	48.57%

Disability Retirement

Eligibility: Totally and permanently disabled for six months and 10 years of service at disability.

Benefit: A monthly benefit equal to the accrued normal retirement benefit payable immediately.

SCHEDULE SB ATTACHMENTS

Deferred Vested Retirement

Eligibility: Three years of vested service.

Benefit: A monthly benefit equal to the normal retirement benefit earned to date of termination, actuarially reduced if first payment precedes age 65. Payments commence no earlier than age 55. The present value of this benefit will be paid as a lump sum upon termination if less than $5,000. If over $5,000 but less than $7,500, a lump sum may be elected with spousal consent.

Preretirement Spouse's Benefit

Eligibility: All vested participants who have been married at least one year and are either under age 65 or whose benefits have not commenced.

Benefit: A monthly benefit (or lump sum equivalent) payable to a surviving spouse for life equal to 50% of the participant's accrued vested benefit beginning at the earliest time the participant would have been eligible for early retirement. This benefit shall be reduced for early commencement and for the election of a 50% joint and survivor annuity.

Normal Forms of Payment

Without spouse: Single life annuity.

With spouse: Joint and survivor annuity, actuarially equivalent to regular pension payable for employee's lifetime; participant receives reduced lifetime benefit and, in the event of participant's death, 50% of reduced retirement benefit continues to surviving spouse.

Optional Forms of Payment

Life annuity, smaller lump sum up to $7,500, 50% joint and survivor annuity, or 75% joint and survivor annuity.

Changes in Plan Provisions since Last Actuarial Valuation

None.

SCHEDULE SB ATTACHMENTS

Agreement with Local 3320 United Steelworkers of America-Dayton, OH

Plan Coverage

All Foundry hourly or factory workers for whom the United Steelworkers of America, Local 3320 is the exclusive bargaining agent.

Participation

First of the month following date of hire.

Credited Service

Service prior to retirement calculated from the participant's last hire date; if participant has break in continuous service but is vested or has pre-break service longer than break in service, continuous service includes pre-break service. If a participant separates from service, no pre-separation service credit is lost until the consecutive one-year breaks in service equal the greater of five years or the total pre-break service.

Special Retirement Benefits

For all types of retirement except deferred vested retirements, the sum of:

1. A special initial payment equal to 13 weeks of vacation pay, less current vacation occurred (in weeks), and
2. A regular pension payable the beginning of the fourth month after the special initial payment.

Normal Retirement

Eligibility: Age 65 and three years of continuous service.

Benefit: Effective May 29, 2006:

If hired before October 20, 1996, a monthly benefit of $24.75 for each year of service.

If hired on or after October 20, 1996, a monthly benefit of $19.85 for each year of service.

Effective June 1, 2009:

If hired before October 20, 1996, a monthly benefit using the following dollar amounts for each year of service.

Dates of Determination	Specified Amount
June 1, 2009 to May 31, 2010	$25.25
June 1, 2010 to May 31, 2011	$25.75
June 1, 2011 to October 21, 2012	$26.25
October 22, 2012 to October 21, 2013	$26.50
October 22, 2013 to October 21, 2014	$27.00
October 22, 2014 to October 24, 2016	$27.50
October 25, 2016 to October 24, 2017	$28.00
October 25, 2017 to October 24, 2018	$28.50
October 25, 2018 to October 24, 2019	$29.00
October 25, 2019 to October 24, 2020	$29.50
October 25, 2020 to October 24, 2021	$30.00
October 25, 2021 to October 24, 2022	$30.50
October 25, 2022 to October 24, 2023	$30.75
October 25, 2023 to October 24, 2024	$31.00
October 25, 2024 to October 24, 2025	$31.25

If hired on or after October 20, 1996, a monthly benefit using the following dollar amounts for each year of service:

Dates of Determination	Specified Amount
June 1, 2009 to May 31, 2010	$20.35
June 1, 2010 to May 31, 2011	$20.85
June 1, 2011 to October 21, 2014	$21.35
October 22, 2014 to October 24, 2016	$22.85
October 25, 2016 to October 24, 2017	$23.25
October 25, 2017 to October 24, 2018	$23.75
October 25, 2018 to October 24, 2019	$24.25
October 25, 2019 to October 24, 2020	$24.75
October 25, 2020 to October 24, 2021	$25.25
October 25, 2021 to October 24, 2022	$25.75
October 25, 2022 to October 24, 2023	$26.00
October 25, 2023 to October 24, 2024	$26.25
October 25, 2024 to October 24, 2025	$26.50

Early Retirement

30-year retirement

Eligibility: 30 years of continuous service.

Benefit: A monthly benefit equal to the normal retirement benefit earned to date of retirement and payable immediately, increased by $625 per month if hired before October 20, 1996, or $500 per month if hired on or after October 20, 1996, as long as participant is not eligible for Public Pension (generally age 62).

60/15 retirement

Eligibility: Age 60 and 15 years of continuous service.

Benefit: A monthly benefit equal to the normal retirement benefit earned to date of termination payable at age 65 or actuarially reduced and payable immediately.

Plan Name: Flowserve Corporation Pension Plan
EIN / PN: 31-0267900/001
Plan Sponsor: Flowserve Corporation
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Deferred Vested Retirement

Eligibility: Three years of continuous service.

Benefit: A monthly benefit equal to the normal retirement benefit earned to date of termination, actuarially reduced if first payment precedes age 65. The present value of this benefit will be paid as a lump sum upon termination if less than $5,000. If over $5,000, a lump sum may be elected with spousal consent.

Medicare Benefit

Eligibility: Retired and receiving Supplementary Medical Insurance benefits under Medicare.

Benefit: Monthly benefit of $12 for the participant and also $12 for eligible spouse.

Surviving Spouse Benefit

Eligibility: 15 years of continuous service or eligible for retirement on immediate pension or retired on other than deferred pension.

Benefit: A monthly benefit payable to a surviving spouse equal to 50% of the regular pension payable if the participant had retired on the date of his or her death, reduced at age widow's or widower's Social Security benefits would be provided. A minimum benefit of $115 per month before attaining that age and $65 after is provided.

Normal Forms of Payment

Without spouse: Single life annuity.

With spouse: Joint and survivor annuity actuarially equivalent to regular pension payable for employee's lifetime; participant received reduced lifetime benefit and, in the event of participant's death, 50% of reduced retirement benefit continues to surviving spouse.

Optional Forms of Payment

Joint and survivor (50%, 75% or 100%) effective at participant's age 65; life annuity; pop-up annuity. Benefit “pops up” to a life annuity if intended beneficiary predeceases retiree.

SCHEDULE SB ATTACHMENTS

Preretirement Spouse's Benefit

Eligibility: All vested participants who have been married at least one year and are either under age 65 or whose benefits have not commenced.

Benefit: A monthly benefit (or lump sum equivalent) payable to a surviving spouse for life equal to 50% of the participant's accrued vested benefit beginning at the earliest time the participant would have been eligible for retirement. This benefit shall be reduced for early commencement and for the election of a 50% joint and survivor annuity.

Postretirement Death Benefit

Eligibility: An employee who retired under normal, early, or permanent incapacity provisions prior to October 20, 2002.

Benefit: Effective January 1, 1993, a single payment of $5,000.

Changes in Plan Provisions since Last Actuarial Valuation

None.

SCHEDULE SB ATTACHMENTS

Agreement with IAM, District Lodge 1130 – Cleveland, OH

Plan Coverage

Any person employed by the company who should be in the bargaining unit covered by the basic labor agreement between the company and the IAM, District Lodge 1130 covering the rates of pay, the hours of work and the other basic terms and conditions of employment in the bargaining unit.

Participation

Completion of one hour of service.

Credited Service

Benefit service	Elapsed period of time as an employee.
Years of service	Elapsed period of time while an employment relationship exists between participant and the company.

Normal Retirement

Eligibility: Age 65 and three years of service.

Benefit: Effective on each date noted, a monthly benefit of the following rate multiplied by credited service up to 35 years, less the benefit which is the responsibility of Ingersoll at the time of the acquisition of IDP (service to sale date at $20 per year of service):

Effective Date	Benefit Rate
July 1, 2000	$20.00
July 1, 2001	$22.00
July 1, 2002	$22.50
July 1, 2003	$23.00
July 1, 2004	$23.50
July 1, 2005	$25.00
July 1, 2006	$26.00
July 1, 2007	$27.00
July 1, 2008	$28.00
July 1, 2009	$29.00
July 1, 2010	$30.00
July 1, 2011	$30.50
July 1, 2012	$31.00
July 1, 2013	$33.00

SCHEDULE SB ATTACHMENTS

Special Payment

Employees that retire from active service (excluding disability retirement) also receive a special initial payment in the amount of $1,000 payable the first month following retirement.

Early Retirement

60/10 retirement

Eligibility: Age 60 and 10 years of service.

Benefit: A monthly benefit equal to the normal retirement benefit earned to date of termination actuarially reduced for each month by which the early retirement date precedes the normal retirement date. The actuarial reduction factor is based on the 1971 GAM mortality table weighted 90% male and 10% female, and an interest rate of 5%.

75/80 retirement

Eligibility: 10 years of service and either age 55 with age and years of service equal to 75 or more, or under age 55 with age and years of service equal to 80 or more, provided retirement is due to disability, layoff, or shutdown of a plant.

Benefit: No reduction on normal retirement benefit plus temporary $100 monthly benefit payable until eligible for unreduced Social Security benefits.

Disability retirement

Eligibility: Totally and permanently disabled for six months and 10 years of service at disability.

Benefit: A monthly benefit equal to $100 per month and the greater of:
$100, or
Accrued normal retirement benefit payable immediately.

Deferred Vested Retirement

Eligibility: Three years of service.

Benefit: A monthly benefit equal to the normal retirement benefit earned to date of termination. If the former employee has attained at least age 60 and has at least 10 years of service, an actuarially reduced benefit may be received prior to the normal retirement date.

SCHEDULE SB ATTACHMENTS

Preretirement Spouse's Benefit

Eligibility:	All vested participants whose benefits have not yet commenced.
Benefit:	A monthly benefit (or lump sum equivalent) payable to a surviving spouse for life equal to 50% of the participant's accrued vested benefit beginning at the earliest time the participant would have been eligible for early retirement. This benefit shall be reduced for early commencement and for the election of a 50% joint and survivor annuity.

Normal Forms of Payment

Without spouse:	Single life annuity
With spouse:	Joint and survivor annuity, actuarially equivalent to regular pension payable for employee's lifetime; participant receives reduced lifetime benefit and, in the event of participant's death, 50% of reduced retirement benefit continues to surviving spouse.

Optional Forms of Payment

Life annuity, lump sum up to $5,000, 50% joint and survivor annuity, 75% joint and survivor annuity, or 100% joint and survivor annuity.

Change in Plan Provisions since Last Actuarial Valuation

None.

SCHEDULE SB ATTACHMENTS

Agreement with the Limitorque Division (Lynchburg, VA)

Plan Coverage

All collectively bargained employees of the Local Lodge No. 10 of the International Association of Machinists and Aerospace Workers. Leased employees are not eligible to participate in the plan.

Participation

Completion of a 12-month period with 1,000 hours worked.

Credited Service

One year of service is earned for each 12-month period of employment during which an employee completes at least 1,000 hours of service.

Normal Retirement

Eligibility: Age 65

Benefit: Effective as noted, a monthly benefit of the following rate multiplied by years of service:

Effective Date	Benefit Rate
March 20, 2000	$29.50
May 15, 2002	$31.50
May 16, 2006	$32.50
May 16, 2007	$33.50
May 16, 2010	$34.00
May 16, 2011	$34.50
May 16, 2012	$35.00
May 16, 2013	$35.50
May 16, 2014	$36.00
May 16, 2015	$36.50
June 17, 2018	$36.75
June 17, 2019	$37.50
June 17, 2020	$38.00
June 17, 2021	$38.50
June 17, 2022	$39.75
June 17, 2024	$40.00

Early Retirement

Eligibility: Age 60 and three years of service.

SCHEDULE SB ATTACHMENTS

Benefit:	Accrued normal retirement benefit reduced by 6% per year that payment commencement precedes age 65. However, if a participant has attained age 62 and completed 30 years of service, the benefit is unreduced.
Supplemental Benefit:	Effective January 1, 2001, employees who are 62 years old with 30 years of service and on the payroll on March 20, 2000, and who choose to retire will receive a $250 per month supplement until they reach age 65. Effective May 16, 2004, the above pension supplement will increase to $350 per month but return to the original amount of $250 per month on May 16, 2006. Effective May 16, 2007, supplement is increased to $300 per month.

Disability Retirement

Eligibility:	An active participant who becomes disabled and such condition continues for a consecutive 6 months after attaining 10 years of service.
Benefit:	A monthly benefit equal to accrued normal retirement benefit payable at disability retirement date.

Deferred Vested Retirement

Eligibility:	Three years of service.
Benefit:	Accrued normal retirement benefit reduced by 6% per year that payment commencement precedes age 65.

Death Benefit

Before retirement:	If a participant dies after three years of service, 50% of the accrued normal retirement benefit reduced by appropriate early retirement and qualified joint and survivor option factors. Benefit begins at the later of the participant's death or the date the participant would have attained early retirement eligibility.
After retirement:	Death benefits payable after retirement, if any, are payable in accordance with whichever option the retiree elected.

Normal Forms of Payment

Without spouse:	Single life annuity with 5 years certain.
With spouse:	Joint and survivor annuity, actuarially equivalent to regular pension payable for employee's lifetime; participant receives reduced lifetime benefit and, in event of participant's death, 50% of reduced retirement benefit continues to surviving spouse.

SCHEDULE SB ATTACHMENTS

Optional Forms of Payment

Life annuity, lump sum up to $5,000, pop-up annuity, or joint and survivor annuity with continuation of 50%, 75% or 100%. Benefit "pops up" to a life annuity if intended beneficiary predeceases retiree.

Changes in Plan Provisions since Last Actuarial Valuation

None

FLOWSERVE CORPORATION
PENSION PLAN
I.R.S. Employer Identification Number: 31-0267900
Plan No. 001

SCHEDULE H; LINE 4i -- SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2025

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
	State Street Global Advisor Intermediate U.S. Government Bond Index	Common/Collective Trust	$ 27,686,046	$ 31,959,702
	Legal & General MSCI ACWI Collective Investment Trust Fund	Common/Collective Trust	39,863,787	88,551,404
	State Street Global Advisor Long U.S. Government Bond Index	Common/Collective Trust	65,457,806	60,851,710
	Legal & General Treasury 15+ Strips Collective Investment Trust Fund	Common/Collective Trust	31,181,850	24,874,728
	Wellington Securitized Opportunities Portfolio	Common/Collective Trust	20,231,742	20,862,298
	CF Rescap Global Real Estate Securities CIT CL W	Common/Collective Trust	21,419,289	27,432,799
	Legal & General Global Core Infrastructure Collective Investment Trust Fund	Common/Collective Trust	24,895,228	39,553,115
	State Street Global Advisor Long U.S. Credit Index NL Fund	Common/Collective Trust	13,783,812	14,104,362
	CF JPMCB Emer Mkts AGG BD FD-Invest	Common/Collective Trust	16,960,989	19,233,452
	CF BNYM Mellon DB NSL Efficient BETA Fallen Angels Funds	Common/Collective Trust	11,343,966	14,425,483
	Crescent Capital Group’s Syndicated Credit Solutions Fund	Limited Partnership Funds	13,000,000	13,970,622
*	Northern Trust Collective Short Term Investment Fund	Money Market Fund	6,336,313	6,336,313
			$ 292,160,828	$ 362,155,988

* Denotes an investment held by an entity known to be a party-in-interest to the Plan.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of January 1, 2025

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1. Shortfall	01/01/2025	22,786,095	15.00000	22,786,095	2,119,227
2. Shortfall	01/01/2024	13,571,327	14.00000	12,732,161	1,240,365
3. Shortfall	01/01/2023	54,617,887	13.00000	48,778,668	5,001,945
Total				84,299,924	8,361,537

Plan Name: Flowserve Corporation Pension Plan
EIN / PN: 31-0267900/001
Plan Sponsor: Flowserve Corporation
Valuation Date: January 1, 2025

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24
Change in Actuarial Assumptions

- The cash balance interest crediting rate was changed from 4.00% in 2024 grading to a long-term rate of 4.75% in 2027 to 4.50% in 2025 grading to a long-term rate of 4.75% in 2026