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 6047(e), 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

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 02/01/2009 and ending 01/31/2010

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [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)

Part II Basic Plan Information—enter all requested information

1a Name of plan
MET-PRO CORPORATION HOURLY PENSION PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 09/01/1977

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
MET-PRO CORPORATION

P.O. BOX 144
160 CASSELL ROAD
HARLEYSVILLE, PA 19438

2b Employer Identification Number (EIN)
23-1683282

2c Sponsor's telephone number
215-723-6751

2d Business code (see instructions)
339900

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.	11/11/2010	GARY J. MORGAN
	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 (if same as plan sponsor, enter "Same")

MET-PRO CORPORATION

P.O. BOX 144
160 CASSELL ROAD
HARLEYSVILLE, PA 19438

3b Administrator's EIN: 23-1683282

3c Administrator's telephone number: 215-723-6751

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

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	210
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	77
b	Retired or separated participants receiving benefits	**6b**	37
c	Other retired or separated participants entitled to future benefits	**6c**	82
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	196
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	10
f	Total. Add lines **6d** and **6e**	**6f**	206
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	1
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:

1B 1G 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)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

(1)	X	**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	X	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

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

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

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 02/01/2009 and ending 01/31/2010

▶ **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
MET-PRO CORPORATION HOURLY PENSION PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
MET-PRO CORPORATION

D Employer Identification Number (EIN)
23-1683282

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 02 Day 01 Year 2009			
2	Assets:			
a	Market value	**2a**		1696657
b	Actuarial value	**2b**		1696657
3	Funding target/participant count breakdown		**(1)** Number of participants	**(2)** Funding Target
a	For retired participants and beneficiaries receiving payment	**3a**	45	751066
b	For terminated vested participants	**3b**	83	580085
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		27437
	(2) Vested benefits	**3c(2)**		1068554
	(3) Total active	**3c(3)**	82	1095991
d	Total	**3d**	210	2427142
4	If the plan is at-risk, check the box and complete items (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 at-risk for fewer than five consecutive years and disregarding loading factor	**4b**		
5	Effective interest rate	**5**		7.93 %
6	Target normal cost	**6**		65000

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

11/04/2010
Signature of actuary — Date

KENT A. SPADE
Type or print name of actuary

08-03270
Most recent enrollment number

THE SAVITZ ORGANIZATION, INC.
Firm name

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

1845 WALNUT STREET, 14TH 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 (Item 13 from prior year)	27264	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8)	27264	0
10	Interest on item 9 using prior year's actual return of -30.93 %	-8433	
11	Prior year's excess contributions to be added to prefunding balance:		
	a Excess contributions (Item 38 from prior year)		17134
	b Interest on (a) using prior year's effective rate of 6.81 %		480
	c Total available at beginning of current plan year to add to prefunding balance		17614
	d Portion of (c) to be added to prefunding balance		17614
12	Reduction in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12)	18831	17614

Part III Funding percentages

14	Funding target attainment percentage	14	68.40 %
15	Adjusted funding target attainment percentage	15	68.40 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	84.65 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	69.90 %

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
05/26/2009	60000	0			
08/14/2009	48000	0			
11/20/2009	48000	0			
01/08/2010	29742	0			
01/20/2010	29258	0			
			Totals ► 18(b)	215000	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 contribution 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	204629

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of Quarter of this plan year

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

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:

a Segment rates:

1st segment: %	2nd segment: %	3rd segment: %	[X] N/A, full yield curve used

b Applicable month (enter code) **21b** 2

22 Weighted average retirement age **22** 63

23 Mortality table(s) (see instructions) [ ] Prescribed - combined [X] 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. ..... [X] Yes [ ] No

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

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment ..... [X] Yes [ ] No

27 If the plan is eligible for (and is using) 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 contribution for all prior years **28** 0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a) **29** 0

30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29) **30** 0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions) **31** 65000

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	766930	138711
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 (item 31 + item 32a + item 32b – item 33) **34** 203711

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	0	0	0

36 Additional cash requirement (item 34 minus item 35) **36** 203711

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c) **37** 204629

38 Interest-adjusted excess contributions for current year (see instructions) **38** 918

39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37) **39** 0

40 Unpaid minimum required contribution for all years **40** 0

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.**	**2009** **This Form is Open to Public Inspection.**

For calendar plan year 2009 or fiscal plan year beginning 02/01/2009 and ending 01/31/2010

A Name of plan
MET-PRO CORPORATION HOURLY PENSION PLAN

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
23-1683282

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

THE SAVITZ ORGANIZATION, INC.

1845 WALNUT STREET, 14TH FLOOR
PHILADELPHIA, PA 19103

23-1700844

(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	NONE	21450	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

THE BANK OF NEW YORK MELLON

500 GRANT STREET, SUITE 4131
PITTSBURGH, PA 15258

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
19 21 27 28	NONE	12178	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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 ☐

(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: MARGOLIS AND COMPANY PC	**b** EIN:	23-2501948
c	Position: ACCOUNTANT		
d	Address: 401 E. CITY AVENUE, SUITE 600 BALA CYNWYD, PA 19004	**e** Telephone:	610-667-6250

Explanation: NAME CHANGE DUE TO A MERGER/ACQUISITION.

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

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 02/01/2009 and ending 01/31/2010

A Name of plan
MET-PRO CORPORATION HOURLY PENSION PLAN

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
23-1683282

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: EB DO SMALL CAP CORE FUND

b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON

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)
25-6078093-026	C	106900

a Name of MTIA, CCT, PSA, or 103-12 IE: EB DV NSL AGG BOND INDEX FUND

b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON

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)
25-6078093-214	C	423610

a Name of MTIA, CCT, PSA, or 103-12 IE: EB DO MID CAP CORE FUND

b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON

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)
25-6078093-025	C	225250

a Name of MTIA, CCT, PSA, or 103-12 IE: EB ACTIVE CORE BOND FUND

b Name of sponsor of entity listed in (a): THE BANK OF NEW YORK MELLON

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)
25-6254362-001	C	36342

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 02/01/2009 and ending 01/31/2010

A Name of plan
MET-PRO CORPORATION HOURLY PENSION PLAN

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
23-1683282

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)	10617	1382205
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	268347	30723
(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)	1417693	792102
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	1696657	2205030
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h	13113	9293
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	13113	9293
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	1683544	2195737

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)	215000	
	(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)		215000
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	179	
	(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)		179
	(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)	1786562	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1782489	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		4073

		(a) Amount	(b) Total
2b (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
(6) Net investment gain (loss) from common/collective trusts	2b(6)		431582
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		650834
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	91033	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		91033
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)	23742	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	23866	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		47608
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		138641
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		512193
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

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) [ ] Unqualified (2) [ ] Qualified (3) [X] Disclaimer (4) [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: MARCUM LLP (2) EIN: 11-1986323

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, 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 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

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		1000000
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? If yes, enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

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)

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 section 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

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 02/01/2009 and ending 01/31/2010

A Name of plan
MET-PRO CORPORATION HOURLY PENSION PLAN

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
23-1683282

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): 25-6078093

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

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

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 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 **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 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(es). 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 contributed more than 5% of total contributions to the plan during the plan year (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 items 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 items 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 items 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 items 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 items 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 items 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 items 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 participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**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 item 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 items (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

MET-PRO CORPORATION

HOURLY PENSION PLAN

FINANCIAL STATEMENTS

FOR THE YEAR ENDED JANUARY 31, 2010 AND THE FIVE-MONTH PERIOD ENDED JANUARY 31, 2009

MET-PRO CORPORATION

HOURLY PENSION PLAN

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MARCUM
ACCOUNTANTS ▲ ADVISORS

INDEPENDENT AUDITORS' REPORT

Participants and Administrator
Met-Pro Corporation Hourly Pension Plan

We were engaged to audit the accompanying statement of net assets available for benefits of the Met-Pro Corporation Hourly Pension Plan (the "Plan") as of January 31, 2010, and the related statement of changes in net assets available for benefits for the year then ended and the supplemental schedules as of and for the year ended January 31, 2010. These financial statements and supplemental schedules are the responsibility of the Plan's management. The financial statements of the Plan as of January 31, 2009 and for the five-month period then ended were audited by Margolis & Company P.C., whose practice was combined with Marcum LLP as of September 1, 2009. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed Margolis & Company P.C. not to perform, and they did not perform, any auditing procedures with respect to the information certified by The Bank of New York Mellon, the trustee of the Plan. Their report dated August 10, 2009 indicated that (a) because of the significance of the information that they did not audit, they were unable to, and did not, express an opinion on the financial statements taken as a whole and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the trustee, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 9, which was certified by The Bank of New York Mellon, the trustee of the Plan, except for comparing such information with the related information included in the 2010 financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the year ended January 31, 2010 that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information in the Plan's 2010 financial statements and supplemental schedules that we did not audit, we were unable to, and do not, express an opinion on the accompanying 2010 financial statements and supplemental schedules taken as a whole. The form and content of the information included in the 2010 financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Marcum LLP

Bala Cynwyd, PA
November 10, 2010

MET-PRO CORPORATION

HOURLY PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

JANUARY 31, 2010 AND 2009

	2010	2009
Assets		
Investments in collective trusts in The Bank of New York Mellon, at market value (cost of $697,501 and $1,754,675, respectively)	$792,102	$1,417,693
Cash	30,723	268,347
Securities sales pending settlement	1,382,205	10,617
Total Assets	2,205,030	1,696,657
Liabilities		
Accrued expenses	9,293	13,113
Net Assets Available for Benefits	$2,195,737	$1,683,544

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

MET-PRO CORPORATION

HOURLY PENSION PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

FOR THE YEAR ENDED JANUARY 31, 2010 AND THE FIVE-MONTH PERIOD ENDED JANUARY 31, 2009

	2010	2009
Additions		
Investment income (loss):		
Interest	$179	$81
Realized gain (loss) on sale of investments	4,073	(365)
	4,252	(284)
Employer contributions	215,000	60,000
Total Additions	219,252	59,716
Deductions		
Benefits paid directly to participants	(91,033)	(37,672)
Administrative expenses	(47,608)	(18,903)
Total Deductions	(138,641)	(56,575)
Net Change Due to Unrealized Appreciation (Depreciation) of Market Value of Investments	431,582	(658,224)
Net Increase (Decrease)	512,193	(655,083)
Net Assets Available for Benefits		
Beginning of year	1,683,544	2,338,627
End of year	$2,195,737	$1,683,544

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

MET-PRO CORPORATION

HOURLY PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

FOR THE YEAR ENDED JANUARY 31, 2010 AND THE FIVE-MONTH PERIOD ENDED JANUARY 31, 2009

NOTE 1 - DESCRIPTION OF PLAN

The following brief description of the Met-Pro Corporation Hourly Pension Plan (the "Plan") is provided for general information purposes only. Participants should refer to the plan document for more complete information.

GENERAL

The Plan is a defined benefit pension plan covering all full-time hourly employees of Met-Pro Corporation who were hired before April 15, 2006. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

ADMINISTRATION OF PLAN ASSETS

The Plan's assets, which consist principally of investments, are held by the trustee of the Plan. Certain administrative functions are performed by employees of the plan sponsor, Met-Pro Corporation. No employees received compensation from the Plan.

PENSION BENEFITS

A participant may elect to retire at any time up to ten years prior to normal retirement date (age 65) provided three years of service have been completed. Upon early retirement, a participant may select a benefit equal to his accrued benefit as defined in the agreement a reduced benefit commencing at any time from the date of retirement to the normal retirement date.

The Plan was frozen for non-bargaining hourly employees on December 31, 2006 (the "freeze date"). Effective December 31, 2008, the Company amended its Defined Benefit Pension Plan to freeze the accrual of future benefits for union employees. A participant's credited service was determined as of the freeze date. Participant accrued benefits were based on provisions of the Plan in effect at the freeze date, but calculated as if participants had terminated employment as of the freeze date.

Years of service continue to be counted under the Plan on and after the freeze date solely for purposes of vesting in a benefit accrued as of the freeze date and for determining eligibility for early retirement as to benefits accrued as of the freeze date, but not for any other purpose under the Plan.

NOTE 1 - DESCRIPTION OF PLAN (CONTINUED)

PENSION BENEFITS (CONTINUED)

At normal retirement, a participant will receive a monthly benefit based on a specified amount multiplied by the participant's years and completed months of credited service as defined by the agreement.

Effective January 1, 2005, the accrued monthly pension is $24 for each year of credited service. For union employees, effective January 1, 2008, the accrued monthly pension is $25 for each year of credited service.

DEATH BENEFITS

A participant's beneficiary, should the option have been elected by the participant, shall receive a life annuity equal to the amount the participant would have received upon retirement under a joint and 50% survivor pension. If an active, vested participant dies prior to retirement, the spouse is eligible for a life annuity.

FUNDING POLICY

The funding policy of Met-Pro Corporation is to make annual contributions to the Plan equal to amounts actuarially determined by the Plan's actuary. These contributions are made in quarterly installments and are not less than the minimum funding requirements of ERISA nor greater than the maximum tax deductible contribution. The Bank of New York Mellon, the trustee, receives and holds plan assets and pays benefits provided by the Plan. As of January 31, 2010 and 2009, the Plan is in compliance with the minimum funding requirements of ERISA.

VESTING

A participant becomes 20% vested after three years of credited service. Such vesting increases 20% each year thereafter until reaching 100% after seven years of credited service.

FISCAL YEAR END

The Plan changed its year end to January 31, effective for the fiscal year ended January 31, 2009.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

BASIS OF ACCOUNTING

The accompanying financial statements have been prepared on the accrual basis of accounting.

VALUATION OF INVESTMENTS

Investments are carried at market value as reported by the trustee.

In accordance with the policy of stating investments at current market value, net unrealized appreciation or depreciation for the year is included in the statements of changes in net assets available for benefits.

INVESTMENT INCOME AND GAINS AND LOSSES ON SECURITY TRANSACTIONS

Investment income and gains and losses on security transactions are recorded as reported by the trustee (see Note 9). 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.

BENEFITS PAID DIRECTLY TO PARTICIPANTS

Benefit payments to participants are recorded when distributed.

USE OF ESTIMATES

The preparation of financial statements in conformity 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 disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

NOTE 3 - FAIR VALUE MEASUREMENTS

The Plan adopted Statement of Financial Accounting Standards Board accounting guidance codified in Accounting Standards Codification Topic 820, "Fair Value Measurements and Disclosures" ("ASC 820"), effective February 1, 2008 for all financial assets. The adoption of ASC 820 was not material to the Plan's financial statements or results of operations. ASC 820 defines fair value, establishes a framework for measuring fair value in applying generally accepted accounting principles, and expands disclosures about fair value measurements. ASC 820 identifies two kinds of inputs that are used to determine the fair value of assets and liabilities: observable and unobservable. Observable inputs are based on market data or independent sources while unobservable inputs are based on the Plan's own market assumptions. Once inputs have been characterized, ASC 820 requires entities to prioritize the inputs used to measure fair value into one of the three broad levels.

ASC 820 applies whenever an entity is measuring fair value under other accounting pronouncements that require or permit fair value measurement and requires the use of observable market data when available. As of January 31, 2010, the Plan had financial assets or liabilities that were measured using Level 3 inputs as Level 1 or Level 2 inputs were not available.

Level 1 Fair Value Measurements

Level 1 assets are highly-liquid securities with prices that can be easily quoted in an active market.

Level 2 Fair Value Measurements

Inputs to the valuation methodology include:

- 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
- 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.

NOTE 3 - FAIR VALUE MEASUREMENTS (CONTINUED)

Level 3 Fair Value Measurements

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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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

The following table provides fair value measurement information for the Plan's major categories of financial assets measured on a recurring basis:

		Fair Value Measurements Using:		
Description	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Quoted Prices for Similar Assets in Active or Non-Active Markets (Level 2)	Significant Unobservable Inputs (Level 3)
1/31/2010				
Assets:				
Investments	$792,102	$ --	$ --	$792,102
Securities sales pending settlement	$1,382,205	$ --	$ --	$1,382,205
1/31/2009				
Assets:				
Investments	$1,417,693	$ --	$ --	$1,417,693
Securities sales pending settlement	$10,617	$ --	$ --	$10,617

NOTE 3 - FAIR VALUE MEASUREMENTS (CONTINUED)

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended January 31, 2010 and the five-month period ended January 31, 2009:

	Investments	Securities Sales Pending Settlement
Beginning Balance - August 1, 2008	$2,132,661	$ 14,009
Total losses (realized and unrealized) included in changes in net assets available for benefits	(658,589)	--
Purchases, sales issuances and settlements, net	(56,379)	(3,392)
Balance, January 31, 2009	1,417,693	10,617
Total gains (realized and unrealized) included in changes in net assets available for benefits	435,655	--
Purchases, sales, issuances and settlements (net)	(1,061,246)	1,371,588
Ending Balance - January 31, 2010	$ 792,102	$1,382,205

NOTE 4 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the services 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.

The actuarial present value of accumulated plan benefits is determined by an actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, withdrawal or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of February 1, 2009 and September 1, 2008 were (a) life expectancy of participants (IRS 2009 and 2008 Static Mortality Table, respectively, were used), (b) retirement age assumptions (variable probability between ages 55 and 65) and (c) the interest rate used for accumulated plan benefits was 8%.

NOTE 4 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)

Accumulated plan benefits are summarized as follows:

	2010	2009
Actuarial present value of accumulated plan benefits:		
Vested:		
Retirees and beneficiaries	$ 774,423	$ 751,750
Terminated participants with deferred benefits	602,091	568,856
Participating employees	1,067,158	1,051,839
	2,443,672	2,372,445
Non-vested	25,080	31,403
Total actuarial present value of accumulated plan benefits	$2,468,752	$2,403,848

NOTE 5 - RECONCILIATION OF CHANGES IN ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

	2010	2009
Actuarial present value of accumulated plan benefits at beginning of period	$2,403,848	$2,356,077
Increase (decrease) during period due to:		
Interest due to decrease in the discount period	188,667	77,908
Benefits paid	(91,033)	(37,672)
Benefits accumulated and (losses) and gains	(37,456)	2,915
Change in assumptions	4,726	4,620
Actuarial present value of accumulated plan benefits at end of period	$2,468,752	$2,403,848

NOTE 6 - PLAN TERMINATION

In the event that the Plan is terminated, net assets of the Plan would be allocated among the participants and eligible beneficiaries in the order provided for by ERISA and, to the extent unfunded vested benefits then exist, such benefits will be provided up to specified limitations as described in ERISA by the Pension Benefit Guaranty Corporation.

NOTE 7 - INVESTMENTS

The following table presents the fair values of investments that represent 5% or more of the Plan's net assets.

	2010	2009
The Bank of New York Mellon EB Mid Cap Core Fund	$225,250	$142,930
The Bank of New York Mellon EB Active Core Bond Fund	*	286,789
The Bank of New York Mellon DV NSL AGG Bond Index Fund	423,610	--
The Bank of New York Mellon EB DO Equity Large Cap Core Fund	--	909,760

*Less than 5% of Plan net assets

The Plan's investments, including interest, realized and unrealized gains/(losses), appreciated (depreciated) in values is as follows for the year ended January 31, 2010 and for the five-month period ended January 31, 2009:

	2010	2009
Collective trusts	$435,655	$(658,589)

NOTE 8 - TAX STATUS OF THE PLAN

The Plan obtained its latest determination letter on November 25, 2009, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code.

NOTE 9 - FINANCIAL INFORMATION CERTIFIED BY TRUSTEE

The plan administrator has elected the method of compliance permitted by Section 2520.103-8 of the Department of Labor (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. All plan assets were held by the trustee at January 31, 2010 and 2009. Accordingly, the amounts included in the statements of net assets available for benefits and of changes in net assets available for benefits and Footnotes 3, 7 and 10 have been derived from statements certified as complete and accurate by the trustee in accordance with DOL Regulations, Section 2520.103-5.

NOTE 10 - PARTY-IN-INTEREST

Certain Plan investments are shares of collective trusts managed by The Bank of New York Mellon. The Bank of New York Mellon is the custodian and trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. The assets with The Bank of New York Mellon were $2,205,030 and $1,696,657 at January 31, 2010 and 2009, respectively.

Fees paid by the Plan for investment management services are included in administrative expenses and amounted to $10,177 for the year ended January 31, 2010 and $7,099 for the five-month period ended January 31, 2009.

NOTE 11 - RISKS AND UNCERTAINTIES

At January 31, 2010 and 2009, the Plan maintained 100% of its investments and cash in The Bank of New York Mellon.

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

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

NOTE 12 - SUBSEQUENT EVENTS

Management evaluated subsequent events occurring through November 10, 2010, the date that the accompanying financial statements were available to be issued and determined that there were no such events or transactions which require recognition or disclosure in the financial statements.

MET-PRO CORPORATION

HOURLY PENSION PLAN

EIN: 23-1683282
PLAN #003
SCHEDULE H - ITEM 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

JANUARY 31, 2010

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
*	The Bank of New York Mellon	EB Small Cap Core Fund	$104,625	$106,900
*	The Bank of New York Mellon	EB Mid Cap Core Fund	162,258	225,250
*	The Bank of New York Mellon	EB Active Core Bond Fund	33,099	36,342
*	The Bank of New York Mellon	EB DV NSL AGG Bond Index Fund	397,519	423,610
			$697,501	$792,102

*Party-in-Interest

MET-PRO CORPORATION

HOURLY PENSION PLAN

EIN: 23-1683282
PLAN #003
SCHEDULE H - ITEM 4j - SCHEDULE OF REPORTABLE (5%) TRANSACTIONS

FOR THE YEAR ENDED JANUARY 31, 2010

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset (Including Interest Rate and Maturity in Case of a Loan)	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Trans-Action	Cost of Asset	Current Value of Asset on Trans-Action Date	Net Gain (Loss)
The Bank of New York Mellon*	EB DO Equity Large Cap Core Fund	$246,000				$246,000	$246,000	
The Bank of New York Mellon*	EB DO Equity Large Cap Core Fund		$1,480,196			1,482,389	1,480,196	$(2,193)
The Bank of New York Mellon*	EB Active Core Bond Fund	397,518				397,518	397,518	
The Bank of New York Mellon*	EB Active Core Bond Fund		244,972			238,024	244,972	6,948

*Party-in-Interest

Met-Pro Corporation Hourly Pension Plan
EIN: 23-1683282 Plan: 003
Attachment to the 2009 Form 5500 Schedule SB

Schedule SB, line 26 - Schedule of Active Participant Data

Average Age: 49.66

Average Service: 13.88

# of Males: 74

# of Females: 8

Attained Age	Years of Credited Service										Total Number
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	0	1	0	0	0	0	0	0	0	0	1
25-29	0	1	1	0	0	0	0	0	0	0	2
30-34	0	0	0	2	0	0	0	0	0	0	2
35-39	0	1	4	3	1	0	0	0	0	0	9
40-44	0	1	1	1	1	1	0	0	0	0	5
45-49	0	2	3	8	2	3	1	1	0	0	20
50-54	0	4	2	4	1	5	3	1	0	0	20
55-59	0	1	0	3	3	3	1	0	0	0	11
60-64	0	1	2	2	1	2	1	0	0	0	9
65-69	0	1	0	2	0	0	0	0	0	0	3
70 & Over	0	0	0	0	0	0	0	0	0	0	0
Total	**0**	**13**	**13**	**25**	**9**	**14**	**6**	**2**	**0**	**0**	**82**

Met-Pro Corporation Hourly Pension Plan
EIN: 23-1683282 Plan: 003
Attachment to the 2009 Form 5500 Schedule SB

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

Interest Rates

Target Interest Rate: Based on the yield curve with a 2-month lookback.

SFAS 35: 8.00% per year, compounded annually.

Mortality IRS 2009 Static Mortality Table

Retirement

Active Participants: Annual retirement rates which vary by age were assumed as follows: (Weighted Average Retirement Age is 63.)

Age	Retirement Rates	Age	Retirement Rates
55	2.00%	62	25.00%
56	1.00%	63	20.00%
57	1.00%	64	20.00%
58	1.00%	65	50.00%
59	1.00%	66	20.00%
61	10.00%	67+	100.00%

Terminated Vested Participants: Age 65, or age on valuation date if greater.

Turnover: Participants are assumed to terminate employment for reason other than death, disability, or retirement in accordance with annual rates varying by age and service. For participants with less than four years of service, rates are as follows:

Service	Turnover Rates
0	30.00%
1	22.00%
2	14.00%
3	8.00%

Met-Pro Corporation Hourly Pension Plan
EIN: 23-1683282 Plan: 003
Attachment to the 2009 Form 5500 Schedule SB

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods (continued)

Turnover, cont.: For participants with four or more years of service, sample rates are as follows:

Age	Turnover Rates
20	15.00%
25	14.40%
30	11.40%
35	8.60%
40	6.60%
45	4.60%
50	1.50%
55	0.00%
60+	0.00%

Disability: None assumed.

Salary Scale: Not applicable.

Compensation for Plan Participants: Not applicable.

Spouses (marital status): 80% of non-retired participants are assumed to be married to an eligible spouse. Husbands are assumed to be three years older than their wives.

Form of Payment: Upon retirement, 50% of married participants elect the optional joint and 50% survivor form of payment. It was assumed that one-half of the remaining participants elect the ten-year certain form of benefit and one-half elect the single life annuity form of benefit.

Participants Included in Valuation: All eligible Participants.

Met-Pro Corporation Hourly Pension Plan
EIN: 23-1683282 Plan: 003
Attachment to the 2009 Form 5500 Schedule SB

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods (continued)

Expenses:	The prior year's expenses, adjusted for PBGC premiums, rounded up to the next $5,000. For 2009, equal to $65,000; included in target normal cost.
Social Security Taxable Wage Base Increase:	Not applicable.
Maximum Salary Limitation:	Not applicable.
Maximum Benefit Limitation:	Plan benefits have been restricted to the maximum dollar limit permitted under the Tax Reform Act of 1986. This limit is a $195,000 annual annuity payable beginning at age 62 with no reduction for a qualified joint and survivor annuity.
Future Increases in Maximum Benefits and Plan Compensation Limits:	None.
Assumed Cost-of-Living Adjustments:	None.
Actuarial Valuation Method:	The Target Liability is equal to the present value of the accrued benefits, determined separately for each participant, using the actuarial assumptions listed herein.
Asset Method:	The Plan Assets are equal to the Market Value of Assets.

Met-Pro Corporation Hourly Pension Plan
EIN: 23-1683282 Plan: 003
Attachment to the 2009 Form 5500 Schedule SB

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods (continued)

Changes since the Prior Valuation:

The expense assumption was changed from $0 to the prior year's expenses, adjusted for PBGC premiums, rounded up to the next $5,000.

The mortality table was updated from the IRS 2008 Static Mortality Table to the IRS 2009 Static Mortality Table.

The above changes were made in accordance with the Pension Protection Act.

There were no other changes to the methods and assumptions.

MET-PRO CORPORATION

HOURLY PENSION PLAN

EIN: 23-1683282
PLAN #003
SCHEDULE H - ITEM 4j - SCHEDULE OF REPORTABLE (5%) TRANSACTIONS

FOR THE YEAR ENDED JANUARY 31, 2010

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset (Including Interest Rate and Maturity in Case of a Loan)	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Trans-Action	Cost of Asset	Current Value of Asset on Trans-Action Date	Net Gain (Loss)
The Bank of New York Mellon*	EB DO Equity Large Cap Core Fund	$246,000				$246,000	$246,000	
The Bank of New York Mellon*	EB DO Equity Large Cap Core Fund		$1,480,196			1,482,389	1,480,196	$(2,193)
The Bank of New York Mellon*	EB Active Core Bond Fund	397,518				397,518	397,518	
The Bank of New York Mellon*	EB Active Core Bond Fund		244,972			238,024	244,972	6,948

*Party-in-Interest

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 02/01/2009 and ending 01/31/2010

▶ **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
MET-PRO CORPORATION HOURLY PENSION PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
MET-PRO CORPORATION

D Employer Identification Number (EIN)
23-1683282

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 02 Day 01 Year 2009

2	Assets:			
a	Market value	2a		1696657
b	Actuarial value	2b		1696657
3	Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a	For retired participants and beneficiaries receiving payment	3a	45	751066
b	For terminated vested participants	3b	83	580085
c	For active participants:			
(1)	Non-vested benefits	3c(1)		27437
(2)	Vested benefits	3c(2)		1068554
(3)	Total active	3c(3)	82	1095991
d	Total	3d	210	2427142
4	If the plan is at-risk, check the box and complete items (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 at-risk for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5		7.93%
6	Target normal cost	6		65000

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

Kent A. Spade

Signature of actuary

11/4/2010

Date

Kent A. Spade

Type or print name of actuary

0803270

Most recent enrollment number

The Savitz Organization, Inc.

Firm name

215-587-0700

Telephone number (including area code)

1845 Walnut Street, 14th 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 (Item 13 from prior year)	27264	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8)	27264	0
10	Interest on item 9 using prior year's actual return of -30.93%	-8433	
11	Prior year's excess contributions to be added to prefunding balance:		
	a Excess contributions (Item 38 from prior year)		17134
	b Interest on (a) using prior year's effective rate of 6.81%		480
	c Total available at beginning of current plan year to add to prefunding balance		17614
	d Portion of (c) to be added to prefunding balance		17614
12	Reduction in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12)	18831	17614

Part III Funding percentages

14	Funding target attainment percentage	14	68.40%
15	Adjusted funding target attainment percentage	15	68.40%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	84.65%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	69.90%

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
05/26/2009	60000	0			
08/14/2009	48000	0			
11/20/2009	48000	0			
01/08/2010	29742	0			
01/20/2010	29258	0			
			Totals ▶ 18(b)	215000	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 contribution 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	204629

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of Quarter of this plan year

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

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:

a Segment rates:

1st segment: %	2nd segment: %	3rd segment: %	[X] N/A, full yield curve used

b Applicable month (enter code) — **21b**: 2

22 Weighted average retirement age — **22**: 63

23 Mortality table(s) (see instructions) [ ] Prescribed - combined [X] 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. [X] Yes [ ] No

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

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment [X] Yes [ ] No

27 If the plan is eligible for (and is using) 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 contribution for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	**30**	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	**31**		65000
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		766930	138711
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 (item 31 + item 32a + item 32b – item 33)	**34**		203711

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	0	0	0

36 Additional cash requirement (item 34 minus item 35)	**36**	203711
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	**37**	204629
38 Interest-adjusted excess contributions for current year (see instructions)	**38**	918
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	**39**	0
40 Unpaid minimum required contribution for all years	**40**	0

Met-Pro Corporation Hourly Pension Plan
EIN: 23-1683282 Plan: 003
Attachment to the 2009 Form 5500 Schedule SB

Schedule SB, line 19 - Discounted Employer Contributions

Date of Contribution	Amount of Contribution	Applicable Plan Year	Effective Interest Rate	Rate for Late Quarterly Installments*	Interest-Adjusted Contribution
5/26/2009	$ 60,000	2009	7.93%	12.93%	$ 58,526
8/14/2009	48,000	2009	7.93%	N/A	46,092
11/20/2009	48,000	2009	7.93%	12.93%	45,140
1/8/2010	29,742	2009	7.93%	N/A	27,695
1/20/2010	29,258	2009	7.93%	N/A	27,176
Total	$ 215,000				$ 204,629

* This rate was used to discount the portion of the contribution attributable to late quarterly installments from the date of the contribution to the due date of the quarterly installment.

Met-Pro Corporation Hourly Pension Plan
EIN: 23-1683282 Plan: 003
Attachment to the 2009 Form 5500 Schedule SB

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

Interest Rates

Target Interest Rate: Based on the yield curve with a 2-month lookback.

SFAS 35: 8.00% per year, compounded annually.

Mortality IRS 2009 Static Mortality Table

Retirement

Active Participants: Annual retirement rates which vary by age were assumed as follows: (Weighted Average Retirement Age is 63.)

Age	Retirement Rates	Age	Retirement Rates
55	2.00%	62	25.00%
56	1.00%	63	20.00%
57	1.00%	64	20.00%
58	1.00%	65	50.00%
59	1.00%	66	20.00%
61	10.00%	67+	100.00%

Terminated Vested Participants: Age 65, or age on valuation date if greater.

Turnover: Participants are assumed to terminate employment for reason other than death, disability, or retirement in accordance with annual rates varying by age and service. For participants with less than four years of service, rates are as follows:

Service	Turnover Rates
0	30.00%
1	22.00%
2	14.00%
3	8.00%

Met-Pro Corporation Hourly Pension Plan
EIN: 23-1683282 Plan: 003
Attachment to the 2009 Form 5500 Schedule SB

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods (continued)

Turnover, cont.: For participants with four or more years of service, sample rates are as follows:

Age	Turnover Rates
20	15.00%
25	14.40%
30	11.40%
35	8.60%
40	6.60%
45	4.60%
50	1.50%
55	0.00%
60+	0.00%

Disability: None assumed.

Salary Scale: Not applicable.

Compensation for Plan Participants: Not applicable.

Spouses (marital status): 80% of non-retired participants are assumed to be married to an eligible spouse. Husbands are assumed to be three years older than their wives.

Form of Payment: Upon retirement, 50% of married participants elect the optional joint and 50% survivor form of payment. It was assumed that one-half of the remaining participants elect the ten-year certain form of benefit and one-half elect the single life annuity form of benefit.

Participants Included in Valuation: All eligible Participants.

Met-Pro Corporation Hourly Pension Plan
EIN: 23-1683282 Plan: 003
Attachment to the 2009 Form 5500 Schedule SB

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods (continued)

Expenses:	The prior year's expenses, adjusted for PBGC premiums, rounded up to the next $5,000. For 2009, equal to $65,000; included in target normal cost.
Social Security Taxable Wage Base Increase:	Not applicable.
Maximum Salary Limitation:	Not applicable.
Maximum Benefit Limitation:	Plan benefits have been restricted to the maximum dollar limit permitted under the Tax Reform Act of 1986. This limit is a $195,000 annual annuity payable beginning at age 62 with no reduction for a qualified joint and survivor annuity.
Future Increases in Maximum Benefits and Plan Compensation Limits:	None.
Assumed Cost-of-Living Adjustments:	None.
Actuarial Valuation Method:	The Target Liability is equal to the present value of the accrued benefits, determined separately for each participant, using the actuarial assumptions listed herein.
Asset Method:	The Plan Assets are equal to the Market Value of Assets.

Met-Pro Corporation Hourly Pension Plan
EIN: 23-1683282 Plan: 003
Attachment to the 2009 Form 5500 Schedule SB

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods (continued)

Changes since the Prior Valuation:

The expense assumption was changed from $0 to the prior year's expenses, adjusted for PBGC premiums, rounded up to the next $5,000.

The mortality table was updated from the IRS 2008 Static Mortality Table to the IRS 2009 Static Mortality Table.

The above changes were made in accordance with the Pension Protection Act.

There were no other changes to the methods and assumptions.

Met-Pro Corporation Hourly Pension Plan
EIN: 23-1683282 Plan: 003
Attachment to the 2009 Form 5500 Schedule SB

Schedule SB, Part V - Summary of Plan Provisions

Type of Plan: The plan is a defined benefit plan.

Effective Date: September 1, 1977. The Plan was most recently amended November 3, 2008.

Eligibility for Participation: Any hourly-rate employee of Met-Pro Corporation who is not covered by a collective bargaining agreement (unless the agreement specifies participation) becomes eligible to participate on the September 1st coincident with or next following the date on which he has completed at least six months of service. Employees hired on or after April 15, 2006 are not eligible to participate in the Plan.

Credited Service: An employee's benefits under the Plan are based on credited service which is equal to the sum of Past Service and Future Credited Service. Past Service is equal to the employee's years of service since his date of hire and before his Past Service Date. before January 1, 1970 for employees of System (Oxy) Division; before August 1, 1970 for employees of Stiles-Kem Division; before July 1, 1977 for employees of Sethco Division; before October 1, 1985 for employees of Dean Pump Division; before July 1, 1988 for employees of Duall Division; before July 1, 1993 for employees of Mefiag Division; before February 1, 1997 for employees of Strobic Air; before November 1, 1998 for employees of Flex Kleen Division; and before June 1, 2002 for employees of Pristine Hydrochemical is not used in calculating credited service. Past Service Dates are as follows:

Division	Past Service Date
Corporation	September 1, 1975
Systems(Non-Oxy)	September 1, 1975
Fybroc	September 1, 1975
Keystone Filter	September 1, 1975
Sethco	September 1, 1977
Stiles-Kem	September 1, 1977
Systems (Oxy)	September 1, 1979
Dean Pump	September 1, 1986
Duall	September 1, 1990
Mefiag	September 1, 1993
Strobic Air	February 1, 1997
Flex Kleen	November 1, 1998
Pristine Hydrochemical	June 1, 2002

Met-Pro Corporation Hourly Pension Plan
EIN: 23-1683282 Plan: 003
Attachment to the 2009 Form 5500 Schedule SB

Schedule SB, Part V - Summary of Plan Provisions (continued)

Credited Service (cont.):

Future Credited Service shall equal one year for each full Plan Year for which the Eligible Employee has 1,000 or more hours of service. For any Plan Year in which the employee is an Eligible Employee for less than the full Plan Year, he shall accrue oneCredited Service for those participants not employed at Fybroc was frozen as of December 31, 2006. Credited Service for those participants employed at Fybroc was frozen as of December 31, 2008.

Normal Retirement Date:

First day of the month coincident with or next following the participant's 65th birthday.

Normal Form of Pension:

The normal form of pension for a Participant who is not married is a single life annuity. The normal form of pension for a Participant who is married on the date his pension commences is a lifetime pension with 50 percent of such pension continued to the spouse if the spouse survives the Participant. The amount of the lifetime pension shall be equal to the Actuarial Equivalent of the pension amount he would have received if he had been single.

Accrued Monthly Pension:

For Participants not employed at Fybroc: Effective January 1, 2005, the Accrued Monthly Pension is $24.00 for each year of Credited Service. Benefit accruals were frozen at December 31, 2006.

For Participants employed at Fybroc: Effective January 1, 2008, the Accrued Monthly Pension is $25.00 for each year of Credited Service. Benefit accruals were frozen at December 31, 2008.

Normal Retirement Benefit:

Accrued Monthly Pension payable on Normal Retirement Date.

Early Retirement Benefit:

Eligibility: Retirement before Normal Retirement Date and on or after attaining age 55 and completing three years of service.

Benefit: Vested Portion of Monthly Accrued Pension determined as of early retirement date, reduced by 5/9 percent for each of the first 60 months, and 5/18 percent for each of the next 60 months by which his pension commences before his Normal Retirement Date.

Met-Pro Corporation Hourly Pension Plan
EIN: 23-1683282 Plan: 003
Attachment to the 2009 Form 5500 Schedule SB

Schedule SB, Part V - Summary of Plan Provisions (continued)

Late Retirement Benefit:

Eligibility: Retirement after Normal Retirement Date.

Benefit: The greater of (a) and (b):

(a) Accrued Monthly Pension at age 65, actuarially increased to Retirement Age.

(b) Accrued Monthly Pension at age of Retirement.

Vested Benefit:

Eligibility: Employee terminates employment with three or more years of service and is not eligible for Normal or Early Retirement.

Benefit: Vested Portion of Monthly Accrued Pension payable at Normal Retirement Date or a reduced benefit beginning as early as age 55. The reduction is equal to 5/9 percent for each of the first 60 months, and 5/18 percent for each of the next 60 months by which his pension commences before his Normal Retirement Date. The vested portion of the benefit is as follows:

Complete Years of Service	Vesting Percent
less than 3	0%
3	20%
4	40%
5	60%
6	80%
7 or more	100%

Monthly Pre-Retirement Spouse Benefit:

Upon the death of a vested employee or former employee, his spouse will receive a single life pension. If the Participant was eligible for early retirement, his spouse will receive the same benefit she would have received if the Participant had retired the day before his death and had chosen the normal form of benefit. If the Participant was not eligible for early retirement, his spouse will receive a lifetime benefit commencing on the first day the employee would have been eligible to receive a benefit. The amount of the benefit will be the same as if the employee had terminated employment on the date of his death, survived to age 55, retired under the Joint and 50% survivor form of pension, and then died. In the case of the death of a former employee, the amount of benefit would be the same as if he had survived to age 55, retired under the Joint and 50% survivor form of pension, and then died.

Met-Pro Corporation Hourly Pension Plan
EIN: 23-1683282 Plan: 003
Attachment to the 2009 Form 5500 Schedule SB

Schedule SB, Part V - Summary of Plan Provisions (continued)

Changes since the Prior Valuation:	There have been no changes since the prior valuation.

Met-Pro Corporation Hourly Pension Plan
EIN: 23-1683282 Plan: 003
Attachment to the 2009 Form 5500 Schedule SB

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

Age	Rate of Retirement	Percent not Retiring	Percent Retiring	Weighted Average
55	2.00%	98.00%	2.00%	1.10
56	1.00%	97.02%	0.98%	0.55
57	1.00%	96.05%	0.97%	0.55
58	1.00%	95.09%	0.96%	0.56
59	1.00%	94.14%	0.95%	0.56
60	5.00%	89.43%	4.71%	2.82
61	10.00%	80.49%	8.94%	5.46
62	25.00%	60.37%	20.12%	12.48
63	20.00%	48.30%	12.07%	7.61
64	20.00%	38.64%	9.66%	6.18
65	50.00%	19.32%	19.32%	12.56
66	20.00%	15.46%	3.86%	2.55
67	100.00%	0.00%	38.64%	10.36
				63.34

Average retirement age is rounded to 63.

Met-Pro Corporation Hourly Pension Plan
EIN: 23-1683282 Plan: 003
Attachment to the 2009 Form 5500 Schedule SB

Schedule SB, line 24 - Change in Actuarial Assumptions

An expense assumption was added. Assumed expenses are based on the prior year's actual expenses, adjusted for the difference in PBGC premiums, and rounded up to the next $5,000.

Met-Pro Corporation Hourly Pension Plan
EIN: 23-1683282 Plan: 003
Attachment to the 2009 Form 5500 Schedule SB

Schedule SB, line 26 - Schedule of Active Participant Data

Average Age: 49.66

Average Service: 13.88

# of Males: 74

# of Females: 8

Attained Age	Years of Credited Service										Total Number
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	0	1	0	0	0	0	0	0	0	0	1
25-29	0	1	1	0	0	0	0	0	0	0	2
30-34	0	0	0	2	0	0	0	0	0	0	2
35-39	0	1	4	3	1	0	0	0	0	0	9
40-44	0	1	1	1	1	1	0	0	0	0	5
45-49	0	2	3	8	2	3	1	1	0	0	20
50-54	0	4	2	4	1	5	3	1	0	0	20
55-59	0	1	0	3	3	3	1	0	0	0	11
60-64	0	1	2	2	1	2	1	0	0	0	9
65-69	0	1	0	2	0	0	0	0	0	0	3
70 & Over	0	0	0	0	0	0	0	0	0	0	0
Total	**0**	**13**	**13**	**25**	**9**	**14**	**6**	**2**	**0**	**0**	**82**

Met-Pro Corporation Hourly Pension Plan
EIN: 23-1683282 Plan: 003
Attachment to the 2009 Form 5500 Schedule SB

Schedule SB, line 32 - Schedule of Amortization Bases

Base Type	Date Established	Present Value of Remaining Installments	Remaining Amortization Period (Years)	Amortization Installment
Shortfall	2/1/2009	356,130	7.000	62,756
Shortfall	9/1/2008	410,800	6.583	75,955
Total		$ 766,930		$ 138,711

Met-Pro Corporation Hourly Pension Plan
EIN: 23-1683282 Plan: 003
Attachment to the 2009 Form 5500 Schedule SB

Schedule SB, Part V - Summary of Plan Provisions

Type of Plan: The plan is a defined benefit plan.

Effective Date: September 1, 1977. The Plan was most recently amended November 3, 2008.

Eligibility for Participation: Any hourly-rate employee of Met-Pro Corporation who is not covered by a collective bargaining agreement (unless the agreement specifies participation) becomes eligible to participate on the September 1st coincident with or next following the date on which he has completed at least six months of service. Employees hired on or after April 15, 2006 are not eligible to participate in the Plan.

Credited Service:

An employee's benefits under the Plan are based on credited service which is equal to the sum of Past Service and Future Credited Service. Past Service is equal to the employee's years of service since his date of hire and before his Past Service Date. before January 1, 1970 for employees of System (Oxy) Division; before August 1, 1970 for employees of Stiles-Kem Division; before July 1, 1977 for employees of Sethco Division; before October 1, 1985 for employees of Dean Pump Division; before July 1, 1988 for employees of Duall Division; before July 1, 1993 for employees of Mefiag Division; before February 1, 1997 for employees of Strobic Air; before November 1, 1998 for employees of Flex Kleen Division; and before June 1, 2002 for employees of Pristine Hydrochemical is not used in calculating credited service. Past Service Dates are as follows:

Division	Past Service Date
Corporation	September 1, 1975
Systems(Non-Oxy)	September 1, 1975
Fybroc	September 1, 1975
Keystone Filter	September 1, 1975
Sethco	September 1, 1977
Stiles-Kem	September 1, 1977
Systems (Oxy)	September 1, 1979
Dean Pump	September 1, 1986
Duall	September 1, 1990
Mefiag	September 1, 1993
Strobic Air	February 1, 1997
Flex Kleen	November 1, 1998
Pristine Hydrochemical	June 1, 2002

Met-Pro Corporation Hourly Pension Plan
EIN: 23-1683282 Plan: 003
Attachment to the 2009 Form 5500 Schedule SB

Schedule SB, Part V - Summary of Plan Provisions (continued)

Credited Service (cont.):

Future Credited Service shall equal one year for each full Plan Year for which the Eligible Employee has 1,000 or more hours of service. For any Plan Year in which the employee is an Eligible Employee for less than the full Plan Year, he shall accrue oneCredited Service for those participants not employed at Fybroc was frozen as of December 31, 2006. Credited Service for those participants employed at Fybroc was frozen as of December 31, 2008.

Normal Retirement Date:

First day of the month coincident with or next following the participant's 65th birthday.

Normal Form of Pension:

The normal form of pension for a Participant who is not married is a single life annuity. The normal form of pension for a Participant who is married on the date his pension commences is a lifetime pension with 50 percent of such pension continued to the spouse if the spouse survives the Participant. The amount of the lifetime pension shall be equal to the Actuarial Equivalent of the pension amount he would have received if he had been single.

Accrued Monthly Pension:

For Participants not employed at Fybroc: Effective January 1, 2005, the Accrued Monthly Pension is $24.00 for each year of Credited Service. Benefit accruals were frozen at December 31, 2006.

For Participants employed at Fybroc: Effective January 1, 2008, the Accrued Monthly Pension is $25.00 for each year of Credited Service. Benefit accruals were frozen at December 31, 2008.

Normal Retirement Benefit:

Accrued Monthly Pension payable on Normal Retirement Date.

Early Retirement Benefit:

Eligibility: Retirement before Normal Retirement Date and on or after attaining age 55 and completing three years of service.

Benefit: Vested Portion of Monthly Accrued Pension determined as of early retirement date, reduced by 5/9 percent for each of the first 60 months, and 5/18 percent for each of the next 60 months by which his pension commences before his Normal Retirement Date.

Met-Pro Corporation Hourly Pension Plan
EIN: 23-1683282 Plan: 003
Attachment to the 2009 Form 5500 Schedule SB

Schedule SB, Part V - Summary of Plan Provisions (continued)

Late Retirement Benefit:

Eligibility: Retirement after Normal Retirement Date.

Benefit: The greater of (a) and (b):

(a) Accrued Monthly Pension at age 65, actuarially increased to Retirement Age.

(b) Accrued Monthly Pension at age of Retirement.

Vested Benefit:

Eligibility: Employee terminates employment with three or more years of service and is not eligible for Normal or Early Retirement.

Benefit: Vested Portion of Monthly Accrued Pension payable at Normal Retirement Date or a reduced benefit beginning as early as age 55. The reduction is equal to 5/9 percent for each of the first 60 months, and 5/18 percent for each of the next 60 months by which his pension commences before his Normal Retirement Date. The vested portion of the benefit is as follows:

Complete Years of Service	Vesting Percent
less than 3	0%
3	20%
4	40%
5	60%
6	80%
7 or more	100%

Monthly Pre-Retirement Spouse Benefit:

Upon the death of a vested employee or former employee, his spouse will receive a single life pension. If the Participant was eligible for early retirement, his spouse will receive the same benefit she would have received if the Participant had retired the day before his death and had chosen the normal form of benefit. If the Participant was not eligible for early retirement, his spouse will receive a lifetime benefit commencing on the first day the employee would have been eligible to receive a benefit. The amount of the benefit will be the same as if the employee had terminated employment on the date of his death, survived to age 55, retired under the Joint and 50% survivor form of pension, and then died. In the case of the death of a former employee, the amount of benefit would be the same as if he had survived to age 55, retired under the Joint and 50% survivor form of pension, and then died.

Met-Pro Corporation Hourly Pension Plan
EIN: 23-1683282 Plan: 003
Attachment to the 2009 Form 5500 Schedule SB

Schedule SB, Part V - Summary of Plan Provisions (continued)

Changes since the Prior Valuation:	There have been no changes since the prior valuation.

MET-PRO CORPORATION

HOURLY PENSION PLAN

EIN: 23-1683282
PLAN #003
SCHEDULE H - ITEM 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

JANUARY 31, 2010

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	Cost	Current Value
*	The Bank of New York Mellon	EB Small Cap Core Fund	$104,625	$106,900
*	The Bank of New York Mellon	EB Mid Cap Core Fund	162,258	225,250
*	The Bank of New York Mellon	EB Active Core Bond Fund	33,099	36,342
*	The Bank of New York Mellon	EB DV NSL AGG Bond Index Fund	397,519	423,610
			$697,501	$792,102

*Party-in-Interest

Met-Pro Corporation Hourly Pension Plan
EIN: 23-1683282 Plan: 003
Attachment to the 2009 Form 5500 Schedule SB

Schedule SB, line 32 - Schedule of Amortization Bases

Base Type	Date Established	Present Value of Remaining Installments	Remaining Amortization Period (Years)	Amortization Installment
Shortfall	2/1/2009	356,130	7.000	62,756
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Total		$ 766,930		$ 138,711

Met-Pro Corporation Hourly Pension Plan
EIN: 23-1683282 Plan: 003
Attachment to the 2009 Form 5500 Schedule SB

Schedule SB, line 19 - Discounted Employer Contributions

Date of Contribution	Amount of Contribution	Applicable Plan Year	Effective Interest Rate	Rate for Late Quarterly Installments*	Interest-Adjusted Contribution
5/26/2009	$ 60,000	2009	7.93%	12.93%	$ 58,526
8/14/2009	48,000	2009	7.93%	N/A	46,092
11/20/2009	48,000	2009	7.93%	12.93%	45,140
1/8/2010	29,742	2009	7.93%	N/A	27,695
1/20/2010	29,258	2009	7.93%	N/A	27,176
Total	$ 215,000				$ 204,629

* This rate was used to discount the portion of the contribution attributable to late quarterly installments from the date of the contribution to the due date of the quarterly installment.

Met-Pro Corporation Hourly Pension Plan
EIN: 23-1683282 Plan: 003
Attachment to the 2009 Form 5500 Schedule SB

Schedule SB, line 24 - Change in Actuarial Assumptions

An expense assumption was added. Assumed expenses are based on the prior year's actual expenses, adjusted for the difference in PBGC premiums, and rounded up to the next $5,000.

Met-Pro Corporation Hourly Pension Plan
EIN: 23-1683282 Plan: 003
Attachment to the 2009 Form 5500 Schedule SB

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

Age	*Rate of Retirement*	*Percent not Retiring*	*Percent Retiring*	*Weighted Average*
55	2.00%	98.00%	2.00%	1.10
56	1.00%	97.02%	0.98%	0.55
57	1.00%	96.05%	0.97%	0.55
58	1.00%	95.09%	0.96%	0.56
59	1.00%	94.14%	0.95%	0.56
60	5.00%	89.43%	4.71%	2.82
61	10.00%	80.49%	8.94%	5.46
62	25.00%	60.37%	20.12%	12.48
63	20.00%	48.30%	12.07%	7.61
64	20.00%	38.64%	9.66%	6.18
65	50.00%	19.32%	19.32%	12.56
66	20.00%	15.46%	3.86%	2.55
67	100.00%	0.00%	38.64%	10.36
				63.34

Average retirement age is rounded to 63.