Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
CIRCOR INTERNATIONAL, INC. RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 10/18/1999

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
CIRCOR INTERNATIONAL, INC.

30 CORPORATE DRIVE
SUITE 200
BURLINGTON, MA 01803

2b Employer Identification Number (EIN)
04-3477276

2c Plan Sponsor's telephone number
781-270-1200

2d Business code (see instructions)
332900

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.	10/14/2026	PAUL CARON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

5	Total number of participants at the beginning of the plan year	**5**	4016
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)**	100
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	79
b	Retired or separated participants receiving benefits	**6b**	851
c	Other retired or separated participants entitled to future benefits	**6c**	352
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1282
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	278
f	Total. Add lines **6d** and **6e**.	**6f**	1560
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**	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1A 1B 1I

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

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

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

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

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

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

Receipt Confirmation Code_____

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

A Name of plan
CIRCOR INTERNATIONAL, INC. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
04-3477276

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

1 Coverage Information:

(a) Name of insurance carrier
TRANSAMERICA LIFE INSURANCE COMPANY

(b) EIN	**(c)** NAIC code	**(d)** Contract or identification number	**(e)** Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	**(g)** To
39-0989781	86231	50244-000	4	01/01/2025	12/31/2025

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

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	856165
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

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

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

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	841222
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	22175		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	22175
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	863397
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	7232		
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below) ▶	7e(4)			
	(5) Total deductions			7e(5)	7232
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	856165

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

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

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
CIRCOR INTERNATIONAL, INC. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
04-3477276

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**	144490567
b Actuarial value	**2b**	144161128

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	3449	118662328	118662328
b For terminated vested participants	467	15808254	15808254
c For active participants	100	4596231	4596231
d Total	4016	139066813	139066813

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**	5.31 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	1500000
c Target normal cost	**6c**	1500000

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

09/28/2026
Date

JAMES D. BURKE
Type or print name of actuary

26-06899
Most recent enrollment number

CBIZ
Firm name

215-587-0700
Telephone number (including area code)

1845 WALNUT ST.
10TH FLOOR
PHILADELPHIA, PA 19103
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	4271083
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)	0	4271083
10	Interest on line 9 using prior year's actual return of 3.81 %	0	162728
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 4.97 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	4433811

Part III Funding Percentages

14	Funding target attainment percentage	14	100.47 %
15	Adjusted funding target attainment percentage	15	103.66 %
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	110.64 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

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

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	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**	1500000
b Excess assets, if applicable, but not greater than line 31a	**31b**	660504

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____)_and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	839496

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	839496	839496

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

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

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

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
CIRCOR INTERNATIONAL, INC. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
04-3477276

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

TRANSAMERICA RETIREMENT SOLUTIONS

13-3689044

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

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

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

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

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

CBIZ, INC.

31-1582098

(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 17 50 70	NONE	593038	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

FIDELITY INVESTMENTS

ONE SPARTAN WAY
MERRIMACK, NH 03054

20-2159373

(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?
13 15 50 51	NONE	385455	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BAKER TILLY US, LLP

30-1413443

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	74025	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)

SAGE VIEW

33-0818667

(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?
17 27	NONE	21216	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

(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
CIRCOR INTERNATIONAL, INC. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
CIRCOR INTERNATIONAL, INC.

D Employer Identification Number (EIN)
04-3477276

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:	SPARTAN 500 INDEX POOL		
b Name of sponsor of entity listed in (a):	GEODE CAPITAL MANAGEMENT TRUST COMPANY, LLC		
c EIN-PN 82-6293122-001	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
a Name of MTIA, CCT, PSA, or 103-12 IE:	FIAM EMERGING MARKET DEBT		
b Name of sponsor of entity listed in (a):	FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY		
c EIN-PN 20-4659714-022	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
a Name of MTIA, CCT, PSA, or 103-12 IE:	FIAM LONG DURATION		
b Name of sponsor of entity listed in (a):	FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY		
c EIN-PN 20-4659714-053	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	14274020
a Name of MTIA, CCT, PSA, or 103-12 IE:	SPARTAN DEVELOPED INTERNATIONAL IND		
b Name of sponsor of entity listed in (a):	GEODE CAPITAL MANAGEMENT TRUST COMPANY, LLC		
c EIN-PN 82-6293122-006	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
a Name of MTIA, CCT, PSA, or 103-12 IE:	SPARTAN EMERGING MARKETS INDEX POOL		
b Name of sponsor of entity listed in (a):	GEODE CAPITAL MANAGEMENT TRUST COMPANY, LLC		
c EIN-PN 82-6293122-007	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
a Name of MTIA, CCT, PSA, or 103-12 IE:	SPARTAN REAL ESTATE INDEX POOL CL A		
b Name of sponsor of entity listed in (a):	GEODE CAPITAL MANAGEMENT TRUST COMPANY, LLC		
c EIN-PN 82-6293122-012	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0
a Name of MTIA, CCT, PSA, or 103-12 IE:	SPARTAN EXTENDED MARKET INDEX POOL		
b Name of sponsor of entity listed in (a):	GEODE CAPITAL MANAGEMENT TRUST COMPANY, LLC		
c EIN-PN 82-6293122-010	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	0

a Name of MTIA, CCT, PSA, or 103-12 IE: SPARTAN SMALL CAP INDEX POOL A

b Name of sponsor of entity listed in (a): GEODE CAPITAL MANAGEMENT TRUST COMPANY, LLC

c EIN-PN 82-6293122-009	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM LONG US TREASURY STRIPS

b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY

c EIN-PN 20-4659714-120	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM 8-10 YEAR CORPORATE BOND COMM

b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY

c EIN-PN 20-4659714-155	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15399490

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM SELECT CANADA POOL

b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY

c EIN-PN 20-4659714-101	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM INTERMEDIATE CREDIT COMMINGLED

b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY

c EIN-PN 20-4659714-055	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11204224

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM INTERMEDIATE DURATION POOL

b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY

c EIN-PN 20-4659714-000	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20503845

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM SHORT DURATION POOL

b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY

c EIN-PN 20-4659714-000	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5601241

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

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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
CIRCOR INTERNATIONAL, INC. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
04-3477276

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	776	2206
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	218495	792893
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	110847642	66982820
(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)	32582432	7099340
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	841222	856165
(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	144490567	75733424
Liabilities			
1g Benefit claims payable	1g	0	0
1h Operating payables	1h		
1i Acquisition indebtedness	1i		
1j Other liabilities	1j	0	37800
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	37800
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	144490567	75695624

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)	23560	
(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)		23560
(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)	22175	
(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)		22175
(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)		12356810
(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)		-132953
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		12269592
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	14171125	
(2) To insurance carriers for the provision of benefits	2e(2)	65393975	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		79565100
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	74025	
(5) Investment advisory and investment management fees	2i(5)	406676	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)	593038	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	425696	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		1499435
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		81064535
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-68794943
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: BAKER TILLY US, LLP **(2)** EIN: 30-1413443

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		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 589526.

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
CIRCOR INTERNATIONAL, INC. RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
04-3477276

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): 13-3689044 39-0989781

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** 4

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Public Equity: _____% Private Equity: _____% Investment-Grade Debt and Interest Rate Hedging Assets: 100.0 %
High-Yield Debt: _____% Real Assets: _____% Cash or Cash Equivalents: _____% Other: _____%

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation._____

Part VII IRS Compliance Questions

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

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

☐ Design-based safe harbor method

☐ "Prior year" ADP test

☐ "Current year" ADP test

☒ N/A

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

CIRCOR International, Inc. Retirement Plan

Financial Statements and
Supplementary Information

December 31, 2025 and 2024

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Independent Auditors' Report

To the Plan Administrator of
CIRCOR International, Inc. Retirement Plan

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

We have performed audits of the financial statements of CIRCOR International, Inc. Retirement 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 and of accumulated plan benefits as of December 31, 2025 and 2024 and the related statement of changes in net assets available for benefits and of changes in accumulated plan benefits for the year ended December 31, 2025 and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of CIRCOR International, Inc. Retirement Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2025 and 2024 and for the year ended December 31, 2025, stating that the certified investment information, as described in Note 7 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 Auditors' 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.
- 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).

Baker Tilly Advisory Group, LP and Baker Tilly US, LLP, trading as Baker Tilly, are members of the global network of Baker Tilly International Ltd., the members of which are separate and independent legal entities. Baker Tilly US, LLP is a licensed CPA firm that provides assurance services to its clients. Baker Tilly Advisory Group, LP and its subsidiary entities provide tax and consulting services to their clients and are not licensed CPA firms.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of CIRCOR International, Inc. Retirement 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.

Substantial Doubt about the Plan's Ability to Continue as a Going Concern

The accompanying financial statements have been prepared assuming that the Plan will continue as a going concern. As discussed in Notes 2, 3 and 9 to the financial statements, the Board of Directors of the Company authorized an amendment to the Plan on March 9, 2026 to terminate the Plan effective March 31, 2026, which indicates that the Plan is not a going concern. The financial statements do not include any adjustments that might be necessary upon termination. Our opinion is not modified with respect to that matter.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America 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 CIRCOR International, Inc. Retirement Plan's ability to continue as a going concern for at least one year following the date that the financial statements are available to be issued.

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

Auditors' 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 auditors' 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 CIRCOR International, Inc. Retirement 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 CIRCOR International, Inc. Retirement 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 accounting principles generally accepted in the United States of America.

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 accounting principles generally accepted in the United States of America.

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, Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) and Schedule H, Line 4(j) - Schedule of Reportable Transactions as of and for the year ended December 31, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the 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).



Tewksbury, Massachusetts
October 13, 2026

CIRCOR International, Inc. Retirement Plan

Statements of Net Assets Available for Benefits

December 31, 2025 and 2024

	2025	2024
Assets		
Investments		
Investments at fair value	$ 74,875,053	$ 143,648,569
Investments at contract value	856,165	841,222
Total investments	75,731,218	144,489,791
Receivables		
Other receivables	2,206	776
Total assets	75,733,424	144,490,567
Liabilities		
Payables		
Accrued expenses	37,800	-
Total liabilities	37,800	-
Net assets available for benefits	$ 75,695,624	$ 144,490,567

See notes to financial statements

CIRCOR International, Inc. Retirement Plan

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2025

Additions	
Investment income	
Net appreciation in fair value of investments	$ 12,246,032
Interest and dividends	23,560
Total investment income	12,269,592
Total additions	12,269,592
Deductions	
Benefits paid to participants	14,171,125
Purchase of group annuity contract	65,393,975
Administrative expenses	1,499,435
Total deductions	81,064,535
Net decrease	(68,794,943)
Net assets available for benefits	
Beginning of year	144,490,567
End of year	$ 75,695,624

See notes to financial statements

CIRCOR International, Inc. Retirement Plan

Statements of Accumulated Plan Benefits

December 31, 2025 and 2024

	2025	2024
Vested benefits		
Active participants	$ 3,749,293	$ 5,016,118
Participants currently receiving payments	49,233,520	124,782,839
Termed vested participants	15,103,770	17,150,739
Total vested benefits	68,086,583	146,949,696
Nonvested benefits	10,159	13,031
Total actuarial present value of accumulated plan benefits	$ 68,096,742	$ 146,962,727

See notes to financial statements

CIRCOR International, Inc. Retirement Plan

Statement of Changes in Accumulated Plan Benefits

Year Ended December 31, 2025

Actuarial present value of accumulated plan benefits at beginning of year	$ 146,962,727
Increase (decrease) during the year attributable to:	
Benefits accumulated and actuarial expense	(6,043,136)
Increase for interest accumulated	5,912,786
Increase for actuarial assumption changes	829,465
Benefits paid to participants	(14,171,125)
Purchase of group annuity contract	(65,393,975)
Net decrease	(78,865,985)
Actuarial present value of accumulated plan benefits at end of year	$ 68,096,742

See notes to financial statements

1. Description of Plan

The following description of the CIRCOR International, Inc. Retirement Plan (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan is a noncontributory defined benefit plan established effective October 18, 1999, as restated January 1, 2006. Prior to the plan freeze, the Plan covered all employees, excluding collectively bargained employees, employees of affiliated employers unless such employers have adopted this plan, independent contractors and nonresident alien employees, of CIRCOR International, Inc. and its subsidiaries (collectively, the Company and Plan Sponsor) who have completed one year of service and are age 21 or older. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The plan administrator is responsible for oversight of the Plan. The retirement plan committee determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the plan administrator.

As of July 1, 2006, in connection with an amendment to the Plan, the Plan Sponsor froze participation in the Plan and the pension benefits of the plan participants. Under the revised plan, participants will not accrue any additional benefits under the defined benefit plan after June 30, 2006 and will instead receive enhanced benefits associated with the Plan Sponsor's defined contribution 401(k) plan. Effective June 30, 2006, the normal retirement benefit determined as of June 30, 2006 for any participant who earned an hour of service after June 30, 2006 was increased at an annual effective rate of 3.5% from June 30, 2006 to the first day of the month following the earlier of June 30, 2011 or the participant's termination from employment, death or retirement.

Funding Policy

The Plan's funding policy requires the Company to contribute an amount which will meet or exceed the annual ERISA minimum funding requirements. The minimum funding requirements of ERISA were met in 2025.

Pension Benefits

Plan participants are entitled to their plan benefits after terminating employment with vested rights.

Vesting

Participants become vested in the Plan upon completion of at least five years of service or attainment of the normal retirement age (65). If employees terminate before rendering the required years of service, they forfeit the right to receive the portion of their accumulated plan benefits attributable to the Company's contributions.

Normal Retirement Benefits

Upon becoming vested, participants are entitled to pension benefits beginning at age 65 equal to years and fractions of years of benefit service multiplied by the applicable benefit rate.

Early Retirement Benefits

Participants who elect to retire on an early retirement date may receive pension benefits upon the attainment of age 55 and completion of five or 10 years of service, as defined. The early retirement benefit is computed by first calculating the normal retirement benefit based on the Participant's service as of the early retirement date, adjusted as necessary based on an early retirement formula, as defined.

Upon termination of employment, pension payments are normally paid in the form of a monthly annuity payable for their lifetime or, if married, in the form of a qualified joint or survivor annuity.

2. Summary of Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and 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 and changes therein. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value, except for the Plan's contract with an insurance entity, which is reported at contract value (see Note 5). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The retirement plan committee determines the Plan's valuation policies utilizing information provided by the investment advisers, custodians and insurance company, as applicable. See Note 4 for discussion of fair value measurements. Contract value represents deposits made to the contract, plus earnings at guaranteed crediting rates, less withdrawals and administrative expenses charged by the contract issuer.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Contributions

The Company contributes such amounts as are necessary on an actuarial basis to provide sufficient assets to meet benefit payments to Plan members. Contributions to the Plan are recorded as additions to the Plan on an accrual basis.

Payment of Benefits

Benefits payments to participants are recorded upon distribution.

Administrative Expenses

The Plan's expenses are paid either by the Plan or the Company, as provided by the plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the Statement of Changes in Net Assets Available for Benefits. In addition, certain investment related expenses are included in net appreciation in fair value of investments in the Statement of Changes in Net Assets Available for Benefits.

Subsequent Events

Subsequent events were evaluated through October 13, 2026, the date the financial statements were available to be issued.

On March 9, 2026, the Company made the decision to terminate the Plan effective March 31, 2026. Upon termination, all assets remaining in the Plan will be distributed to the participants subject to the applicable requirements of ERISA and in accordance with the provisions of the plan document.

Effective March 31, 2026, the Plan was amended to provide a special limited lump sum distribution option to be available to certain participants. The participants not in pay status who have not attained early or normal retirement age as of the termination date and participants not in pay status who have attained early or normal retirement age as of the termination date may elect a single lump sum payment or an immediate annuity. The Trustee shall purchase an irrevocable single annuity contract to pay for and fully guarantee the Plan benefits for participants electing an immediate annuity. The Plan completed the lump sum window on May 28, 2026, totaling $6,982,193 to eligible participants.

Effective August 4, 2026, the Plan executed a second group annuity contract with Midland National Life Insurance for approximately $53,255,000 to cover the remaining accumulated plan benefits under the Plan.

On September 18, 2026, an application was filed and approved with the Internal Revenue Service (IRS) for an advance determination as to whether the Plan meets the qualification requirement of section 401 of the Internal Revenue Code of 1986, with respect to the Plan's termination.

3. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' compensation during each year of credited service. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances, such as retirement, death and termination of employment, are included, to the extent they are attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits.

The actuarial present value of accumulated plan benefits is determined by the Plan's independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, withdrawal or retirement) between the valuation date and the expected date of payment.

The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2026 and 2025. Had the valuations been performed as of December 31, 2025 and 2024, there would be no material differences. The significant actuarial assumptions used in the valuations were:

Assumption	December 31, 2025	December 31, 2024
Discount rate	4.50%	4.65%
Mortality	Pri-2012 Total Dataset Tables projected with Scale MP-2021	Pri-2012 Total Dataset Tables projected with Scale MP-2021
Retirement age	The average expected retirement age ranged from 55 to 65 for active participants, based upon plan provisions	The average expected retirement age ranged from 55 to 65 for active participants, based upon plan provisions
Asset Valuation Method	Fair Market Value	Fair Market Value
Actuarial Cost Method	Present Value of Total Accumulated Benefits	Present Value of Total Accumulated Benefits

The foregoing actuarial assumptions were based on the presumption that the Plan would continue. As discussed in Note 2, on March 9, 2026, the Company made the decision to terminate the Plan and anticipates that they will liquidate the Plan during 2026. When a Plan terminates, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The impact on the actuarial present value of accumulated plan benefits, taking into consideration the impact of the termination decision, have not been determined at this time.

4. Fair Value Measurements

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy under authoritative guidance are described as follows:

Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 - Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability; and
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observables and minimize the use of unobservable inputs.

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

Money market fund: These investments are stated at cost, which approximates fair value.

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

Investments measured at NAV: Consisting of collective trusts, valued at the NAV of units of a bank collective trust. The NAV, as provided by the issuer, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the issuer reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2025 and 2024:

Assets at Fair Value as of December 31, 2025	**Level 1**	**Level 2**	**Level 3**	**Total**
Money market fund	$ 792,893	$ -	$ -	$ 792,893
Mutual fund	7,099,340	-	-	7,099,340
Total assets in the fair value hierarchy	7,892,233	-	-	7,892,233
Investments measured at NAV (a)	-	-	-	66,982,820
Total investments at fair value	$ 7,892,233	$ -	$ -	$ 74,875,053

Assets at Fair Value as of December 31, 2024	**Level 1**	**Level 2**	**Level 3**	**Total**
Money market fund	$ 218,495	$ -	$ -	$ 218,495
Mutual fund	32,582,432	-	-	32,582,432
Total assets in the fair value hierarchy	32,800,927	-	-	32,800,927
Investments measured at NAV (a)	-	-	-	110,847,642
Total investments at fair value	$ 32,800,927	$ -	$ -	$ 143,648,569

(a) In accordance with Subtopic 820-10, certain investments that were measured at NAV per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the Statements of Net Assets Available for Benefits.

Fair Value of Investments That Calculate NAV

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2025 and 2024. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

December 31, 2025		Fair Value	Unfunded Commitments	Redemption Frequency (if Currently Eligible)	Redemption Notice Period
Fidelity Institutional Asset Management Trust Company, LLC Collective Trusts	$	66,982,820	None	Daily	15 days

December 31, 2024		Fair Value	Unfunded Commitments	Redemption Frequency (if Currently Eligible)	Redemption Notice Period
Geode Capital Management Trust Company, LLC Collective Trusts	$	39,140,638	None	Daily	None
Fidelity Institutional Asset Management Trust Company, LLC Collective Trusts		71,707,004	None	Daily	15 days
Total	$	110,847,642			

5. Guaranteed Investment Contract

The Plan entered into a guaranteed investment contract with Transamerica Life Insurance Company. Transamerica Life Insurance Company maintains the contributions in an unallocated fund to which it adds interest at a rate of 2.6% as of December 31, 2025. Amounts contributed to the contract are merged with the general assets of Transamerica Life Insurance Company and earn a guaranteed crediting rate, as defined, which is established on an annual basis by Transamerica Life Insurance Company. Application of the contract asset charge and any discontinuance charges or service fees, as defined, are deducted from the account and would reduce the Plan's return. Payment obligations and the fulfillment of any guarantees specified in the guaranteed investment contract are insurance claims supported by the assets in the investment. If such assets are not sufficient, payment is supported by the full faith and credit of Transamerica Life Insurance Company. In the event of termination of the contract, Transamerica Life Insurance Company may impose a hold for up to 270 days if the most recently announced upcoming credited rate has increased or has not changed. Additionally, under limited circumstances, Transamerica Life Insurance Company may impose up to a 12-month delay period on a withdrawal request from the Plan Sponsor.

The Plan's ability to receive amounts due is dependent on the issuer's ability to meet its financial obligations. The issuer's ability to meet its contractual obligations may be affected by future economic and regulatory developments

6. Concentrations

As of December 31, 2025 and 2024, the Plan had investments of $61,381,579 and $109,399,887, respectively, that were concentrated in four and three funds, respectively.

7. Information Certified by Trustee and Custodian

The plan administrator has elected to have an audit performed pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for 2025 and 2024. Accordingly, certain information in the Plan's financial statements and supplemental schedules was agreed to or derived from information certified as complete and accurate by Fidelity Management Trust Company and Transamerica Life Insurance Company, the Plan's Trustee and a qualified institution. The certified information includes the Plan's investments reported in the accompanying Statements of Net Assets Available for Benefits as of December 31, 2025 and 2024 and the accompanying supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2025 and the related investment activity (including net appreciation/depreciation, interest and dividends) reported in the accompanying Statement of Changes in Net Assets Available for Benefits and the information reported in the accompanying supplemental Schedule H, Line 4(j) - Schedule of Reportable Transactions for the year ended December 31, 2025.

8. Related-Party and Party in Interest Transactions

The Plan's investments are administered under a contract with Fidelity Management Trust Company and Transamerica Life Insurance Company, the Trustee and Custodian of the Plan, respectively. Contributions are held and managed by Fidelity Management Trust Company and Transamerica Life Insurance Company, who invest cash received, interest and dividend income and make distributions to participants. These transactions are party in interest transactions under ERISA.

As described in Note 2, the Plan paid certain expenses related to plan operations and investment activity to various service providers. Additionally, certain administrative functions of the Plan are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan. These transactions are party in interest transactions under ERISA.

9. Plan Termination and Going Concern

As disclosed in Note 2, on March 9, 2026, the Company approved an amendment to terminate the Plan effective March 31, 2026. In connection with the termination, Plan benefits will be distributed to participants and beneficiaries in accordance with the terms of the Plan through lump-sum distributions or the purchase of irrevocable annuity contracts, as applicable. These circumstances indicate the plan is not a going concern. The financial statements do not include any adjustments that might be necessary upon termination.

10. Tax Status

The IRS has determined and informed the Company by a letter dated January 30, 2018, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the plan administrator believes that the Plan is designed and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

11. Risks and Uncertainties

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

Plan contributions are made and the actuarial present value of accumulated plan benefits 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 financial statements.

12. Group Annuity Contract

Effective October 15, 2025, the Plan was amended to provide for the purchase of a group annuity contract to de-risk the Plan for participants or beneficiaries or alternate payees, whose monthly gross payments are less than $2,000 and who commenced monthly payments from the Plan on or before January 1, 2026. Accordingly, the retirement committee, on behalf of the Plan, entered into a buy-out group annuity contract with Delaware Life Insurance Company for $65,393,975.

CIRCOR International, Inc. Retirement Plan

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

EIN: 04-3477276 Plan Number: 001

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
Collective Trusts				
*	Fidelity Institutional Asset Management Trust Company, LLC	8-10 Year Corporate Bond Commingled Asset A	$ 15,294,014	$ 15,399,490
*	Fidelity Institutional Asset Management Trust Company, LLC	Long Duration CIT	14,398,197	14,274,020
*	Fidelity Institutional Asset Management Trust Company, LLC	Intermediate Credit Commingled Pool	11,110,421	11,204,224
*	Fidelity Institutional Asset Management Trust Company, LLC	Intermediate Duration Pool	20,385,120	20,503,845
*	Fidelity Institutional Asset Management Trust Company, LLC	Short Duration Pool	5,563,170	5,601,241
		Total collective trusts	66,750,922	66,982,820
Mutual Fund				
*	Fidelity Investments	Fidelity Long-term Treasury Bond Index F	7,232,293	7,099,340
Money Market Fund				
*	Fidelity Investments	Fidelity Government Portfolio Institutional Class	792,893	792,893
Insurance Fund				
*	Transamerica Life Insurance Company	Transamerica Stable Value Fixed Option Two	841,222	856,165
			$ 75,617,330	$ 75,731,218

*A party in interest as defined by ERISA

CIRCOR International, Inc. Retirement Plan

Schedule H, Line 4(j) - Schedule of Reportable Transactions

EIN: 04-3477276 Plan Number: 001

Year Ended December 31, 2025

	(a) Identity of Party	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses	(g) Cost	(h) Current Value	(i) Net Gain/ (Loss)
Single Transactions									
*	Fidelity Investments	Fidelity Government Portfolio Institution	$ 65,393,975	$ -	$ -	$ -	$ 65,393,975	$ 65,393,975	$ -
*	Fidelity Investments	Fidelity Government Portfolio Institution	-	65,393,975	-	-	65,393,975	65,393,975	-
*	Fidelity Institutional Asset Management Trust Company	8-10 Year Corporate Bond Commingled - Class A	8,945,545	-	-	-	8,945,545	8,945,545	-
*	Fidelity Institutional Asset Management Trust Company	8-10 Year Corporate Bond Commingled - Class A	33,073,716	-	-	-	33,073,716	33,073,716	-
*	Fidelity Institutional Asset Management Trust Company	8-10 Year Corporate Bond Commingled - Class A	-	61,945,572	-	-	62,864,630	61,945,572	(919,058)
*	Fidelity Institutional Asset Management Trust Company	8-10 Year Corporate Bond Commingled - Class A	-	17,353,421	-	-	17,353,421	17,353,421	-
*	Fidelity Institutional Asset Management Trust Company	Intermediate Credit Commingled Pool - Class A	12,663,334	-	-	-	12,663,334	12,663,334	-
*	Fidelity Institutional Asset Management Trust Company	Intermediate Credit Commingled Pool - Class A	-	12,700,325	-	-	12,663,334	12,700,325	36,991
*	Fidelity Institutional Asset Management Trust Company	Intermediate Duration Pool	27,784,268	-	-	-	27,784,268	27,784,268	-
*	Fidelity Institutional Asset Management Trust Company	Intermediate Duration Pool	11,204,113	-	-	-	11,204,113	11,204,113	-
*	Fidelity Institutional Asset Management Trust Company	Intermediate Duration Pool	9,750,233	-	-	-	9,750,233	9,750,233	-
*	Fidelity Institutional Asset Management Trust Company	Intermediate Duration Pool	-	27,847,641	-	-	27,784,268	27,847,641	63,373
*	Fidelity Institutional Asset Management Trust Company	Long Duration CIT	11,032,352	-	-	-	11,032,352	11,032,352	-

CIRCOR International, Inc. Retirement Plan

Schedule H, Line 4(j) - Schedule of Reportable Transactions

EIN: 04-3477276 Plan Number: 001

Year Ended December 31, 2025

	(a) Identity of Party	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses	(g) Cost	(h) Current Value	(i) Net Gain/ (Loss)
*	Fidelity Institutional Asset Management Trust Company	Long Duration CIT	$ 12,001,370	$ -	$ -	$ -	$ 12,001,370	$ 12,001,370	$ -
*	Fidelity Institutional Asset Management Trust Company	Long Duration CIT	-	22,293,981	-	-	22,577,365	22,293,981	(283,384)
*	Fidelity Investments	Fidelity Long-term Treasury Bond Index Fund	-	26,565,163	-	-	34,943,102	26,565,163	(8,377,939)
	Geode Capital Management Trust Company, LLC	Spartan 500 Index Pool A	-	19,198,505	-	-	11,249,847	19,198,505	7,948,658
	Geode Capital Management Trust Company, LLC	Spartan Developed International Index Pool A	-	10,216,776	-	-	8,066,878	10,216,776	2,149,898
	Geode Capital Management Trust Company, LLC	Spartan World Minimum Volatility Index Pool Class A	10,726,227	-	-	-	10,726,227	10,726,227	-
Total			202,575,133	263,515,359	-	-	465,471,953	466,090,492	618,539
Series Transactions									
*	Fidelity Investments	Fidelity Government Portfolio Institution	76,926,040	-	-	-	76,926,040	76,926,040	-
*	Fidelity Investments	Fidelity Government Portfolio Institution	-	76,926,040	-	-	76,926,040	76,926,040	-
*	Fidelity Institutional Asset Management Trust Company	8-10 Year Corporate Bond Commingled Pool - Class A	44,470,477	-	-	-	44,470,477	44,470,477	-
*	Fidelity Institutional Asset Management Trust Company	8-10 Year Corporate Bond Commingled Pool - Class A	-	86,312,044	-	-	87,413,233	86,312,044	(1,101,189)
*	Fidelity Institutional Asset Management Trust Company	Intermediate Credit Commingled Pool - Class A	24,083,736	-	-	-	24,083,736	24,083,736	-
*	Fidelity Institutional Asset Management Trust Company	Intermediate Credit Commingled Pool - Class A	-	13,012,988	-	-	12,973,315	13,012,988	39,673
*	Fidelity Institutional Asset Management Trust Company	Intermediate Duration Pool	48,738,614	-	-	-	48,738,614	48,738,614	-

CIRCOR International, Inc. Retirement Plan

Schedule H, Line 4(j) - Schedule of Reportable Transactions

EIN: 04-3477276 Plan Number: 001

Year Ended December 31, 2025

	(a) Identity of Party	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses	(g) Cost	(h) Current Value	(i) Net Gain/ (Loss)
*	Fidelity Institutional Asset Management Trust Company	Intermediate Duration Pool	$ -	$ 28,420,654	$ -	$ -	$ 28,353,493	$ 28,420,654	$ 67,161
*	Fidelity Institutional Asset Management Trust Company	Long Duration CIT	26,517,096	-	-	-	26,517,096	26,517,096	-
*	Fidelity Institutional Asset Management Trust Company	Long Duration CIT	-	23,511,377	-	-	23,820,902	23,511,377	(309,525)
*	Fidelity Investments	Fidelity Long-term Treasury Bond Index Fund	11,263,503	-	-	-	11,263,503	11,263,503	-
*	Fidelity Investments	Fidelity Long-term Treasury Bond Index Fund	-	36,176,967	-	-	47,390,015	36,176,967	(11,213,048)
	Geode Capital Management Trust Company, LLC	Spartan 500 Index Pool A	-	23,544,813	-	-	13,812,201	23,544,813	9,732,612
	Geode Capital Management Trust Company, LLC	Spartan Developed International Index Pool A	-	11,091,045	-	-	8,770,112	11,091,045	2,320,933
	Geode Capital Management Trust Company, LLC	Spartan World Minimum Volatility Index Pool Class A	11,027,582	-	-	-	11,027,582	11,027,582	-
	Geode Capital Management Trust Company, LLC	Spartan World Minimum Volatility Index Pool Class A	-	11,194,592	-	-	11,027,582	11,194,592	167,010
Total Series Transactions			$ 243,027,048	$ 310,190,520	$ -	$ -	$ 553,513,941	$ 553,217,568	$ (296,373)

*A party in interest as defined by ERISA

SCHEDULE SB ATTACHMENT
Line 26a - Schedule of Active Participant Data

Plan Name: CIRCOR International, Inc. Retirement Plan
EIN/PN: 04-3477276/001
Valuation Date: January 1, 2025

Age	Years of Credited Service										Total
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & Over	
Under 25	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -
25 to 29	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -
30 to 34	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -
35 to 39	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -
40 to 44	- -	1 -	1 -	- -	- -	- -	- -	- -	- -	- -	2 -
45 to 49	- -	1 -	1 -	2 -	1 -	1 -	- -	- -	- -	- -	6 -
50 to 54	- -	1 -	2 -	- -	3 -	1 -	- -	- -	- -	- -	7 -
55 to 59	- -	1 -	6 -	5 -	2 -	1 -	- -	- -	- -	- -	15 -
60 to 64	- -	8 -	10 -	7 -	13 -	3 -	- -	- -	- -	- -	41 -
65 to 69	- -	5 -	5 -	4 -	7 -	2 -	- -	- -	- -	- -	23 -
70 & Over	- -	1 -	1 -	2 -	2 -	- -	- -	- -	- -	- -	6 -
Total	- -	18 -	26 -	20 -	28 -	8 -	- -	- -	- -	- -	100 -

Schedule SB, Part V - SUMMARY OF ASSUMPTIONS/METHODS

Funding Discount Rates

IRS-Prescribed Three-Segment Rates, for the fourth month prior to the valuation date (September).

	Non-Stabilized	Limited to 25-Year Corridor
Segment 1:	5.07%	5.07%
Segment 2:	5.33%	5.31%
Segment 3:	5.36%	5.50%

The "Limited to 25 Year Corridor" rates are adjusted by the applicable maximum and applicable minimum percentages of the 25-year average segment rates, as set forth in the American Rescue Plan Act of 2021 ('ARPA') for use in Minimum Required Contribution calculations. The IRS Maximum Deductible Limit Calculations use the rates from the "Non-Stabilized" column above.

The interest rates used to value the Target Liability for determining the minimum and maximum contributions are prescribed by law and based on elections made by the Plan Sponsor.

Effective Interest Rate

The Effective Interest Rate (EIR) for the current Plan Year is 5.31%. For the prior Plan Year, the EIR was 4.97%.

The EIR is the single rate of interest which, if used to determine the Funding Target, would result in the same Funding Target determined using the Plan Sponsor's above-elected discount rates. The EIR is used to discount contributions for minimum funding requirements and to accumulate excess contributions to the end of the year.

Funding Expected Return on Assets

The Expected Return on Assets (EROA) used in the calculation of the Actuarial Value of Assets is the lesser of (a) or (b), below:

(a) The Plan Sponsor's expected long-term rate of return on assets based on policy trust allocations; or

(b) The third segment rate in the IRS-prescribed three-segment rate assumption, based on the elections made by the Plan Sponsor for minimum funding purposes.

The results are as follows:

Plan Year	Assumption (a)	Seg. III (b)	EROA (smaller of (a) or (b))
2024	6.00%	5.59%	5.59%
2023	6.00%	5.74%	5.74%

The Expected Return on Assets is chosen with input from the plan sponsor and investment advisor and reflects their view of the long-term rate of return on assets based on current and target asset allocations as of each measurement date.

Funding Administrative Expenses

Administrative expenses of $1,500,000 were estimated to be paid from the trust in the current Plan Year and were included in the Normal Cost.

Expenses paid from the plan trust are estimated by reviewing historical fees paid from the trust and adjusting for PBGC premiums and other expenditures expected to be paid in this Plan Year.

Funding Mortality

§430(h) Generational Mortality Tables for the Current Plan Year.

The mortality assumptions used to value the Target Liability for determining the minimum and maximum contributions are prescribed by law and based on elections made by the Plan Sponsor.

Withdrawal Rates

Withdrawal rates vary by age and were assumed as follows:

Age	Withdrawal Rates
25	17.30%
30	16.30%
35	15.00%
40	13.30%
45	11.20%
50	8.56%
55	5.45%
60+	0.00%

The assumed rates of termination from active status incorporated into these measurements are based on an experience study of participant statuses for calendar years 2016 through 2020.

Disability Incidence

Legacy Watts Hourly, Watts Salaried, and Tomco

Disability rates vary by age. Sample rates are as follows:

Age	Rates
35	0.098%
40	0.158%
45	0.259%
50	0.448%
55	0.845%
60	0.120%
65	0.154%

Legacy Power Transmission and Salaried

Disability rates vary by age. Sample rates are as follows:

Age	Rates
35	0.099%
40	0.162%
45	0.270%
50	0.493%
55	0.914%
60	1.470%
65	2.077%

Legacy Warren Pumps

Disability rates vary by age. Sample rates are as follows:

Age	Rates
35	0.129%
40	0.164%
45	0.221%
50	0.347%
55	0.712%
60	1.264%
65	0.000%

The current assumption has been selected based on observations of recent disablements, the actuary's experience with plans of a similar size, plan design, workforce composition, and discussions with the Plan Sponsor.

Retirement Rates

Active Participants

Legacy Watts Hourly, Watts Salaried, and Tomco

Retirement rates which vary by age were assumed as follows:

Age	Rates
55	15.0%
56-59	5.0%
60-64	20.0%
65-69	25.0%
70+	100.0%

Legacy Power Transmission, Salaried and Warren Pumps

Retirement rates which vary by age were assumed as follows:

Age	Rates
55-61	2.0%
62-64	15.0%
65-69	50.0%
70+	100.0%

Terminated Vested Participants

Legacy Watts Hourly, Watts Salaried, and Tomco

Retirement rates which vary by age were assumed as follows:

Age	Rates
55	5.0%
56-61	2.0%
62-64	5.0%
65	50.0%
66-69	20.0%
70+	100.0%

Legacy Salaried Fluid Handling, Power Transmission, Florence, Delroyd, Warren Pumps Salaried and Warren Pumps Hourly

Retirement rates which vary by age were assumed as follows:

Age	Rates
55-61	2.0%
62-64	5.0%
65	50.0%
66-69	20.0%
70+	100.0%

Legacy Warner Electric IL and Turbine
Retirement rates which vary by age were assumed as follows:

Age	Rates
57	25.0%
58-61	5.0%
62-64	10.0%
65	50.0%
66-69	20.0%
70+	100.0%

Legacy Fincor, Warner Electric TX, Warner Electric MI and Ameridrivers
Retirement rates which vary by age were assumed as follows:

Age	Rates
60-61	2.0%
62-64	5.0%
65	50.0%
66-69	20.0%
70+	100.0%

The assumed rates of retirement incorporated into these measurements are based on an experience study of participant statuses for calendar years 2016 through 2020.

Spousal Assumptions

80% of males and 80% of females are assumed to be married.

Females are assumed to be 3 years younger than males.

Form of Payment

Legacy Watts Hourly, Watts Salaried, and Tomco
Participants are assumed to elect the following optional forms:
- 50% elect a single life annuity
- 5% elect a 10 year certain & continuous annuity
- 20% elect a 50% joint & survivor annuity
- 5% elect a 75% joint & survivor annuity
- 20% elect a 100% joint & survivor annuity

Legacy Salaried Fluid Handling, Power Transmission, Florence Fincor, Warren Pumps Salaried and Warren Pumps Hourly
Participants are assumed to elect the following optional forms:
- 50% elect a single life annuity
- 15% elect a 10 year certain & continuous annuity
- 15% elect a 50% joint & survivor annuity
- 5% elect a 75% joint & survivor annuity
- 15% elect a 100% joint & survivor annuity

Legacy Delroyd, Warner Electric TX, Warner Electric IL, Warner Electric MI, Ameridrivers, and Turbine
Participants are assumed to elect the following optional forms:
- 60% elect a single life annuity
- 30% elect a 50% joint & survivor annuity
- 5% elect a 75% joint & survivor annuity
- 5% elect a 100% joint & survivor annuity

The assumed rates of optional form elections incorporated into these measurements are based on an experience study of participant elections for calendar years 2016 through 2020.

Changes in funding assumptions since the prior valuation

In accordance with federal law, the discount rates for funding and PBGC purposes were updated from the discount rates disclosed in the 2025 Actuarial Valuation Report to the discount rates shown above.

Actuarial Cost Method	The Pension Protection Act (PPA) requires the calculation of the Target Liability and Target Normal Cost. The Target Liability represents the present value of benefits accumulated as of the valuation date. The present value is calculated by projecting future payments of the accrued benefit, adjusting for probability of receipt according to demographic assumptions, and discounting the payments back to the valuation date using the segment interest rates. Payments expected within five years of the valuation date are discounted using the first segment rate, payments expected at least five but within 20 years of the valuation date are discounted using the second segment rate, and payments expected at least 20 years from the valuation date are discounted using the third segment rate. The calculation of the Target Normal Cost is identical, except that the future payment stream is based on the benefit expected to accrue during the plan year.
Changes in methods since the prior valuation	None.

CIRCOR International, Inc. Retirement Plan

Schedule H, Line 4(j) - Schedule of Reportable Transactions

EIN: 04-3477276 Plan Number: 001

Year Ended December 31, 2025

	(a) Identity of Party	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses	(g) Cost	(h) Current Value	(i) Net Gain/ (Loss)
Single Transactions									
*	Fidelity Investments	Fidelity Government Portfolio Institution	$ 65,393,975	$ -	$ -	$ -	$ 65,393,975	$ 65,393,975	$ -
*	Fidelity Investments	Fidelity Government Portfolio Institution	-	65,393,975	-	-	65,393,975	65,393,975	-
*	Fidelity Institutional Asset Management Trust Company	8-10 Year Corporate Bond Commingled - Class A	8,945,545	-	-	-	8,945,545	8,945,545	-
*	Fidelity Institutional Asset Management Trust Company	8-10 Year Corporate Bond Commingled - Class A	33,073,716	-	-	-	33,073,716	33,073,716	-
*	Fidelity Institutional Asset Management Trust Company	8-10 Year Corporate Bond Commingled - Class A	-	61,945,572	-	-	62,864,630	61,945,572	(919,058)
*	Fidelity Institutional Asset Management Trust Company	8-10 Year Corporate Bond Commingled - Class A	-	17,353,421	-	-	17,353,421	17,353,421	-
*	Fidelity Institutional Asset Management Trust Company	Intermediate Credit Commingled Pool - Class A	12,663,334	-	-	-	12,663,334	12,663,334	-
*	Fidelity Institutional Asset Management Trust Company	Intermediate Credit Commingled Pool - Class A	-	12,700,325	-	-	12,663,334	12,700,325	36,991
*	Fidelity Institutional Asset Management Trust Company	Intermediate Duration Pool	27,784,268	-	-	-	27,784,268	27,784,268	-
*	Fidelity Institutional Asset Management Trust Company	Intermediate Duration Pool	11,204,113	-	-	-	11,204,113	11,204,113	-
*	Fidelity Institutional Asset Management Trust Company	Intermediate Duration Pool	9,750,233	-	-	-	9,750,233	9,750,233	-
*	Fidelity Institutional Asset Management Trust Company	Intermediate Duration Pool	-	27,847,641	-	-	27,784,268	27,847,641	63,373
*	Fidelity Institutional Asset Management Trust Company	Long Duration CIT	11,032,352	-	-	-	11,032,352	11,032,352	-

CIRCOR International, Inc. Retirement Plan

Schedule H, Line 4(j) - Schedule of Reportable Transactions

EIN: 04-3477276 Plan Number: 001

Year Ended December 31, 2025

	(a) Identity of Party	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses	(g) Cost	(h) Current Value	(i) Net Gain/ (Loss)
*	Fidelity Institutional Asset Management Trust Company	Long Duration CIT	$ 12,001,370	$ -	$ -	$ -	$ 12,001,370	$ 12,001,370	$ -
*	Fidelity Institutional Asset Management Trust Company	Long Duration CIT	-	22,293,981	-	-	22,577,365	22,293,981	(283,384)
*	Fidelity Investments	Fidelity Long-term Treasury Bond Index Fund	-	26,565,163	-	-	34,943,102	26,565,163	(8,377,939)
	Geode Capital Management Trust Company, LLC	Spartan 500 Index Pool A	-	19,198,505	-	-	11,249,847	19,198,505	7,948,658
	Geode Capital Management Trust Company, LLC	Spartan Developed International Index Pool A	-	10,216,776	-	-	8,066,878	10,216,776	2,149,898
	Geode Capital Management Trust Company, LLC	Spartan World Minimum Volatility Index Pool Class A	10,726,227	-	-	-	10,726,227	10,726,227	-
Total			202,575,133	263,515,359	-	-	465,471,953	466,090,492	618,539
Series Transactions									
*	Fidelity Investments	Fidelity Government Portfolio Institution	76,926,040	-	-	-	76,926,040	76,926,040	-
*	Fidelity Investments	Fidelity Government Portfolio Institution	-	76,926,040	-	-	76,926,040	76,926,040	-
*	Fidelity Institutional Asset Management Trust Company	8-10 Year Corporate Bond Commingled Pool - Class A	44,470,477	-	-	-	44,470,477	44,470,477	-
*	Fidelity Institutional Asset Management Trust Company	8-10 Year Corporate Bond Commingled Pool - Class A	-	86,312,044	-	-	87,413,233	86,312,044	(1,101,189)
*	Fidelity Institutional Asset Management Trust Company	Intermediate Credit Commingled Pool - Class A	24,083,736	-	-	-	24,083,736	24,083,736	-
*	Fidelity Institutional Asset Management Trust Company	Intermediate Credit Commingled Pool - Class A	-	13,012,988	-	-	12,973,315	13,012,988	39,673
*	Fidelity Institutional Asset Management Trust Company	Intermediate Duration Pool	48,738,614	-	-	-	48,738,614	48,738,614	-

CIRCOR International, Inc. Retirement Plan

Schedule H, Line 4(j) - Schedule of Reportable Transactions

EIN: 04-3477276 Plan Number: 001

Year Ended December 31, 2025

	(a) Identity of Party	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses	(g) Cost	(h) Current Value	(i) Net Gain/ (Loss)
*	Fidelity Institutional Asset Management Trust Company	Intermediate Duration Pool	$ -	$ 28,420,654	$ -	$ -	$ 28,353,493	$ 28,420,654	$ 67,161
*	Fidelity Institutional Asset Management Trust Company	Long Duration CIT	26,517,096	-	-	-	26,517,096	26,517,096	-
*	Fidelity Institutional Asset Management Trust Company	Long Duration CIT	-	23,511,377	-	-	23,820,902	23,511,377	(309,525)
*	Fidelity Investments	Fidelity Long-term Treasury Bond Index Fund	11,263,503	-	-	-	11,263,503	11,263,503	-
*	Fidelity Investments	Fidelity Long-term Treasury Bond Index Fund	-	36,176,967	-	-	47,390,015	36,176,967	(11,213,048)
	Geode Capital Management Trust Company, LLC	Spartan 500 Index Pool A	-	23,544,813	-	-	13,812,201	23,544,813	9,732,612
	Geode Capital Management Trust Company, LLC	Spartan Developed International Index Pool A	-	11,091,045	-	-	8,770,112	11,091,045	2,320,933
	Geode Capital Management Trust Company, LLC	Spartan World Minimum Volatility Index Pool Class A	11,027,582	-	-	-	11,027,582	11,027,582	-
	Geode Capital Management Trust Company, LLC	Spartan World Minimum Volatility Index Pool Class A	-	11,194,592	-	-	11,027,582	11,194,592	167,010
Total Series Transactions			$ 243,027,048	$ 310,190,520	$ -	$ -	$ 553,513,941	$ 553,217,568	$ (296,373)

*A party in interest as defined by ERISA

SCHEDULE SB (Form 5500) 1	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 _____ and ending _____

▶ **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: CIRCOR INTERNATIONAL, INC. RETIREMENT PLAN	**B** Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF: CIRCOR INTERNATIONAL, INC.	**D** Employer Identification Number (EIN): 04-3477276

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	144,490,567
b Actuarial value	2b	144,161,128

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	3,449	118,662,328	118,662,328
b For terminated vested participants	467	15,808,254	15,808,254
c For active participants	100	4,596,231	4,596,231
d Total	4,016	139,066,813	139,066,813

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	5.31%
6 Target normal cost		
a Present value of current plan year accruals	6a	0
b Expected plan-related expenses	6b	1,500,000
c Target normal cost	6c	1,500,000

Statement by Enrolled Actuary

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

SIGN HERE James D. Burke (jdb) — Signature of actuary	9/28/2026 — Date
James D. Burke — Type or print name of actuary	2606899 — Most recent enrollment number
CBIZ — Firm name	215-587-0700 — Telephone number (including area code)
1845 Walnut St. 10th Floor Philadelphia PA 19103 — 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	4,271,083
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)	0	4,271,083
10	Interest on line 9 using prior year's actual return of 3.81 %	0	162,728
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 4.97 %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	4,433,811

Part III Funding Percentages

14	Funding target attainment percentage	14	100.47 %
15	Adjusted funding target attainment percentage	15	103.66 %
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	110.64 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

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

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	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**	1,500,000
b Excess assets, if applicable, but not greater than line 31a	**31b**	660,504

32 Amortization installments:

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

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	839,496

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	839,496	839,496

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0

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

a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

Schedule SB, Line 22 - Description of Weighted Average Retirement Age

Legacy Watts Hourly, Watts Salaried and Tomco Retirement Table:

Age	Count	Ret. Rate	# Ret	Weighted	# Active
55	1,000.000	15.00%	150.000	8,250.000	
56	850.000	5.00%	42.500	2,380.000	
57	807.500	5.00%	40.375	2,301.375	
58	767.125	5.00%	38.356	2,224.663	
59	728.769	5.00%	36.438	2,149.868	
60	692.330	20.00%	138.466	8,307.964	
61	553.864	20.00%	110.773	6,757.144	
62	443.091	20.00%	88.618	5,494.333	
63	354.473	20.00%	70.895	4,466.361	
64	283.578	20.00%	56.716	3,629.805	
65	226.863	25.00%	56.716	3,686.520	
66	170.147	25.00%	42.537	2,807.427	
67	127.610	25.00%	31.903	2,137.473	
68	95.708	25.00%	23.927	1,627.032	
69	71.781	25.00%	17.945	1,238.219	
70	53.836	100.00%	53.836	3,768.492	
Average Retirement Age				61.227	54

Legacy Power Transmission, Salaried and Warren Pumps Retirement Table:

Age	Count	Ret. Rate	# Ret	Weighted	# Active
55	1,000.000	2.00%	20.000	1,100.000	
56	980.000	2.00%	19.600	1,097.600	
57	960.400	2.00%	19.208	1,094.856	
58	941.192	2.00%	18.824	1,091.783	
59	922.368	2.00%	18.447	1,088.394	
60	903.921	2.00%	18.078	1,084.705	
61	885.842	2.00%	17.717	1,080.728	
62	868.126	15.00%	130.219	8,073.567	
63	737.907	15.00%	110.686	6,973.218	
64	627.221	15.00%	94.083	6,021.319	
65	533.138	50.00%	266.569	17,326.972	
66	266.569	50.00%	133.284	8,796.770	
67	133.284	50.00%	66.642	4,465.027	
68	66.642	50.00%	33.321	2,265.835	
69	33.321	50.00%	16.661	1,149.578	
70	16.661	100.00%	16.661	1,166.238	
Average Retirement Age				63.877	72

Weighted Average Retirement Age: **62.741** **126**

CIRCOR International, Inc. Retirement Plan **EIN: 04-3477276**
Attachment to the 2025 Form 5500 Schedule SB **PN: 001**

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants	Total
2025	129,681	694,799	14,463,349	15,287,830
2026	203,804	814,737	13,818,075	14,836,616
2027	266,880	946,908	13,150,751	14,364,539
2028	305,978	1,029,562	12,469,852	13,805,393
2029	333,777	1,114,961	11,780,700	13,229,438
2030	354,111	1,167,136	11,083,011	12,604,258
2031	365,611	1,226,997	10,383,008	11,975,617
2032	371,974	1,256,063	9,686,236	11,314,273
2033	375,225	1,276,946	8,993,730	10,645,901
2034	376,986	1,286,803	8,306,951	9,970,741
2035	372,465	1,284,390	7,629,092	9,285,946
2036	366,728	1,278,004	6,975,886	8,620,618
2037	360,310	1,249,395	6,340,176	7,949,881
2038	353,204	1,220,639	5,732,008	7,305,851
2039	346,170	1,188,574	5,150,513	6,685,257
2040	338,065	1,153,873	4,597,661	6,089,598
2041	328,799	1,112,691	4,076,318	5,517,807
2042	320,876	1,065,726	3,588,093	4,974,695
2043	309,499	1,019,122	3,134,581	4,463,201
2044	297,072	969,256	2,716,869	3,983,198
2045	283,740	917,527	2,335,499	3,536,766
2046	269,599	864,575	1,990,470	3,124,644
2047	254,597	811,585	1,681,267	2,747,448
2048	238,842	759,319	1,406,901	2,405,063
2049	222,476	704,541	1,165,975	2,092,992
2050	205,675	649,851	956,726	1,812,252
2051	188,593	595,629	777,059	1,561,281
2052	171,421	542,818	624,628	1,338,866
2053	154,454	491,131	496,897	1,142,481
2054	137,895	440,493	391,210	969,598
2055	121,964	391,983	304,889	818,836
2056	106,859	345,980	235,296	688,136
2057	92,748	302,818	179,923	575,489
2058	79,753	262,754	136,440	478,948
2059	67,956	226,009	102,733	396,699
2060	57,397	192,683	76,927	327,008
2061	48,074	162,810	57,403	268,287

CIRCOR International, Inc. Retirement Plan **EIN: 04-3477276**
Attachment to the 2025 Form 5500 Schedule SB **PN: 001**

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants	Total
2062	39,949	136,345	42,785	219,079
2063	32,955	113,181	31,937	178,073
2064	27,003	93,148	23,938	144,089
2065	21,992	76,025	18,057	116,073
2066	17,811	61,558	13,734	93,104
2067	14,350	49,476	10,549	74,375
2068	11,505	39,496	8,186	59,187
2069	9,180	31,336	6,419	46,935
2070	7,289	24,730	5,086	37,104
2071	5,757	19,427	4,072	29,255
2072	4,521	15,202	3,296	23,019
2073	3,528	11,857	2,702	18,087
2074	2,734	9,222	2,247	14,202
2075	2,102	7,153	1,899	11,154
2076	1,601	5,532	1,636	8,769
2077	1,207	4,264	1,438	6,910
2078	900	3,274	1,292	5,465
2079	662	2,501	1,185	4,348
2080	481	1,898	1,108	3,487
2081	344	1,430	1,052	2,826
2082	242	1,068	1,013	2,322
2083	167	789	984	1,940
2084	113	576	963	1,652
2085	75	414	947	1,436
2086	49	293	934	1,276
2087	31	204	922	1,158
2088	20	140	911	1,071
2089	12	94	900	1,006
2090	7	62	889	958
2091	4	39	877	921
2092	2	25	865	892
2093	1	15	851	867
2094	1	9	835	845
2095	0	5	818	824
2096	0	3	800	803
2097	0	2	779	781
2098	0	1	755	756

CIRCOR International, Inc. Retirement Plan **EIN: 04-3477276**
Attachment to the 2025 Form 5500 Schedule SB **PN: 001**

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

Plan Year	Active Participants	Terminated Vested Participants	Retired Participants	Total
2099	0	0	730	730
2100	0	0	700	700
2101	-	0	668	668
2102	-	0	632	632
2103	-	0	593	593
2104	-	0	550	550
2105	-	0	505	505
2106	-	-	457	457
2107	-	-	407	407
2108	-	-	357	357
2109	-	-	308	308
2110	-	-	260	260
2111	-	-	215	215
2112	-	-	175	175
2113	-	-	140	140
2114	-	-	109	109
2115	-	-	83	83
2116	-	-	62	62
2117	-	-	45	45
2118	-	-	32	32
2119	-	-	22	22
2120	-	-	15	15
2121	-	-	9	9
2122	-	-	6	6
2123	-	-	4	4
2124	-	-	2	2
2125	-	-	1	1
2126	-	-	1	1
2127	-	-	0	0
2128	-	-	0	0
2129	-	-	0	0
2130	-	-	0	0
2131	-	-	0	0
2132	-	-	0	0
2133	-	-	0	0
2134	-	-	-	-
2135	-	-	-	-

Schedule SB, Part V – Summary of Principle Plan Provisions

Salaried Employees

Freeze Date	June 30, 2006
Covered Employees	As of October 18, 1999, a spin-off of employees from the Watts Industries, Inc. Retirement Plan for Salaried Employees occurred. No new participants after June 30, 2006.
Eligibility	Age 21 and one year of service. Hired before February 1, 2006.
Benefit Service	1,000 Hours of Service.
Compensation	Calendar year W-2 earnings including 401(k) and Section 125 deferrals. Compensation in excess of IRC Section 401(a)(17) limitations as indexed shall not be considered.
Final Average Compensation	Average of highest 60 consecutive monthly salaries out of the last 120 months.
Maximum Offset Allowance	At Social Security Retirement Age (SSRA), (i), (ii) or (iii) below, whichever is applicable: (i) if a Participant's SSRA is 65, .0075 of his or her Social Security Compensation; (ii) if a Participant's SSRA is 66, .0068 of his or her Social Security Compensation; (iii) if a Participant's SSRA is 67 or higher, .00625 of his or her Social Security Compensation, multiplied by his or her years of Benefit Service (up to a maximum of 25 years).

Monthly Pension Benefit A Participant's accrued monthly pension benefit shall be equal to the greater of (i), (ii), (iii), or (iv) below:

(i) 1.67% times the Participant's Final Average Compensation less the Maximum Offset Allowance, the result of which is multiplied by his or her years of Benefit Service (maximum of 25 years);
(ii) 1.00% times the Participant's Final Average Compensation multiplied by his or her years of Benefit Service (maximum of 25 years);
(iii) the Participant's accrued benefit as of March 15, 1990 (or December 31, 1988 if the Participant is a highly compensated employee as defined in Section 414(q)(1)(A) or (B) of the Code);
(iv) the Participant's accrued benefit under the Plan determined as of the December 31 preceding the date of determination.

For Participants who participated in the Spence Plan on December 31, 1991, the accrued monthly pension benefit shall be equal to the sum of (A) and (B) where:

(A) is equal to the sum of (1), (2), (3), and (4) below:

(1) 5/8 of 1% of the Participant's Final Average Compensation multiplied by his or her years of benefit service earned prior to June 1, 1975 under the Spence Plan;
(2) 3/4 of 1% of the Participant's Final Average Compensation multiplied by his or her years of benefit service earned on and after June 1, 1975 through May 31, 1980 under the Spence Plan;
(3) 7/8 of 1% of the Participant's Final Average Compensation multiplied by his or her years of benefit service earned on and after June 1, 1980 through May 31, 1985 under the Spence Plan;
(4) 1% of the Participant's Final Average Compensation multiplied by his or her years of benefit service earned on and after June 1, 1985 through December 31, 1986 under the Spence Plan.

The amount of the benefit calculated above shall be actuarially increased to reflect the change in the normal form of benefit payment from a 5 year certain and continuous annuity to a single life annuity.

(B) is equal to the greater of (1) or (2) below:

(1) 1.67% times the Participant's Final Average Compensation less the Maximum Offset

Allowance, the result of which is multiplied by his or her years of Benefit Service earned under the Spence Plan on or after January 1, 1987 but prior to January 1, 1992, and Benefit Service earned under the Plan on or after January 1, 1992 (maximum of 25 years).

(2) 1.00% of the Participant's Final Average Compensation multiplied by his or her years of benefit service earned under the Spence Plan on and after January 1, 1987 but prior to January 1, 1992 and his or her years of Benefit Service earned on and after January 1, 1992 under the Plan (up to a maximum of 25 years).

Minimum Benefit

The annual normal retirement benefit of a Participant who participated in the Watts Salaried Plan prior to October 18, 1999 and who was an Employee of Watts Industries, Inc. on January 1, 1979 shall in no event be less than an amount equal to the sum of (a) and (b) below for each year of Benefit Service:

(a) 1% of that portion of his or her Compensation in each calendar year subject to taxes under the Federal Insurance Contributions Act, as adjusted by regulation each year, plus

(b) 2% of that portion of his or her Compensation in each calendar year in excess of that amount subject to taxes under the Federal Insurance Contributions Act, as adjusted by regulation each year.

Normal Retirement Pension

Eligibility: Age 65 and 5 years of service.

Benefit: Monthly pension benefit determined as of Normal Retirement Date.

Early Retirement Pension

Eligibility: Attainment of age 55 and completion of 5 years of service.

Benefit: Monthly pension benefit determined as of Early Retirement Date reduced for commencement prior to Normal Retirement Date as follows:

5/9 of 1% for each of the first sixty months by which commencement of benefits precedes his or her Normal Retirement Date, and by 5/18 of 1% for each month thereafter, if any, by which commencement of benefits precedes his or her Normal Retirement Date.

Deferred Retirement Pension	**Eligibility:** Retirement after Normal Retirement Date. **Benefit:** The deferred retirement benefit is equal to the monthly pension benefit payable at the employee's actual retirement date reflecting service and compensation to the date of termination.
Vested Retirement Pension	**Eligibility:** Completion of 5 years of service or attainment of age 65. **Benefit:** Monthly pension benefit determined as of termination date.
Disability Retirement Pension	**Eligibility:** Disablement while employed and is eligible for and receiving disability benefits under Title II of the Social Security Act. **Benefit:** Shall continue to be credited with years of service for vesting and years of Benefit Service.
Death Retirement Pension	**Eligibility:** Completion of five years of service. **Benefit:** 50% of the benefit the Participant would have received had he/she quit employment the day before death and elected a 50% joint and survivor option to commence at the earliest possible retirement date.
Forms of Payment	**Normal Form:** Life annuity; or if married, an actuarially equivalent 50% joint and survivor annuity. **Optional forms:** 50%, 75%, or 100% joint and contingent survivor, five-year, or ten-year period certain.

Hourly Employees

Freeze Date June 30, 2006

Covered Employees As of October 18, 1999, a spinoff of employees from the Watts Industries, Inc. Hourly Pension Plan occurred. No new participants after June 30, 2006.

Eligibility Age 21 and one year of service.

Vesting Service For Plan Year beginning before January 1, 2002:

Hours of Service	Service
1,000 or more	1.0
936-999	0.5
728-935	0.4
501-727	0.3
Less than 501	0.0

For Plan Years beginning after December 31, 2001: 1,000 Hours of Service

Benefit Service 2,080 Hours of Service. Partial years computed to the nearest 1/10th year. Benefit Service after June 30, 2006 is excluded.

Monthly Pension Benefit

A Participant's accrued monthly pension benefit shall be equal to the number of his or her years of Benefit Service (including fractions thereof) multiplied by the benefit rate in effect on the date the Participant last performed an Hour of Service in accordance with the following applicable schedule (no additional benefit accruals after June 30, 2006):

Industrial Products Division Employees

Last Hour of Service		
On or After	**But Before**	**Benefit Rule**
October 18, 1999	January 1, 2002	$13.50
January 1, 2002		$15.00

10 Industrial Inc. Employees

Last Hour of Service		
On or After	**But Before**	**Benefit Rule**
October 18, 1999	January 1, 2002	$13.00
January 1, 2002		$15.00

Circle Seal Controls, Inc. Employees

Last Hour of Service		
On or After	**But Before**	**Benefit Rule**
October 18, 1999	N/A	$15.00

Leslie Controls, Inc. Employees

Last Hour of Service		
On or After	**But Before**	**Benefit Rule**
October 18, 1999	January 1, 2002	$13.00
January 1, 2002		$15.00

Hoke, Inc. Employees

Last Hour of Service		
On or After	**But Before**	**Benefit Rule**
January 1, 2002	N/A	$15.00

Normal Retirement Pension

Eligibility: Age 65 and 5 years of service.

Benefit: Monthly pension benefit determined as of Normal Retirement Date.

Early Retirement Pension	**Eligibility:** Attainment of age 55 and completion of 5 years of service. **Benefit:** Monthly pension benefit determined as of Early Retirement Date reduced for commencement prior to Normal Retirement Date as follows: 5/9 of 1% for each of the first sixty months by which commencement of benefits precedes his or her Normal Retirement Date, and by 5/18 of 1% for each month thereafter, if any, by which commencement of benefits precedes his or her Normal Retirement Date.
Deferred Retirement Pension	**Eligibility:** Retirement after Normal Retirement Date. **Benefit:** The deferred retirement benefit is equal to the monthly pension benefit payable at the employee's actual retirement date reflecting service and compensation to the date of termination.
Vested Retirement Pension	**Eligibility:** Completion of 5 years of service or attainment of age 65. **Benefit:** Monthly pension benefit determined as of termination date.
Disability Benefits	**Eligibility:** Disablement while employed and is eligible for and receiving disability benefits under Title II of the Social Security Act. **Benefit:** Shall continue to be credited with years of service for vesting and years of Benefit Service.
Death Benefits	**Eligibility:** Completion of five years of service. **Benefit:** 50% of the benefit the member would have received had he/she quit employment the day before death and elected a 50% joint and survivor option to commence at the earliest possible retirement date.
Forms of Payment	**Normal Form**: Life annuity; or if married, an actuarially equivalent 50% joint and survivor annuity. **Optional Forms:** 50%, 75%, or 100% joint and contingent survivor, ten-year period certain.

Tomco Employees

Freeze Date	December 31, 2003
Covered Employees	Effective December 31, 2003, the Tomco Products, Inc. Defined Benefit Plan was merged into the Plan. No new participants after December 31, 2003.
Eligibility	Age 21 and one year of service.
Year of Service	1,000 Hours of Service.
Compensation	Calendar year W-2 earnings including Section 125 deferrals. Compensation in excess of IRC Section 401(a)(17) limitations as indexed shall not be considered.
Average Monthly Compensation	Average of highest five consecutive salary years out of the last ten years, divided by 12.
Monthly Pension Benefit	A Participant's accrued monthly pension benefit shall be equal to the sum of: 1) 26% of such Participant's Average Monthly Compensation, plus; 2) 16% of such Average Monthly Compensation in excess of one-twelfth of Covered Compensation, computed to the nearest cent. For Participants who are projected to have earned less than twenty-five (25) Years of Service as of the end of the Plan Year in which they attain Normal Retirement Age, the percentage in (1) above and the excess percentage in (2) above shall be reduced by one- twenty fifth for each such Year of Service less than twenty-five (25).
Normal Retirement Pension	**Eligibility:** Age 65 and 5 years of service. **Benefit:** Monthly pension benefit determined as of Normal Retirement Date.
Early Retirement Pension	**Eligibility:** Attainment of age 55 and completion of 10 years of service. **Benefit:** Monthly pension benefit determined as of Early Retirement Date, actuarially equivalent to the monthly pension payable on Normal Retirement Date. Actuarial equivalence is defined in the Plan Document.

Deferred Retirement Pension	**Eligibility:** Retirement after Normal Retirement Date. **Benefit:** The deferred retirement benefit is equal to the greater of the monthly pension benefit payable at the employee's actual retirement date reflecting service and compensation to the date of termination and the actuarial equivalent of the Normal Retirement Benefit.
Vested Retirement Pension	**Eligibility:** Completion of 5 years of service or attainment of age 65. **Benefit:** Monthly pension benefit determined as of termination date.
Disability Benefits	None.
Death Benefits	**Eligibility:** Completion of five years of service. **Benefit:** 50% of the benefit the member would have received had he/she quit employment the day before death and elected a 50% joint and survivor option to commence at the earliest possible retirement date.
Forms of Payment	**Normal Form:** Life annuity; or if married, an actuarially equivalent 50% joint and survivor annuity. **Optional forms:** 50%, 75%, or 100% joint and contingent survivor.

Legacy Power Transmission

Freeze Date January 31, 1999

Covered Employees As of December 31, 2001 a plan spinoff of employees from the Retirement Plan for Salaried U.S. Employees of Imo Industries Inc. and Affiliates occurred.

Eligibility Age 21 and one year of service.

Salary January 1 salary rate, plus bonuses and overtime. Annual compensation is limited by the limit under Includable Compensation under IRC 401 (a)(17).

Final Average Salary Average of highest five consecutive salary years out of the last ten years, divided by 12.

Monthly Pension Benefit A Participant's accrued monthly pension benefit shall be the sum of base and excess portions for each year of service from the date of plan entry.

Period of Service	Base	Excess
Tier 1, first 25 years	0.85% of FAS	0.65% of FAS above Covered Comp.
Tier 2, next 10 years	0.40% of FAS	0.40% of FAS above Covered Comp.

Boston Gear Charlotte employees receive a 1.15% base percentage for Tier 1 Service.

As of January 31, 1999, no further benefits will accrue. Active employees that at time received a benefit enhancement equal to 20% of the Base benefit.

Minimum Benefit $16.50 per month for each year of service from the later of date of hire and date of division acquisition.

Normal Retirement Pension

Eligibility: Age 65

Benefit: Monthly pension benefit determined as of Normal Retirement Date.

Early Retirement Pension	**Eligibility:** Attainment of age 55 and completion of 10 years of service. **Benefit:** Monthly pension benefit determined as of Early Retirement Date reduced for commencement prior to Normal Retirement Date as follows: For active members with age plus years of service greater than 75, early retirement reduction factors are split between the Base and Excess portions of the current benefit formula. Reduction of base benefit is 3% from age 65. Reduction of excess benefit is the maximum early retirement factors from the IRS permitted disparity rules. For active members age 55 with ten years of service who are not eligible under the Rule of 75, the entire benefit is reduced by IRS maximum integration factors.
Deferred Retirement Pension	**Eligibility:** Retirement after Normal Retirement Date. **Benefit:** The deferred retirement benefit is equal to the monthly pension benefit payable at the employee's actual retirement date reflecting service and salary to the date of termination.
Vested Retirement Pension	**Eligibility:** Completion of 5 years of service or attainment of age 65. **Benefit:** Monthly pension benefit determined as of termination date, reduced actuarially for payment before Normal Retirement Date.
Death Benefits	**Eligibility:** Completion of five years of service. **Benefit:** 50% of the benefit the member would have received had he/she quit employment the day before death and elected a 50% joint and survivor option to commence at the earliest possible retirement date.
Forms of Payment	**Normal Form:** Life annuity; or if married, an actuarially equivalent 50% joint and survivor annuity. **Optional forms:** 50%, 66 2/3%, or 100% joint and contingent survivor, five-, ten-, or fifteen-year period certain, Social Security level income option with early retirement.

Florence Distribution Center

Freeze Date	January 31, 1999
Eligibility	All hourly employees participate.
Monthly Pension Benefit	Effective January 1, 1993, the monthly pension benefit was equal to $15.00 per month for each year of service to a maximum of 35 years. In no event will a Participant's retirement benefit exceed the limits set forth in the Internal Revenue Code, Section 415. As of January 31, 1999, no further benefits will accrue. Active employees as of that date will receive a 20% increase in benefits.
Normal Retirement Pension	**Eligibility:** Later of age 65 and the fifth anniversary of plan participation. **Benefit:** Monthly pension benefit determined as of Normal Retirement Date.
Early Retirement Pension	**Eligibility:** Attainment of age 55 and completion of 10 years of service. **Benefit:** Monthly pension benefit determined as of early retirement date reduced by 0.5% for each full month of payment before Normal Retirement Date.
Deferred Retirement Pension	**Eligibility:** Retirement after Normal Retirement Date. **Benefit:** The deferred retirement benefit is equal to the monthly pension benefit payable at the employee's actual retirement date reflecting service and salary to the date of termination.
Vested Retirement Pension	**Eligibility:** Completion of 5 years of service **Benefit:** Monthly pension benefit determined as of Early Retirement Date reduced by 0.5% for each full month of payment before Normal Retirement Date.
Death Benefits	**Eligibility:** Vested and married at date of death. **Benefit:** 50% of the benefit the member would have received had he/she quit employment the day before death and elected a 50% joint and survivor option to commence at the earliest possible retirement date.

Disability Benefits	**Eligibility:** Completion of ten years of service. **Benefit:** Monthly pension benefit is payable immediately and is based on service at time of disability.
Forms of Payment	**Normal Form:** Life annuity; or if married, an actuarially equivalent 50% joint and survivor annuity. **Optional forms:** 50%, 66 2/3%, or 100% joint and contingent survivor, five-, ten-, or fifteen-year period certain, Social Security level income option with early retirement.

Fincor Division

Freeze Date	January 31, 1999
Eligibility	All hourly employees participate.
Monthly Pension Benefit	Effective January 1, 1993, the monthly pension benefit was equal to $12.00 per month for each year of service to a maximum of 30 years. In no event will a Participant's retirement benefit exceed the limits set forth in the Internal Revenue Code, Section 415. As of January 31, 1999, no further benefits will accrue. Active employees as of that date will receive a 20% increase in benefits.
Normal Retirement Pension	**Eligibility:** Later of age 65 and the fifth anniversary of plan participation. **Benefit:** Monthly pension benefit determined as of Normal Retirement Date.
Early Retirement Pension	**Eligibility:** Attainment of age 60 and completion of 15 years of service. **Benefit:** Monthly pension benefit determined as of Early Retirement Date reduced by 0.5% for each full month of payment before Normal Retirement Date.
Deferred Retirement Pension	**Eligibility:** Retirement after Normal Retirement Date. **Benefit:** The deferred retirement benefit is equal to the monthly pension benefit payable at the employee's actual retirement date reflecting service and salary to the date of termination.
Vested Retirement Pension	**Eligibility:** Completion of 5 years of service **Benefit:** Monthly pension benefit determined as of Early Retirement Date reduced by 0.5% for each full month of payment before Normal Retirement Date.
Death Benefits	**Eligibility:** Vested and married at date of death. **Benefit:** 50% of the benefit the member would have received had he/she quit employment the day before death and elected a 50% joint and survivor option to commence at the earliest possible retirement date.

Disability Benefits	**Eligibility:** Completion of ten years of service. **Benefit:** Monthly pension benefit is payable immediately and is based on service at time of disability.
Forms of Payment	**Normal Form:** Actuarially equivalent 50% joint and survivor annuity if married on date benefits commence; life annuity if single. **Optional forms:** 50%, 66 2/3%, or 100% joint and contingent survivor, five-, ten-, or fifteen-year period certain, Social Security level income option with early retirement.

Hourly Paid Employees of Imo Industries Inc. Local 6061, AFL-CIO (Delroyd)

Freeze Date February 27, 1998

Eligibility Employed in Bargaining Unit.

Monthly Pension Benefit Monthly pension benefit is equal to the benefit multiplier based upon termination period times years and fractional years of continuous service.

History of Benefit Multipliers

Termination Period	Benefit Multiplier
After December 1, 1992	$24.00
September 9, 1991 - September 30, 1992	$21.00
September 9, 1990 - September 8, 1991	$20.00
September 9, 1989 - September 8, 1990	$19.00
September 6, 1986 - September 8, 1989	$17.76
September 10, 1985 - September 5, 1986	$17.00
September 10, 1983 - September 9, 1985	$16.00
September 7, 1982 - September 9, 1983	$15.00
September 7, 1981 - September 6, 1982	$14.00
September 7, 1980 - September 6, 1981	$13.00

Normal Retirement Pension

Eligibility: Age 65.

Benefit: Monthly pension benefit determined as of Normal Retirement Date.

Early Retirement Pension

Eligibility: Later of age 55 or the date age plus service equals 75.

Benefit: Monthly pension benefit determined as of Early Retirement Date reduced by 4% per year of payment before age 62.

Deferred Retirement Pension

Eligibility: Retirement after Normal Retirement Date.

Benefit: The deferred retirement benefit is equal to the monthly pension benefit payable at the employee's actual retirement date reflecting service to the date of termination.

Vested Retirement Pension

Eligibility: Completion of 5 years of service or attaining age 65.

Benefit: Monthly pension benefit determined as of termination date payable without reduction at age 62.

Death Benefits	**Eligibility:** Vested and married for one year prior to death. **Benefit:** 50% of the benefit the member would have received had he/she quit employment the day before death and elected a 50% joint and survivor option to commence at the earliest possible retirement date.
Disability Benefits	**Eligibility:** Completion of ten years of continuous service. **Benefit:** $300 per month until member's Normal Retirement date, at which time the member will receive a Normal Retirement Benefit based upon service through the last day of employment.
Forms of Payment	**Normal Form:** Actuarially equivalent 50% joint and survivor annuity if married on date benefits commence; life annuity if single. **Optional Form:** Actuarially equivalent 75% joint and survivor annuity if married on date benefits commence

Warner Electric in Wichita Falls, Texas

Freeze Date

November 30, 2004

Eligibility

Each employee who was a Participant of Lodge No. 776 of the International Association of Machinists and Aerospace Workers Union is automatically eligible. Any other employee becomes eligible on the day on which he/she first performs an Hour of Service.

Monthly Pension Benefit

Effective January 1, 1999 the monthly pension benefit is equal to $19.00 per month for all Credited Service after August 14, 1986 and $15.56 per month for all Credited Service earned before that date.

Credited Service

(1) All full and fractional years of service since August 14, 1986 while employed on an hourly basis by Wichita Clutch Plant, Industrial Power Transmission Division, Dana Corporation, plus

(2) All full year and fractional years of past service ending on August 13, 1986 only for Employees with less than ten years of vesting service under the Prior Plan as of August 13, 1986.

Service since August 14, 1986 is earned in accordance with the following schedule:

Hours of Service in Plan Year	Month of Credited Service
Less than 680	0
Exactly 680	4
681 – 850	5
851 – 1,020	6
1,021 – 1,190	7
1,191 – 1,360	8
1,361 – 1,530	9
1,531 – 1,700	10
1,701 – 1,800	11
1,801 and over	12

Normal Retirement Pension

Eligibility: Age 65.

Benefit: Monthly pension benefit determined as of Normal Retirement Date.

Early Retirement Pension

Eligibility: Attainment of age 60 and completion of ten years of Credited Service.

Benefit: Monthly pension benefit determined as of Early Retirement Date reduced by 0.5% for each full month of payment before age 65.

Deferred Retirement Pension	**Eligibility:** Retirement after Normal Retirement Date. **Benefit:** The deferred retirement benefit is equal to the monthly pension benefit payable at the employee's actual retirement date reflecting service to the date of termination.
Vested Retirement Pension	**Eligibility:** Completion of 5 years of service. **Benefit:** Monthly pension benefit determined as of termination date reduced by 0.5% for each full month of payment before age 65.
Death Benefits	**Eligibility:** Vested and married at date of death. **Benefit:** 50% of the benefit the member would have received had he/she quit employment the day before death and elected a 50% joint and survivor option to commence at the earliest possible retirement date.
Disability Benefits	**Eligibility:** Completion of ten years of service prior to age 65. **Benefit:** The monthly pension benefit determined at date of disability shall be 10% greater than the early retirement benefit. In no event shall the benefit exceed the unreduced monthly pension benefit. For a covered employee whose disability pension is effective before he attains age 55, the amount shall be computed as if he/she were 55. The benefit shall commence no sooner than the seventh month of disability.
Forms of Payment	**Normal Form:** Life annuity; or if married, a 50% joint and survivor annuity. **Optional Form:** if married, 75% joint and survivor annuity

Supplemental Benefit

Supplemental Benefits provided to certain employees with benefit amounts as follows:

Employee	Normal Ret. Date	Amount of Supplement
Coy Cox	Dec-89	$191.12
Robert Grantom	Sep-94	$191.12
Tom Hall	Jun-91	$152.64
Jerry Loudamy	Oct-04	$80.00
D.J. Sheppard	Dec-07	$76.01
Arnold Peterson	Mar-95	$56.38
Willie Goolsby	Aug-16	$41.86
Gary Land	Apr-20	$27.79
A.G. Walton	Dec-18	$27.49
Doug Arnold	Jul-07	$25.25
Marcus McAdoo	Jan-01	$11.66

The supplement will be reduced should any of these employees retire before their normal retirement date. (Currently, the amount of the reduction is 0.5% for each month an employee is younger than 65 at retirement.) Also, surviving spouses will not be entitled to any portion of a supplement.

Medicare Benefit

Eligibility: Retiree or surviving spouse receiving normal, early, or disability (but not deferred vested) retirement, who is age 65 or over or otherwise eligible for Medicare, Part B.

Benefit: $20.00 per month after age 65, or earlier eligibility for Medicare, Part B.

Warner Electric in Roscoe and South Beloit, IL

Freeze Date	November 30, 2004
Eligibility	Each employee who are members of United Steelworkers of America, Local Union No. 3245 and employed at the South Beloit or Roscoe, Illinois plants.
Monthly Pension Benefit	The Monthly Unit times years of Credited Service: 1) $25.00 for terminations between January 30, 1998 and January 31, 1999 2) $27.50 for terminations between February 1, 1999 and January 30, 2000 3) $28.75 for terminations between January 31, 2000 and January 28, 2001 4) $30.00 for terminations between January 29, 2001 and January 25, 2004 5) $31.00 for terminations on or after January 26, 2004.
Credited Service	1) All full and fractional years of service since last date of hire computed to the nearest one-tenth year. 2) If employee has worked more than 60 days and less than two years, a break in service occurs when absence from work equals length of service. 3) Employees with two or more years of service may be absent two years without a break in service, or longer if the reason for absence is military, paternity or maternity leave. 4) Vested employees who become re-employed following a break in service accrue Credited Service from before and after the break.
Normal Retirement Pension	**Eligibility:** Attainment of age 62 and completion of five years of Credited Service. **Benefit:** Monthly pension benefit determined as of Normal Retirement Date.

Early Retirement Pension

Eligibility: Attainment of age 57 and completion of five years of Credited Service.

Benefit: Monthly pension benefit determined as of Early Retirement Date reduced according to the following schedule:

Age	Early Retirement Factor
57	0.6968
58	0.7458
59	0.7998
60	0.8597
61	0.9260
62	1.0000

Providing the pension benefit, including to the Surviving Spouse, will be unreduced for employees retiring on or after age 57 with 30 or more years of Credited Service.

Deferred Retirement Pension

Eligibility: Retirement after Normal Retirement Date.

Benefit: The deferred retirement benefit is equal to the monthly pension benefit payable at the employee's actual retirement date reflecting service to the date of termination.

Vested Retirement Pension

Eligibility: Completion of 5 years of service.

Benefit: Monthly pension benefit determined as of termination date reduced according to the schedule of factors for Early Retirement.

Survivor Benefits

Eligibility: Former and active vested employees and retirees who have elected the Normal Form of the Survivor Benefit.

Benefit:

1) Retirement Employees: Monthly Survivor Benefit equal to the percentage of benefit that the retiree has elected assuming a Joint and Survivor Option was chosen. Benefit payment begins on the first day of the month following the date of death.

2) Active Vested and Terminated Vested Employees: Monthly Survivor Benefit shall be equal to 50% of the benefit the member would have received had he/she quit employment the day before death and elected a 50% joint and survivor option to commence at the earliest possible retirement date.

Reduction: Pension Benefit of retiree is reduced actuarially for Survivor Benefit Option.

Disability Benefits

Eligibility: Completion of five years of Credited Service prior to age 62.

Benefit: The monthly pension benefit determined at date of disability shall be the greater of $300.00 or the Accrued Benefit at date of disability, payable only after six consecutive months of disability. At age 62, the benefit will be re-determined to be the normal retirement benefit.

Forms of Payment

Normal Form: Life annuity; or if married, a 50% joint and survivor annuity.

Optional Forms: if married, a 75% or 100% joint and survivor annuity.

Lump Sum: Participants who have attained at least age 57 with 30 or more years of service may elect a lump sum.

Supplemental Benefit

None.

Medicare Benefit

None.

Warner Electric in Warren, Michigan

Freeze Date	November 30, 2004
Eligibility	Each employee who was a member of the Warren, Michigan facility is automatically eligible. Other employees become eligible on the day on which they first perform an Hour of Service. Employees hired on or after December 3, 2001 are not eligible to participate.
Monthly Pension Benefit	Effective January 1, 1999, the monthly pension benefit is equal to $32.50 times years of Credited Service.
Credited Service	On or after January 1, 1996, 1/12 a year of Credited Service will be granted for each month an Employee: 1) Is on the active payroll and has at least an Hour of Service; 2) Is on an approved sick leave of absence because of occupational injury or disease incurred in the course of his employment with the Company; 3) Is on an approved leave of absence because of maternity, union business, Peace Corps, or military service. Credited service is only granted for the first five years of a continuous sick leave, and for four years in the armed forces; unless reemployment rights under federal law allow a longer time.
Normal Retirement Pension	**Eligibility:** Age 65. **Benefit:** Monthly pension benefit determined as of Normal Retirement Date.
Early Retirement Pension	**Eligibility:** Attainment of age 60 and completion of ten years of Credited Service; or between ages 55 and 60 with age plus Credited Service equaling 85 or more; or 30 years of Credited Service. **Benefit:** Monthly pension benefit determined as of Early Retirement Date reduced by an early retirement factor for payment before age 62. An early retirement benefit is recalculated at age 62 and one month without the early retirement percentage if retiring from active employment with either 30 or more years of Credited Service or age plus Credited Service equals 85 or more.

CIRCOR International, Inc. Retirement Plan

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

EIN: 04-3477276 Plan Number: 001

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
Collective Trusts				
*	Fidelity Institutional Asset Management Trust Company, LLC	8-10 Year Corporate Bond Commingled Asset A	$ 15,294,014	$ 15,399,490
*	Fidelity Institutional Asset Management Trust Company, LLC	Long Duration CIT	14,398,197	14,274,020
*	Fidelity Institutional Asset Management Trust Company, LLC	Intermediate Credit Commingled Pool	11,110,421	11,204,224
*	Fidelity Institutional Asset Management Trust Company, LLC	Intermediate Duration Pool	20,385,120	20,503,845
*	Fidelity Institutional Asset Management Trust Company, LLC	Short Duration Pool	5,563,170	5,601,241
		Total collective trusts	66,750,922	66,982,820
Mutual Fund				
*	Fidelity Investments	Fidelity Long-term Treasury Bond Index F	7,232,293	7,099,340
Money Market Fund				
*	Fidelity Investments	Fidelity Government Portfolio Institutional Class	792,893	792,893
Insurance Fund				
*	Transamerica Life Insurance Company	Transamerica Stable Value Fixed Option Two	841,222	856,165
			$ 75,617,330	$ 75,731,218

*A party in interest as defined by ERISA

SCHEDULE SB ATTACHMENT
Line 24 - Change in Non-Prescribed Assumptions

Plan Name: CIRCOR International, Inc. Retirement Plan
EIN/PN: 04-3477276/001
Valuation Date: January 1, 2025

Plan administrative expenses are assumed to be $1,900,000, compared to $1,500,000 in 2024.