

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2010</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2010 or fiscal plan year beginning <u>02/01/2010</u> and ending <u>01/31/2011</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>MET-PRO CORPORATION HOURLY PENSION PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>003</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>09/01/1977</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>003</u>	1c Effective date of plan <u>09/01/1977</u>	
1b Three-digit plan number (PN) ▶	<u>003</u>				
1c Effective date of plan <u>09/01/1977</u>					
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>MET-PRO CORPORATION</u> <u>P.O. BOX 144</u> <u>160 CASSELL ROAD</u> <u>HARLEYSVILLE, PA 19438</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>23-1683282</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>215-723-6751</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>339900</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>23-1683282</u>	2c Sponsor's telephone number <u>215-723-6751</u>	2d Business code (see instructions) <u>339900</u>	
2b Employer Identification Number (EIN) <u>23-1683282</u>					
2c Sponsor's telephone number <u>215-723-6751</u>					
2d Business code (see instructions) <u>339900</u>					

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.	11/14/2011	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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2010)
v.092307.1

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**

206

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**

76

b Retired or separated participants receiving benefits.....**6b**

38

c Other retired or separated participants entitled to future benefits.....**6c**

80

d Subtotal. Add lines **6a**, **6b**, and **6c**.....**6d**

194

e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....**6e**

10

f Total. Add lines **6d** and **6e**.....**6f**

204

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**

0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)**7****8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

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) ☒ Trust
- (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

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

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

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

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information)
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **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 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 02/01/2010 and ending 01/31/2011

▶ **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 <u>MET-PRO CORPORATION HOURLY PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>MET-PRO CORPORATION</u>	D Employer Identification Number (EIN) <u>23-1683282</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1	Enter the valuation date: Month <u>02</u> Day <u>01</u> Year <u>2010</u>
2	Assets:
a	Market value 2a <u>2212095</u>
b	Actuarial value 2b <u>2212095</u>
3	Funding target/participant count breakdown
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a <u>45</u> <u>858811</u>
b	For terminated vested participants 3b <u>84</u> <u>757387</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>19584</u>
(2)	Vested benefits 3c(2) <u>1350117</u>
(3)	Total active 3c(3) <u>77</u> <u>1369701</u>
d	Total 3d <u>206</u> <u>2985899</u>
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 <u>2939725</u>
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 <u>3170593</u>
5	Effective interest rate 5 <u>6.70</u> %
6	Target normal cost 6 <u>50000</u>

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	<u>11/10/2011</u>
Signature of actuary	Date
<u>KENT A. SPADE</u>	<u>11-03270</u>
Type or print name of actuary	Most recent enrollment number
<u>THE SAVITZ ORGANIZATION, INC.</u>	<u>215-587-0700</u>
Firm name	Telephone number (including area code)
<u>1845 WALNUT STREET, 14TH FLOOR</u> <u>PHILADELPHIA, PA 19103</u>	
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 ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2010
v.092308.1

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)	18831	17614
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).....	18831	17614
10	Interest on item 9 using prior year's actual return of <u>26.03</u> %	4902	4585
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		918
b	Interest on (a) using prior year's effective rate of <u>7.93</u> %		73
c	Total available at beginning of current plan year to add to prefunding balance		991
d	Portion of (c) to be added to prefunding balance.....		991
12	Reduction in balances due to elections or deemed elections.....		
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	23733	23190

Part III	Funding percentages		
14	Funding target attainment percentage.....	14	73.65 %
15	Adjusted funding target attainment percentage.....	15	73.65 %
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	69.17 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV	Contributions and liquidity shortfalls		
18	Contributions made to the plan for the plan year by employer(s) and employees:		
	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
	05/14/2010	55000	0
	08/13/2010	55000	0
	11/10/2010	110000	0
	Totals ▶	18(b)	220000
		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	211782
20	Quarterly contributions and liquidity shortfalls:		
a	Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No	
b	If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ 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: 4.92 %	2nd segment: 6.71 %	3rd segment: 6.80 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ 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	50000
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	820727	157503
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	207503
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement		0
36 Additional cash requirement (item 34 minus item 35).....	36	207503
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	211782
38 Interest-adjusted excess contributions for current year (see instructions).....	38	4279
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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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
			2010
			This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning **02/01/2010** and ending **01/31/2011**

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)
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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 70 16 50	NONE	20400	Yes ☐ No ☒	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 28 99 21 51 27 62	NONE	13745	Yes ☒ No ☐	Yes ☒ No ☐	0	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 ☐

(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)
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a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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 2010 This Form is Open to Public Inspection.
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For calendar plan year 2010 or fiscal plan year beginning 02/01/2010 and ending 01/31/2011

A Name of plan <u>MET-PRO CORPORATION HOURLY PENSION PLAN</u>	B Three-digit plan number (PN) <u>003</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>MET-PRO CORPORATION</u>	D Employer Identification Number (EIN) <u>23-1683282</u>

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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PE US SM CAP OPP VAL EQ FUND</u>		
b Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>		
c EIN-PN <u>04-3203152-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>134164</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EB DV NSL AGG BIF</u>		
b Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>		
c EIN-PN <u>25-6078093-214</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>542272</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EB DO MID CAP CORE FUND</u>		
b Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>		
c EIN-PN <u>25-6078093-025</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>276228</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EB US LARGE CAP CORE FUND</u>		
b Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>		
c EIN-PN <u>25-6078093-263</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1779974</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EB TEMPORARY INVESTMENT FUND</u>		
b Name of sponsor of entity listed in (a): <u>THE BANK OF NEW YORK MELLON</u>		
c EIN-PN <u>25-6078093-023</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>28326</u>
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
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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

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
		2010
		This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 02/01/2010 and ending 01/31/2011		
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)	1382205	3
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	30723	28326
(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)	792102	2732638
(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)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(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	2205030	2760967

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	9293	9077
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	9293	9077

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	2195737	2751890
---	-----------	---------	---------

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)	220000	
(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)		220000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	6	
(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)		6
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(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)		479764
(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		699770

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	92589	
(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)		92589
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)	22800	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	28228	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		51028
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		143617

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		556153
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ 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.).....		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.).....		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.)		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.).....		X	
e Was this plan covered by a fidelity bond?.....	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?		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?		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?		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.).....	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.).....	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?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
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.			

- 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 2010 This Form is Open to Public Inspection.
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For calendar plan year 2010 or fiscal plan year beginning 02/01/2010 and ending 01/31/2011

A Name of plan <u>MET-PRO CORPORATION HOURLY PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MET-PRO CORPORATION</u>	D Employer Identification Number (EIN) <u>23-1683282</u>

Part I	Distributions
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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.....	<u>1</u>	<u>0</u>
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): <u>25-6078093</u>		
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.....	<u>3</u>	<u>0</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
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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	<u>6a</u>		
b Enter the amount contributed by the employer to the plan for this plan year	<u>6b</u>		
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).....	<u>6c</u>		
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
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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
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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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule R (Form 5500) 2010
v.092308.1

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):

- 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 AND SUPPLEMENTAL SCHEDULES

FOR THE YEARS ENDED JANUARY 31, 2011 AND 2010

MET-PRO CORPORATION

HOURLY PENSION PLAN

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INDEPENDENT AUDITORS' REPORT

Participants and Administrator
Met-Pro Corporation Hourly Pension Plan

We were engaged to audit the accompanying statements of net assets available for benefits of the Met-Pro Corporation Hourly Pension Plan (the "Plan") as of January 31, 2011 and 2010, and the related statements of changes in net assets available for benefits for the years then ended and the supplemental schedules as of and for the year ended January 31, 2011. These financial statements and supplemental schedules are the responsibility of the Plan's management.

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 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 certifications from the trustee as of and for the years ended January 31, 2011 and 2010, that the information provided to the plan's administrator by the trustee is complete and accurate.

Because of the significance of the information in the Plan's financial statements and supplemental schedules that we did not audit, we were unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in the 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, 2011

MET-PRO CORPORATION

HOURLY PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

JANUARY 31, 2011 AND 2010

	<u>2011</u>	<u>2010</u>
Assets		
Investments in common collective trusts in The Bank of New York Mellon, at market value (cost of \$2,214,586 and \$697,501, respectively)	\$2,732,638	\$ 792,102
Cash and cash equivalents	28,326	30,723
Securities sales pending settlement	<u>3</u>	<u>1,382,205</u>
Total Assets	2,760,967	2,205,030
Liabilities		
Accrued expenses	<u>9,077</u>	<u>9,293</u>
Net Assets Available for Benefits	<u>\$2,751,890</u>	<u>\$2,195,737</u>

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 YEARS ENDED JANUARY 31, 2011 AND 2010

	<u>2011</u>	<u>2010</u>
Additions		
Investment income:		
Interest	\$ 6	\$ 179
Net realized gain on sale of investments	<u>55,813</u>	<u>4,073</u>
	55,819	4,252
Employer contributions	<u>220,000</u>	<u>215,000</u>
Total Additions	<u>275,819</u>	<u>219,252</u>
Deductions		
Benefits paid directly to participants	(92,589)	(91,033)
Administrative expenses	<u>(51,028)</u>	<u>(47,608)</u>
Total Deductions	<u>(143,617)</u>	<u>(138,641)</u>
Net Change Due to Unrealized Appreciation of Market Value of Investments	<u>423,951</u>	<u>431,582</u>
Net Increase	556,153	512,193
Net Assets Available for Benefits		
Beginning of year	<u>2,195,737</u>	<u>1,683,544</u>
End of year	<u>\$2,751,890</u>	<u>\$2,195,737</u>

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

MET-PRO CORPORATION

HOURLY PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED JANUARY 31, 2011 AND 2010

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 be eligible for pension benefits (early retirement) at any time up to ten years prior to normal retirement date (the first day of the calendar month coincident with or next following the date on which a participant reaches the age of 65) provided that 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.

MET-PRO CORPORATION

HOURLY PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED JANUARY 31, 2011 AND 2010

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. Benefit accruals were frozen at December 31, 2008.

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, 2011 and 2010, 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.

MET-PRO CORPORATION

HOURLY PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED JANUARY 31, 2011 AND 2010

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.

MET-PRO CORPORATION

HOURLY PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED JANUARY 31, 2011 AND 2010

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

RECENTLY ISSUED ACCOUNTING PRONOUNCEMENT

The FASB issued Accounting Standards Update ("ASU") No. 2010-06, "Fair Value Measurements and Disclosures (Topic 820): Improving Disclosures about Fair Value Measurements". This ASU requires some new disclosures and clarifies some existing disclosure requirements about fair value measurement as set forth in Accounting Standards Codification ("ASC") Subtopic 820-10. ASU 2010-06 amends ASC Subtopic 820-10 and now requires a reporting entity to use judgment in determining the appropriate classes of assets and liabilities and to provide disclosures about the valuation techniques and inputs used to measure fair value for both recurring and nonrecurring fair value measurements. ASU 2010-06 is effective for interim and annual reporting periods beginning after December 15, 2009. As this standard relates specifically to disclosures, the adoption did not have an impact on the Plan's financial statements.

NOTE 3 - FAIR VALUE MEASUREMENTS

ASC Topic 820, "Fair Value Measurements and Disclosures", provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

The fair value hierarchy also requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs in measuring fair value. The Plan uses the market approach valuation technique to value its investments. The market approach uses prices and other pertinent information generated from market transactions involving identical or comparable assets or liabilities. The types of factors that the Plan may take into account in fair value pricing the investments include available current market data, including relevant and applicable market quotes. The Plan's assessment of the significance of a particular input to the fair value measurement in its entirety requires judgment, and considers factors specific to the asset or liability.

MET-PRO CORPORATION
HOURLY PENSION PLAN
NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED JANUARY 31, 2011 AND 2010

NOTE 3 - FAIR VALUE MEASUREMENTS (CONTINUED)

The three levels of the fair value hierarchy under ASC 820 are described as follows:

Level 1 Fair Value Measurements

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

Cash and cash equivalents are Level 1 assets.

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. Investments of the Plan are Level 2 assets.

Level 3 Fair Value Measurements

Inputs to the valuation methodology are unobservable and significant to the fair value measurement. There were no Level 3 assets in the Plan.

MET-PRO CORPORATION

HOURLY PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED JANUARY 31, 2011 AND 2010

NOTE 3 - FAIR VALUE MEASUREMENTS (CONTINUED)

Level 3 Fair Value Measurements (Continued)

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:		
		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)
January 31, 2011				
Assets:				
Investments:				
Equity securities:				
U.S. Large Cap equities	\$1,779,974		\$1,779,974	
U.S. Mid Cap equities	276,228		276,228	
U.S. Small Cap equities	134,164		134,164	
Fixed income securities	<u>542,272</u>		<u>542,272</u>	
	<u>\$2,732,638</u>		<u>\$2,732,638</u>	
Cash and cash equivalents	<u>\$28,326</u>	<u>\$28,326</u>		
Securities sales pending settlement	<u>\$3</u>		<u>\$3</u>	
January 31, 2010				
Assets:				
Investments:				
Equity securities:				
U.S. Mid Cap equities	\$ 225,250		\$ 225,250	
U.S. Small Cap equities	106,900		106,900	
Fixed income securities	<u>459,952</u>		<u>459,952</u>	
	<u>\$ 792,102</u>		<u>\$ 792,102</u>	
Cash and cash equivalents	<u>\$30,723</u>	<u>\$30,723</u>		
Securities sales pending settlement	<u>\$1,382,205</u>		<u>\$1,382,205</u>	

MET-PRO CORPORATION

HOURLY PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED JANUARY 31, 2011 AND 2010

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, 2011 and 2010 were (a) life expectancy of participants (IRS 2011 and 2010 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%.

Accumulated plan benefits are summarized as follows:

	<u>2011</u>	<u>2010</u>
Actuarial present value of accumulated plan benefits:		
Vested:		
Retirees and beneficiaries	\$ 773,601	\$ 774,423
Terminated participants with deferred benefits	620,927	602,091
Participating employees	<u>1,134,875</u>	<u>1,067,158</u>
	2,529,403	2,443,672
Non-vested	<u>18,203</u>	<u>25,080</u>
Total actuarial present value of accumulated plan benefits	<u>\$2,547,606</u>	<u>\$2,468,752</u>

MET-PRO CORPORATION

HOURLY PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED JANUARY 31, 2011 AND 2010

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

	<u>2011</u>	<u>2010</u>
Actuarial present value of accumulated plan benefits at beginning of period	\$2,468,752	\$2,403,848
Increases (decreases) during period due to:		
Interest due to decrease in the discount period	193,797	188,667
Benefits paid	(92,589)	(91,033)
Benefits accumulated and gains and losses	(27,140)	(37,456)
Changes in assumptions	<u>4,786</u>	<u>4,726</u>
Actuarial present value of accumulated plan benefits at end of period	<u>\$2,547,606</u>	<u>\$2,468,752</u>

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.

	<u>2011</u>	<u>2010</u>
The Bank of New York Mellon EB Mid Cap Core Fund	\$ 276,228	\$225,250
The Bank of New York Mellon EB DV NSL AGG Bond Index Fund	542,272	423,610
The Bank of New York Mellon EB Large Cap Core Fund	1,779,974	--

The Plan's investments, including interest, realized and unrealized gains, appreciated in value as follows for the years ended January 31, 2011 and 2010:

	<u>2011</u>	<u>2010</u>
Common collective trusts	\$479,770	\$435,834

MET-PRO CORPORATION

HOURLY PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED JANUARY 31, 2011 AND 2010

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. The Plan has been amended since receiving the determination letter. However, the plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operating in compliance with the applicable requirements of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of January 31, 2011, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audit; however, there are currently no audits for any tax periods in progress. The plan administrator believes that the Plan is no longer subject to income tax examinations for years prior to 2007.

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, 2011 and 2010. 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 \$2,760,967 and \$2,205,030 at January 31, 2011 and 2010, respectively.

Fees paid by the Plan for investment management services are included in administrative expenses and amounted to \$14,223 and \$10,177 for the years ended January 31, 2011 and 2010, respectively.

MET-PRO CORPORATION

HOURLY PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

FOR THE YEARS ENDED JANUARY 31, 2011 AND 2010

NOTE 11 - RISKS AND UNCERTAINTIES

At January 31, 2011 and 2010, 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, 2011, 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, 2011

(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 Temporary Investment Fund	\$ 28,326	\$ 28,326
*	The Bank of New York Mellon	EB Small Cap Opportunistic Value Equity Fund	110,369	134,164
*	The Bank of New York Mellon	EB Mid Cap Core Fund	153,995	276,228
*	The Bank of New York Mellon	EB Large Cap Core Fund	1,451,840	1,779,974
*	The Bank of New York Mellon	EB DV NSL AGG Bond Index Fund	<u>498,382</u>	<u>542,272</u>
			<u>\$2,242,912</u>	<u>\$2,760,964</u>

*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, 2011

(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	\$1,550,916				\$1,550,916	\$1,550,916	
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*Party-in-Interest

Met-Pro Corporation Hourly Pension Plan
EIN: 23-1683282 Plan: 003
Attachment to the 2010 Form 5500 Schedule SB

Schedule SB, line 26 - Schedule of Active Participant Data

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	0	0	0	0	0	0	0	0	1
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	2	3	5	0	0	0	0	0	0	10
40-44	1	1	1	0	0	1	0	0	0	0	4
45-49	0	1	6	3	3	0	1	0	0	0	14
50-54	0	2	5	3	4	3	4	0	0	0	21
55-59	1	2	3	2	4	2	2	0	0	0	16
60-64	0	2	3	0	1	2	1	0	0	0	9
65-69	0	1	0	0	0	0	0	0	0	0	1
70 & Over	0	0	0	0	0	0	0	0	0	0	0
Total	2	13	21	13	12	8	8	0	0	0	77

Met-Pro Corporation Hourly Pension Plan
EIN: 23-1683282 Plan: 003
Attachment to the 2010 Form 5500 Schedule SB

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

Interest Rates

Target Interest Rate: Based on the segment rates with a four-month lookback.
(Segment 1) 4.92% per year, compounded annually.
(Segment 2) 6.71% per year, compounded annually.
(Segment 3) 6.80% per year, compounded annually.

FASB ASC 960: 8.00% per year, compounded annually.

Mortality

IRS 2010 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 2010 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 2010 Form 5500 Schedule SB

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

Expenses:	The prior year's expense, adjusted for PBGC premiums, rounded up to the next \$5,000; included in target normal cost. For 2010, equal to \$50,000.
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 2010 Form 5500 Schedule SB

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

**Changes since the Prior
Valuation:**

The mortality table was updated from the IRS 2009 Static Mortality Table to the IRS 2010 Static Mortality Table.

The interest rates were changed from the yield curve with a two-month lookback to segment rates with a four-month lookback.

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, 2011

(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	\$1,550,916				\$1,550,916	\$1,550,916	
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*Party-in-Interest

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 02/01/2010 and ending 01/31/2011

► 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: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500	

Part I Basic Information			
1 Enter the valuation date: Month <u>02</u> Day <u>01</u> Year <u>2010</u>			
2 Assets:			
a Market value	2a	2212095	
b Actuarial value	2b	2212095	
3 Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	45	858811
b For terminated vested participants	3b	84	757387
c For active participants:			
(1) Non-vested benefits	3c(1)		19584
(2) Vested benefits	3c(2)		1350117
(3) Total active	3c(3)	77	1369701
d Total	3d	206	2985899
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	2939725	
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	3170593	
5 Effective interest rate	5	6.70%	
6 Target normal cost	6	50000	

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 	Date <u>11/10/2011</u> 1103270
Signature of actuary Type or print name of actuary The Savitz Organization, Inc. Firm name 1845 Walnut Street, 14th Floor Philadelphia PA 19103 Address of the firm		Most recent enrollment number 215-587-0700 Telephone number (including area code)

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 ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 201
v.092308

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)	18831	17614
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)	18831	17614
10	Interest on item 9 using prior year's actual return of <u>26.03%</u>	4902	4585
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		918
b	Interest on (a) using prior year's effective rate of <u>7.93%</u>		73
c	Total available at beginning of current plan year to add to prefunding balance		991
d	Portion of (c) to be added to prefunding balance		991
12	Reduction in balances due to elections or deemed elections		
13	Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	23733	23190

Part III	Funding percentages		
14	Funding target attainment percentage	14	73.65%
15	Adjusted funding target attainment percentage	15	73.65%
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	69.17%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV	Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:						
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
05/14/2010	55000	0				
08/13/2010	55000	0				
11/10/2010	110000	0				
Totals ▶			18(b)	220000	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 211782
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ 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: 4.92%	2nd segment: 6.71%	3rd segment: 6.80%	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ 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	50000
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	820727	157503
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	207503
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement		0
36 Additional cash requirement (item 34 minus item 35)	36	207503
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	37	211782
38 Interest-adjusted excess contributions for current year (see instructions)	38	4279
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 2010 Form 5500 Schedule SB

Schedule SB, line 4 - Additional Information for Plans in At-Risk Status

The at-risk assumptions are the same as the not-at-risk assumptions except that non-retired participants are assumed to elect the single life form of benefit and terminated vested participants are expected to retire at the same rates as active participants.

Met-Pro Corporation Hourly Pension Plan
EIN: 23-1683282 Plan: 003
Attachment to the 2010 Form 5500 Schedule SB

Schedule SB, line 19 - Discounted Employer Contributions

<u>Date of Contribution</u>	<u>Amount of Contribution</u>	<u>Applicable Plan Year</u>	<u>Effective Interest Rate</u>	<u>Rate for Late Quarterly Installments*</u>	<u>Interest-Adjusted Contribution</u>
5/14/2010	\$ 55,000	2010	6.70%	N/A	\$ 54,012
8/13/2010	55,000	2010	6.70%	N/A	53,146
11/10/2010	110,000	2010	6.70%	N/A	104,624
Total	<u>\$ 220,000</u>				<u>\$ 211,782</u>

- * 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 2010 Form 5500 Schedule SB

Schedule SB, line 25 - Change in Method

The interest rates were changed from the yield curve with a two-month lookback to segment rates with a four-month lookback.

Met-Pro Corporation Hourly Pension Plan
EIN: 23-1683282 Plan: 003
Attachment to the 2010 Form 5500 Schedule SB

Schedule SB, line 26 - Schedule of Active Participant Data

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	0	0	0	0	0	0	0	0	1
30-34	0	0	0	0	0	0	0	0	0	0	0
35-39	0	2	3	5	0	0	0	0	0	0	10
40-44	1	1	1	0	0	1	0	0	0	0	4
45-49	0	1	6	3	3	0	1	0	0	0	14
50-54	0	2	5	3	4	3	4	0	0	0	21
55-59	1	2	3	2	4	2	2	0	0	0	16
60-64	0	2	3	0	1	2	1	0	0	0	9
65-69	0	1	0	0	0	0	0	0	0	0	1
70 & Over	0	0	0	0	0	0	0	0	0	0	0
Total	2	13	21	13	12	8	8	0	0	0	77

Met-Pro Corporation Hourly Pension Plan
EIN: 23-1683282 Plan: 003
Attachment to the 2010 Form 5500 Schedule SB

Schedule SB, line 32 - Schedule of Amortization Bases

<u>Base Type</u>	<u>Date Established</u>	<u>Present Value of Remaining Installments</u>	<u>Remaining Amortization Period (Years)</u>	<u>Amortization Installment</u>
Shortfall	2/1/2010	\$ 111,861	7.000	\$ 18,792
Shortfall	2/1/2009	331,055	6.000	62,756
Shortfall	9/1/2008	377,811	5.583	75,955
Total		<u>\$ 820,727</u>		<u>\$ 157,503</u>

Met-Pro Corporation Hourly Pension Plan
EIN: 23-1683282 Plan: 003
Attachment to the 2010 Form 5500 Schedule SB

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

Interest Rates

Target Interest Rate: Based on the segment rates with a four-month lookback.
(Segment 1) 4.92% per year, compounded annually.
(Segment 2) 6.71% per year, compounded annually.
(Segment 3) 6.80% per year, compounded annually.

FASB ASC 960: 8.00% per year, compounded annually.

Mortality

IRS 2010 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 2010 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 2010 Form 5500 Schedule SB

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

Expenses:	The prior year's expense, adjusted for PBGC premiums, rounded up to the next \$5,000; included in target normal cost. For 2010, equal to \$50,000.
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 2010 Form 5500 Schedule SB

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

**Changes since the Prior
Valuation:**

The mortality table was updated from the IRS 2009 Static Mortality Table to the IRS 2010 Static Mortality Table.

The interest rates were changed from the yield curve with a two-month lookback to segment rates with a four-month lookback.

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 2010 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. However, service 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:

<u>Division</u>	<u>Past Service Date</u>
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 2010 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 one-twelfth of a year of Future Credited Service for each month in which he has completed at least 83 1/3 hours of service. Credited 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:	<p>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.</p> <p>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.</p>
Normal Retirement Benefit:	Accrued Monthly Pension payable on Normal Retirement Date.
Early Retirement Benefit:	<p><i>Eligibility:</i> Retirement before Normal Retirement Date and on or after attaining age 55 and completing three years of service.</p> <p><i>Benefit:</i> 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.</p>

Met-Pro Corporation Hourly Pension Plan
EIN: 23-1683282 Plan: 003
Attachment to the 2010 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:

<u>Complete Years of Service</u>	<u>Vesting Percent</u>
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 2010 Form 5500 Schedule SB

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

Optional Forms of Payment:	Single Life 5, 10, or 15 year Certain and Continuous 50%, 75%, or 100% Joint and Survivor
Plan Status:	Frozen.
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 2010 Form 5500 Schedule SB

Schedule SB, line 4 - Additional Information for Plans in At-Risk Status

The at-risk assumptions are the same as the not-at-risk assumptions except that non-retired participants are assumed to elect the single life form of benefit and terminated vested participants are expected to retire at the same rates as active participants.

Met-Pro Corporation Hourly Pension Plan
EIN: 23-1683282 Plan: 003
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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. However, service 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:

<u>Division</u>	<u>Past Service Date</u>
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 2010 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 one-twelfth of a year of Future Credited Service for each month in which he has completed at least 83 1/3 hours of service. Credited 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:	<p>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.</p> <p>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.</p>
Normal Retirement Benefit:	Accrued Monthly Pension payable on Normal Retirement Date.
Early Retirement Benefit:	<p><i>Eligibility:</i> Retirement before Normal Retirement Date and on or after attaining age 55 and completing three years of service.</p> <p><i>Benefit:</i> 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.</p>

Met-Pro Corporation Hourly Pension Plan
EIN: 23-1683282 Plan: 003
Attachment to the 2010 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:

<u>Complete Years of Service</u>	<u>Vesting Percent</u>
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 2010 Form 5500 Schedule SB

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

Optional Forms of Payment:	Single Life 5, 10, or 15 year Certain and Continuous 50%, 75%, or 100% Joint and Survivor
Plan Status:	Frozen.
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, 2011

(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 Temporary Investment Fund	\$ 28,326	\$ 28,326
*	The Bank of New York Mellon	EB Small Cap Opportunistic Value Equity Fund	110,369	134,164
*	The Bank of New York Mellon	EB Mid Cap Core Fund	153,995	276,228
*	The Bank of New York Mellon	EB Large Cap Core Fund	1,451,840	1,779,974
*	The Bank of New York Mellon	EB DV NSL AGG Bond Index Fund	<u>498,382</u>	<u>542,272</u>
			<u>\$2,242,912</u>	<u>\$2,760,964</u>

*Party-in-Interest

Met-Pro Corporation Hourly Pension Plan
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Attachment to the 2010 Form 5500 Schedule SB

Schedule SB, line 32 - Schedule of Amortization Bases

<u>Base Type</u>	<u>Date Established</u>	<u>Present Value of Remaining Installments</u>	<u>Remaining Amortization Period (Years)</u>	<u>Amortization Installment</u>
Shortfall	2/1/2010	\$ 111,861	7.000	\$ 18,792
Shortfall	2/1/2009	331,055	6.000	62,756
Shortfall	9/1/2008	377,811	5.583	75,955
Total		<u>\$ 820,727</u>		<u>\$ 157,503</u>

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Attachment to the 2010 Form 5500 Schedule SB

Schedule SB, line 19 - Discounted Employer Contributions

<u>Date of Contribution</u>	<u>Amount of Contribution</u>	<u>Applicable Plan Year</u>	<u>Effective Interest Rate</u>	<u>Rate for Late Quarterly Installments*</u>	<u>Interest- Adjusted Contribution</u>
5/14/2010	\$ 55,000	2010	6.70%	N/A	\$ 54,012
8/13/2010	55,000	2010	6.70%	N/A	53,146
11/10/2010	110,000	2010	6.70%	N/A	104,624
Total	<u>\$ 220,000</u>				<u>\$ 211,782</u>

* 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
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Schedule SB, line 25 - Change in Method

The interest rates were changed from the yield curve with a two-month lookback to segment rates with a four-month lookback.

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Attachment to the 2010 Form 5500 Schedule SB

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

<i>Age</i>	<i>Rate of Retirement</i>	<i>Percent not Retiring</i>	<i>Percent Retiring</i>	<i>Weighted Average</i>
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.