

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), 6057(b), 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;">2014</div> This Form is Open to Public Inspection
---	---	--

Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>02/01/2014</u> and ending <u>12/31/2014</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); 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> 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>MET-PRO TECHNOLOGIES LLC</u> <u>460 E. SWEDES FORD ROAD</u> <u>SUITE 2030</u> <u>WAYNE, PA 19087</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> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>46-2630972</u></td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number <u>215-717-7822</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>339900</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>003</u>	1c Effective date of plan <u>09/01/1977</u>		2b Employer Identification Number (EIN) <u>46-2630972</u>		2c Plan Sponsor's telephone number <u>215-717-7822</u>		2d Business code (see instructions) <u>339900</u>	
1b Three-digit plan number (PN) ▶	<u>003</u>										
1c Effective date of plan <u>09/01/1977</u>											
2b Employer Identification Number (EIN) <u>46-2630972</u>											
2c Plan Sponsor's telephone number <u>215-717-7822</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.	10/15/2015	EDWARD J. PRAJZNER
	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
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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	5 197
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 66 6a(2) 0 6b 0 6c 0 6d 0 6e 0 6f 0 6g 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 Characteristics Codes in the instructions: 1B 1I b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics 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)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>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).</div> <div>File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2014</div> <div>This Form is Open to Public Inspection</div>
--	---	--

For calendar plan year 2014 or fiscal plan year beginning 02/01/2014 and ending 12/31/2014	
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 TECHNOLOGIES LLC	D Employer Identification Number (EIN) 46-2630972
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 02 Day 01 Year 2014			
2	Assets:			
a	Market value	2a	3513748	
b	Actuarial value	2b	3513748	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	49	835358	835358
b	For terminated vested participants	82	979669	979669
c	For active participants	66	1475123	1483935
d	Total	197	3290150	3298962
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	6.56%	
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		10/14/2015
	Signature of actuary	Date
DAVID B. REID	Type or print name of actuary	14-06971
		Most recent enrollment number
THE SAVITZ ORGANIZATION, INC.	Firm name	215-587-0700
		Telephone number (including area code)
1845 WALNUT STREET, 14TH FLOOR PHILADELPHIA, PA 19103	Address of the firm	

Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	46
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	46
10 Interest on line 9 using prior year's actual return of <u>9.81</u> %	0	5
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		396
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.39</u> %		25
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		421
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections		51
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages		
14 Funding target attainment percentage	14	106.51 %
15 Adjusted funding target attainment percentage	15	106.51 %
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	95.23 %
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
05/15/2014	37831	0			
08/13/2014	37831	0			
			Totals ▶	18(b)	75662
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	73564
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No		
c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
0	0	0
		(4) 4th
		0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.99 %	2nd segment: 6.32 %	3rd segment: 6.99 %	☐ 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 subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....	31a	50000	
b Excess assets, if applicable, but not greater than line 31a	31b	50000	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	73564	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	73564	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2014
		This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 02/01/2014 and ending 12/31/2014		
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 TECHNOLOGIES LLC	D Employer Identification Number (EIN) 46-2630972	

Part I	Service Provider Information (see instructions)
--------	---

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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 17 50	NONE	30300	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

UBS FINANCIAL SERVICES, INC

1285 AVENUE OF THE AMERICAS
NEW YORK, NY 10019

13-2638166

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 51 99	NONE	18568	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 ☐

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)

(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

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>02/01/2014</u> and ending <u>12/31/2014</u>		
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 TECHNOLOGIES LLC</u>		D Employer Identification Number (EIN) <u>46-2630972</u>

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a	0	0
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions.....	1b(1)	63091	0
	(2) Participant contributions.....	1b(2)		
	(3) Other.....	1b(3)	15992	0
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	265710	0
	(2) U.S. Government securities	1c(2)	463607	0
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)	370216	0
	(B) All other	1c(3)(B)	56573	0
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common.....	1c(4)(B)	2109830	0
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property).....	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans.....	1c(8)		
	(9) Value of interest in common/collective trusts	1c(9)		
	(10) Value of interest in pooled separate accounts	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities.....	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	177610	0
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other.....	1c(15)	12495	0

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(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	3535124	0

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	26300	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	26300	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	3508824	0
---	-----------	---------	---

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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	75662	
(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)		75662

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	64	
(B) U.S. Government securities	2b(1)(B)	9711	
(C) Corporate debt instruments	2b(1)(C)	16633	
(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)		26408
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	58197	
(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)		58197
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	1153432	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1071557	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		81875
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	156391	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		156391

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		398533

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	100181	
(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)		100181
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)	24200	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	18568	
(4) Other	2i(4)	24920	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		67688
j Total expenses. Add all expense amounts in column (b) and enter total	2j		167869

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		230664
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		3739488

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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

- 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.)
- 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.)

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
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)
MET-PRO TECHNOLOGIES LLC SALARIED AND HOURLY PENSION PLAN	46-2630972	001

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☒ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>		<div>Retirement Plan Information</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div>		<div>OMB No. 1210-0110</div> <div>2014</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2014 or fiscal plan year beginning 02/01/2014 and ending 12/31/2014					
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 TECHNOLOGIES LLC				D Employer Identification Number (EIN) 46-2630972	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 42-1741646					
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....				3	0
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... ☐ Yes ☒ No ☐ N/A					
If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____					
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....				6a	
b Enter the amount contributed by the employer to the plan for this plan year.....				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... ☐ Yes ☐ No ☒ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No					
Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No					
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.				Schedule R (Form 5500) 2014 v. 140124	

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 lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of 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 line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

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

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

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

- 19** If the total number of participants is 1,000 or more, complete lines (a) 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 line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

MET-PRO CORPORATION

HOURLY PENSION PLAN

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES

**AS OF DECEMBER 31, 2014 AND JANUARY 31, 2014 AND
FOR THE ELEVEN MONTH PERIOD ENDED DECEMBER 31, 2014**

MET-PRO CORPORATION

HOURLY PENSION PLAN

CONTENTS

Independent Auditors' Report	1-2
---	------------

Financial Statements

Statements of Net Assets Available for Benefits	3
Statements of Changes in Net Assets Available for Benefits	4

Notes to Financial Statements	5-17
--	-------------

INDEPENDENT AUDITORS' REPORT

Participants and Administrator
Met-Pro Corporation Hourly Pension Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Met-Pro Corporation Hourly Pension Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2014 and January 31, 2014 and the related statements of changes in net assets available for benefits for the eleven month period ended December 31, 2014, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

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 Comerica Bank, the custodian of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the custodian as of December 31, 2014 and January 31, 2014 and for the eleven month period ended December 31, 2014, that the information provided to the plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient, appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements, referred to in the first paragraph.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements, 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.

A handwritten signature in black ink that reads "Marcum LLP". The signature is written in a cursive, flowing style.

Bala Cynwyd, PA
October 14, 2015

MET-PRO CORPORATION

HOURLY PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

DECEMBER 31, 2014 AND JANUARY 31, 2014

	December 31, 2014	January 31, 2014
Assets		
Investments:		
Corporate debt instruments	\$ --	\$ 370,216
Corporate stocks	--	2,109,830
Foreign bonds and notes	--	56,573
Mutual funds	--	177,610
Real estate investment trusts	--	12,495
U.S. Government securities	--	463,607
Total investments	--	3,190,331
Cash and cash equivalents	--	265,710
Receivables:		
Employer	--	63,091
Accrued income	--	9,439
Due from brokers	--	6,553
Total receivables	--	79,083
Total Assets	--	3,535,124
Liabilities		
Accrued expenses	--	26,300
Net Assets Available for Benefits	<u>\$ --</u>	<u>\$3,508,824</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 ELEVEN MONTH PERIOD ENDED DECEMBER 31, 2014

	<u>2014</u>
Additions to Net Assets Attributed to:	
Investment income:	
Net appreciation in fair value of investments	\$ 238,266
Dividends	58,197
Interest	<u>26,408</u>
Total Investment Income	322,871
Employer contributions	<u>75,662</u>
Total Additions	<u>398,533</u>
 Deductions from Net Assets Attributed to:	
Benefits paid directly to participants	(100,181)
Administrative expenses	<u>(67,688)</u>
Total Deductions	<u>(167,869)</u>
Net Increase	230,664
 Net Assets Available for Benefits	
Beginning of year	<u>3,508,824</u>
Net assets prior to Transfer out	3,739,488
Transfer Out of Plan	<u>(3,739,488)</u>
End of year	<u>\$ --</u>

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

MET-PRO CORPORATION

HOURLY PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

**AS OF DECEMBER 31, 2014 AND JANUARY 31, 2014 AND FOR THE ELEVEN
MONTH PERIOD ENDED DECEMBER 31, 2014**

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

On August 27, 2013, Met-Pro Corporation, the former sponsor of the Plan, was acquired by Met-Pro Technologies LLC (“the Company”), a subsidiary of CECO Environmental, Corp.

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

Effective December 31, 2014 the Plan was amended and the assets of the Met-Pro Corporation Hourly Pension Plan were transferred and merged into the Met-Pro Technologies LLC Salaried and Hourly Pension Plan as directed by the Met-Pro Technologies LLC delegate. The total assets transferred into the Plan were \$3,739,488.

The Plan year is a short plan year for the eleven months ended December 31, 2014. The short plan year commenced on February 1, 2014 and ended on December 31, 2014.

ADMINISTRATION OF PLAN ASSETS

The Plan's assets, which consist principally of investments, are held by the custodian, Comerica Bank (“Custodian”). Certain administrative functions are performed by employees of the Company. 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 the accrued benefit, as defined in the agreement, a reduced benefit commencing at any time from the date of retirement to the normal retirement date.

MET-PRO CORPORATION

HOURLY PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

**AS OF DECEMBER 31, 2014 AND JANUARY 31, 2014 AND FOR THE ELEVEN
MONTH PERIOD ENDED DECEMBER 31, 2014**

NOTE 1 - DESCRIPTION OF PLAN (CONTINUED)

PENSION BENEFITS (CONTINUED)

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.

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. Accrued benefits of \$5,000 or less are paid in a lump sum.

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 the Company 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 Custodian receives and holds plan assets and pay benefits provided by the Plan. As of December 31, 2014 and January 31, 2014, the Plan is in compliance with the minimum funding requirements of ERISA.

MET-PRO CORPORATION

HOURLY PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

**AS OF DECEMBER 31, 2014 AND JANUARY 31, 2014 AND FOR THE ELEVEN
MONTH PERIOD ENDED DECEMBER 31, 2014**

NOTE 1 - DESCRIPTION OF PLAN (CONTINUED)

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.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

BASIS OF ACCOUNTING

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

CASH AND CASH EQUIVALENTS

The Plan considers all highly liquid debt instruments with a maturity of three months or less to be cash equivalents.

VALUATION OF INVESTMENTS

Investments are carried at market value as reported by the Custodian. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

INVESTMENT INCOME AND GAINS AND LOSSES ON SECURITY TRANSACTIONS

Investment income and gains and losses on security transactions are recorded as reported by the Custodian (see Note 9). The Plan presents in the statements of changes in net assets available for benefits the net realized gain or (loss) in the fair value of its investments, which consists of the net realized gains or losses at the trade dates.

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.

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.

MET-PRO CORPORATION

HOURLY PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

**AS OF DECEMBER 31, 2014 AND JANUARY 31, 2014 AND FOR THE ELEVEN
MONTH PERIOD ENDED DECEMBER 31, 2014**

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

BENEFITS PAID DIRECTLY TO PARTICIPANTS

Benefit payments to participants are recorded when distributed.

USE OF ESTIMATES

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

NOTE 3 - FAIR VALUE MEASUREMENTS

The Plan follows the guidance for fair value measurements and disclosures in accordance with Accounting Standards Codification Topic 820, Fair Value Measurements and Disclosures ("ASC 820"). Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability (i.e., the "exit price") in an orderly transaction between market participants at the measurement date.

In determining fair value, management uses various valuation approaches, as appropriate in the circumstances. ASC 820 establishes a fair value hierarchy for inputs used in measuring fair value that maximizes the use of observable inputs and minimizes the use of unobservable inputs by requiring that the most observable inputs be used when available. Observable inputs are market data from independent sources. Unobservable inputs are the management's assumptions, based on the best information available, of how the market would price the asset or liability. The fair value hierarchy is categorized into three levels based on the inputs as follows:

Level 1 - Valuations based on unadjusted quoted prices in active markets for identical assets that the Plan has the ability to access. Since valuations are based on quoted prices that are readily and regularly available in an active market, valuation of these securities does not entail a significant degree of judgment.

MET-PRO CORPORATION

HOURLY PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

**AS OF DECEMBER 31, 2014 AND JANUARY 31, 2014 AND FOR THE ELEVEN
MONTH PERIOD ENDED DECEMBER 31, 2014**

NOTE 3 - FAIR VALUE MEASUREMENTS (CONTINUED)

Level 2 – 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.

Level 3 - Valuations based on inputs that are unobservable and significant to the overall fair value measurement. The inputs into the determination of fair value require significant judgment and estimation. The Plan does not maintain Level 3 assets.

Fair value is a market-based measure considered from the perspective of a market participant who holds the asset rather than an entity-specific measure. Therefore, even when market assumptions are not readily available, the Plan's own assumptions are set to reflect those that market participants would use in pricing the asset at the measurement date.

The use of valuation techniques and availability of observable inputs can vary from security to security and is affected by a wide variety of factors including the type of security, whether the security is new and not yet established in the marketplace, and other characteristics particular to the transaction. To the extent that valuation is based on models or inputs that are less observable or unobservable in the market, the determination of fair value requires more judgment. Those estimated values do not necessarily represent the amounts that may be ultimately realized due to the occurrence of future circumstances that cannot be reasonably determined. Because of the inherent uncertainty of valuation, those estimated values may be materially higher or lower than the values that would have been used had a ready market for the securities existed. Accordingly, the degree of judgment exercised by management in determining fair value is greatest for securities categorized in Level 3. In certain cases, the inputs used to measure fair value may fall into different levels of the fair value hierarchy. In such cases, an investment's level within the fair value hierarchy is based on the lowest level of input that is significant to the fair value measurement.

The inputs or methodology used for valuing portfolio investments are not an indication of the risk associated with investing in these investments.

MET-PRO CORPORATION

HOURLY PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

AS OF DECEMBER 31, 2014 AND JANUARY 31, 2014 AND FOR THE ELEVEN
MONTH PERIOD ENDED DECEMBER 31, 2014

NOTE 3 - FAIR VALUE MEASUREMENTS (CONTINUED)

The following is a description of the valuation methodologies used for assets at fair value. There have been no changes in the methodologies used at December 31, 2014 and January 31, 2014.

Corporate debt instruments- Certain corporate debt instruments are valued at the closing price reported in the active market in which the bond is traded. Other corporate bonds are valued based on yields currently available on comparable securities of issues with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields or similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks.

Corporate stocks- valued at the closing price as reported on respective stock exchanges.

Foreign bonds and notes- Valued at the closing price of similar investments reported in the active market in which the individual security is traded.

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

Real estate investment trusts- Valued on the basis of a discounted cash flows approach, which includes the future rental receipts, expenses and residual values as the highest and best use of the real estate from a market participant view as rental property.

U.S. Government securities- Valued at the closing price reported in the active market in which the individual security is traded.

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

MET-PRO CORPORATION

HOURLY PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

AS OF DECEMBER 31, 2014 AND JANUARY 31, 2014 AND FOR THE ELEVEN MONTH PERIOD ENDED DECEMBER 31, 2014

NOTE 3 - FAIR VALUE MEASUREMENTS (CONTINUED)

Fair Value Measurements Using:				
	Quoted Prices in Active Markets for Identical Assets	Quoted Prices for Similar Assets in Active or Non-Active Markets	Significant Unobservable Inputs	
Fair Value	(Level 1)	(Level 2)	(Level 3)	
December 31, 2014				
Assets:				
Investments:				
Corporate debt instruments	\$ --	\$ --	\$ --	\$ --
Corporate stocks	--	--	--	--
Mutual funds	--	--	--	--
Real estate investment trusts	--	--	--	--
U.S. Government securities	--	--	--	--
Investments, Total	<u>\$ --</u>	<u>\$ --</u>	<u>\$ --</u>	<u>\$ --</u>
Cash Equivalents:				
Mutual funds	<u>\$ --</u>	<u>\$ --</u>	<u>\$ --</u>	<u>\$ --</u>
January 31, 2014				
Assets:				
Investments:				
Corporate debt instruments	\$ 370,216	\$ 370,216	\$ --	\$ --
Corporate stocks	2,109,830	2,109,830	--	--
Foreign bonds and notes	56,573	--	56,573	--
Mutual funds	177,610	177,610	--	--
Real estate investment trusts	12,495	--	12,495	--
U.S. Government securities	<u>463,607</u>	<u>463,607</u>	<u>--</u>	<u>--</u>
Investments, Total	<u>\$3,190,331</u>	<u>\$3,121,263</u>	<u>\$69,068</u>	<u>\$ --</u>
Cash Equivalents:				
Mutual fund	\$137,065	\$137,065	\$ --	\$ --
Business service account	<u>120,077</u>	<u>120,077</u>	<u>--</u>	<u>--</u>
Cash Equivalents, Total	<u>\$257,142</u>	<u>\$257,142</u>	<u>\$ --</u>	<u>\$ --</u>

MET-PRO CORPORATION

HOURLY PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

**AS OF DECEMBER 31, 2014 AND JANUARY 31, 2014 AND FOR THE ELEVEN
MONTH PERIOD ENDED DECEMBER 31, 2014**

NOTE 3 - FAIR VALUE MEASUREMENTS (CONTINUED)

During the eleven month period ended December 31, 2014 and for year ended January 31, 2014, there were no transfers of financial assets between levels within the fair value hierarchy.

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, 2014 were (a) life expectancy of participants (IRS 2014 and 2013 Static Mortality Table, respectively, was used), (b) retirement age assumptions (variable probability between ages 55 and 65) and (c) the interest rate used for accumulated plan benefits was 7.5%.

The effects of the change in interest rate used at December 31, 2014 for calculating accumulated plan benefits is included in the changes in assumptions in the changes in actuarial present value of accumulated plan benefits as of December 31, 2014 (see Note 5).

The foregoing actuarial assumptions are based on the assumption that the Plan will continue. If the Plan were to be terminated, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

MET-PRO CORPORATION

HOURLY PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

AS OF DECEMBER 31, 2014 AND JANUARY 31, 2014 AND FOR THE ELEVEN
MONTH PERIOD ENDED DECEMBER 31, 2014

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

Accumulated plan benefits are summarized as follows:

	December 31, 2014	January 31, 2014
Actuarial Present Value of Accumulated Plan Benefits:		
Vested:		
Retirees and beneficiaries	\$ --	\$ 767,175
Terminated participants with deferred benefits	--	861,895
Participating employees	--	<u>1,303,669</u>
	--	2,932,739
Non-vested	--	<u>9,304</u>
Actuarial Present Value of Accumulated Plan Benefits, Total	<u>\$ --</u>	<u>\$2,942,043</u>

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

	For the eleven month period ended December 31, 2014
Actuarial Present Value of Accumulated Plan Benefits at Beginning of Period	\$2,942,043
Increases (decreases) during period due to:	
Interest due to decrease in the discount period	198,822
Benefits paid	(100,181)
Benefits accumulated and losses	46,791
Changes in assumptions	164,228
Transfers out	<u>(3,251,703)</u>
Actuarial Present Value of Accumulated Plan Benefits at End of Period	<u>\$ --</u>

MET-PRO CORPORATION

HOURLY PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

**AS OF DECEMBER 31, 2014 AND JANUARY 31, 2014 AND FOR THE ELEVEN
MONTH PERIOD ENDED DECEMBER 31, 2014**

NOTE 6 - PLAN TERMINATION

In the event that the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and the related regulations, generally to provide the following benefits in the order indicated:

1. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding plan termination.
2. Other vested benefits insured by the Pension Benefit Guaranty Corporation ("PBGC") (a U.S. government agency) up to the applicable limitations (discussed subsequently).
3. All other vested benefits (that is, vested benefits not insured by the PBGC).
4. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, a statutory ceiling exists, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For plan terminations occurring during 2014, that ceiling is \$4,943 per month. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the plan sponsor and the level of benefits guaranteed by the PBGC.

MET-PRO CORPORATION

HOURLY PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

AS OF DECEMBER 31, 2014 AND JANUARY 31, 2014 AND FOR THE ELEVEN MONTH PERIOD ENDED DECEMBER 31, 2014

NOTE 7 - INVESTMENTS

As of December 31, 2014 and January 31, 2014, there were no investments that exceeded 5% of the Plan's net assets.

During the eleven month period ended December 31, 2014, the Plan's investment appreciated (depreciated) in value as follows:

	December 31, <u>2014</u>
Corporate debt instruments	\$ (2,416)
Corporate stocks	233,642
Mutual funds	(2,894)
U.S. Government Securities	<u>9,934</u>
	<u>\$238,266</u>

NOTE 8 - TAX STATUS OF THE PLAN

The Plan obtained its latest determination letter on July 22, 2013, 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 December 31, 2014, 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 2011.

MET-PRO CORPORATION

HOURLY PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

AS OF DECEMBER 31, 2014 AND JANUARY 31, 2014 AND FOR THE ELEVEN MONTH PERIOD ENDED DECEMBER 31, 2014

NOTE 9 – UNAUDITED INFORMATION CERTIFIED BY THE PLAN TRUSTEE

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the plan administrator instructed the Plan's independent auditors not to perform auditing procedures with respect to the information certified by the Custodian at December 31, 2014 and January 31, 2014, and for the eleven month period ended December 31, 2014, except for comparing the information certified by the Custodian to information included in the Plan's financial statements and supplemental schedules.

Information related to investments held at December 31, 2014 and January 31, 2014, and net appreciation in fair value of investments, interest and dividends for the year ended December 31, 2014 and January 31, 2014, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by the Custodian.

NOTE 10 - PARTIES-IN-INTEREST

All plan investments as of January 31, 2014 were managed by the Custodian. The Custodian provided services to the Plan and, therefore, all transactions qualified as party-in-interest transactions.

Fees paid by the Plan are included in administrative expenses and amounted to the following for the eleven month period ended December 31:

	<u>December 31, 2014</u>
Advisory fees	\$24,200
Investment Management Fees	4,517
Trustee Fees	<u>18,568</u>
	<u>\$47,285</u>

MET-PRO CORPORATION

HOURLY PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

**AS OF DECEMBER 31, 2014 AND JANUARY 31, 2014 AND FOR THE ELEVEN
MONTH PERIOD ENDED DECEMBER 31, 2014**

NOTE 11 - RISKS AND UNCERTAINTIES

At January 31, 2014, the Plan maintained 100% of its investments and cash and cash equivalents in Comerica Bank.

The Plan places its cash deposits and temporary cash investments with financial institutions that at times may be uninsured or in deposit accounts that exceed the Federal Deposit Insurance Corporation ("FDIC") insurance limit. The Plan's cash was held at one financial institution as of January 31, 2014.

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

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 October 14, 2015, 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: 46-2630972 Plan: 003
Attachment to the 2014 Form 5500 Schedule SB

Schedule SB, line 26 - Schedule of Active Participant Data

Attained Age	Years of Credited Service										Total	
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	Number	
Under 25	0	0	0	0	0	0	0	0	0	0	0	0
25-29	0	1	0	0	0	0	0	0	0	0	1	1
30-34	0	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	2	0	0	0	0	0	0	2	2
40-44	0	2	2	3	1	0	0	0	0	0	8	8
45-49	1	1	0	1	0	1	0	0	0	0	4	4
50-54	1	1	7	4	3	1	2	0	0	0	19	19
55-59	0	3	5	1	2	2	4	0	0	0	17	17
60-64	1	0	2	0	1	2	1	0	0	0	7	7
65-69	0	1	2	0	1	2	1	0	0	0	7	7
70 & Over	0	1	0	0	0	0	0	0	0	0	1	1
Total	3	10	18	11	8	8	8	0	0	0	66	66

Average Age:
54.19

Average Service:
12.81

of Males:
58

of Females:
8

Met-Pro Corporation Hourly Pension Plan
EIN: 46-2630972 Plan: 003
Attachment to the 2014 Form 5500 Schedule SB

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

Interest Rates

Minimum Funding - segment rates with a 4-month lookback, with the segment rates adjusted as applicable according to MAP-21 and HATFA.

(Segment 1)	4.99% per year, compounded annually.
(Segment 2)	6.32% per year, compounded annually.
(Segment 3)	6.99% per year, compounded annually.
Effective Rate:	6.56% per year, compounded annually.

Maximum Funding - segment rates with a 4-month lookback, without reflecting MAP-21.

(Segment 1)	1.35% per year, compounded annually.
(Segment 2)	4.05% per year, compounded annually.
(Segment 3)	5.05% per year, compounded annually.
Effective Rate:	4.47% per year, compounded annually.

FASB ASC 960: 7.50% per year, compounded annually.

Mortality IRS 2014 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%
60	5.00%	67+	100.00%
61	10.00%		

Terminated Vested

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

Met-Pro Corporation Hourly Pension Plan
EIN: 46-2630972 Plan: 003
Attachment to the 2014 Form 5500 Schedule SB

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

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%

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, 80% 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: 46-2630972 Plan: 003
Attachment to the 2014 Form 5500 Schedule SB

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

Expenses: The prior year's expenses, adjusted for PBGC premiums, rounded up to the next \$5,000. For 2014, equal to \$50,000; included in target normal cost.

Social Security Taxable Wage Base Increase: Not applicable.

Maximum Salary Limitation: Not applicable.

Maximum Benefit Limitation: Plan benefits have been restricted to the maximum dollar limit permitted under the Tax Reform Act of 1986. This limit is a \$210,000 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.

Changes since the Prior Valuation: The funding target interest rates are the segment rates using a four-month lookback. The segment rate changes are as follows:

	Pre-MAP-21	MAP-21	Pre-MAP-21	Extended
	<u>2013</u>	<u>2013</u>	<u>2014</u>	<u>MAP-21</u>
	<u>2014</u>			<u>2014</u>
1st Segment Rate:	1.72%	4.94%	1.35%	4.99%
2nd Segment Rate:	4.58%	6.15%	4.05%	6.32%
3rd Segment Rate:	5.67%	6.76%	5.05%	6.99%

The mortality table was updated from the IRS 2013 Static Mortality Table to the IRS 2014 Static Mortality Table.

The FASB ASC 960 interest rate was changed from 8.00% to 7.50% to reflect the expected long-term rate of return on Plan assets.

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

There were no other changes to the methods and assumptions.

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment 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

2014**This Form is Open to Public
Inspection**

For calendar plan year 2014 or fiscal plan year beginning 02/01/2014 and ending 12/31/2014

▶ **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 TECHNOLOGIES LLC		D Employer Identification Number (EIN) 46-2630972
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>2014</u>			
2 Assets:			
a Market value		2a	3513748
b Actuarial value		2b	3513748
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	49	835358	835358
b For terminated vested participants	82	979669	979669
c For active participants	66	1475123	1483935
d Total	197	3290150	3298962
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions		4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor		4b	
5 Effective interest rate	5	6.56%	
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**

David B. Reid

DBR

Signature of actuary

10/14/2015

Date

1406971

David B. Reid

Type or print name of actuary

The Savitz Organization, Inc.

Most recent enrollment number

215-587-0700

Firm name

Telephone number (including area code)

1845 Walnut Street, 14th Floor

Philadelphia PA 19103

Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐**For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.****Schedule SB (Form 5500) 2014
v. 140124**

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	46
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	46
10 Interest on line 9 using prior year's actual return of <u>9.81%</u>	0	5
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year).....		396
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.39%</u>		25
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		421
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections		51
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	106.51%
15 Adjusted funding target attainment percentage	15	106.51%
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	95.23%
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
05/15/2014	37831	0			
08/13/2014	37831	0			
Totals ▶			18(b)	75662	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	73564

20 Quarterly contributions and liquidity shortfalls:**a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No**b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No**c** If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year				
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th	
0	0	0	0	0

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

21 Discount rate:			
a Segment rates:	1st segment: 4.99%	2nd segment: 6.32%	3rd segment: 6.99%
			☐ 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 subject to alternative funding rules, enter applicable code and see instructions regarding attachment		27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)		31a	50000
b Excess assets, if applicable, but not greater than line 31a		31b	50000
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		0	0
b Waiver amortization installment		0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)		34	0
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36		0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37		73564
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	73564
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39	0
40 Unpaid minimum required contributions for all years		40	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected		☐ 2 plus 7 years ☐ 15 years	
b Eligible plan year(s) for which the election in line 41a was made		☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011	
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

Met-Pro Corporation Hourly Pension Plan
EIN: 46-2630972 Plan: 003
Attachment to the 2014 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>
5/15/2014	\$ 37,831	2014	6.56%	N/A	\$ 37,097
8/13/2014	37,831	2014	6.56%	N/A	36,467
Total	<u>\$ 75,662</u>				<u>\$ 73,564</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: 46-2630972 Plan: 003
Attachment to the 2014 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%	15.46%	10.36
				63.34

Average retirement age is rounded to 63.

Met-Pro Corporation Hourly Pension Plan
EIN: 46-2630972 Plan: 003
Attachment to the 2014 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	0	0	0	0	0	0	0	0	0	0
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	0	0	2	0	0	0	0	0	0	2
40-44	0	2	2	3	1	0	0	0	0	0	8
45-49	1	1	0	1	0	1	0	0	0	0	4
50-54	1	1	7	4	3	1	2	0	0	0	19
55-59	0	3	5	1	2	2	4	0	0	0	17
60-64	1	0	2	0	1	2	1	0	0	0	7
65-69	0	1	2	0	1	2	1	0	0	0	7
70 & Over	0	1	0	0	0	0	0	0	0	0	1
Total	3	10	18	11	8	8	8	0	0	0	66

Average Age:
54.19

Average Service:
12.81

of Males:
58

of Females:
8

Met-Pro Corporation Hourly Pension Plan
EIN: 46-2630972 Plan: 003
Attachment to the 2014 Form 5500 Schedule SB

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

Interest Rates

Minimum Funding - segment rates with a 4-month lookback, with the segment rates adjusted as applicable according to MAP-21 and HATFA.

(Segment 1)	4.99% per year, compounded annually.
(Segment 2)	6.32% per year, compounded annually.
(Segment 3)	6.99% per year, compounded annually.
Effective Rate:	6.56% per year, compounded annually.

Maximum Funding - segment rates with a 4-month lookback, without reflecting MAP-21.

(Segment 1)	1.35% per year, compounded annually.
(Segment 2)	4.05% per year, compounded annually.
(Segment 3)	5.05% per year, compounded annually.
Effective Rate:	4.47% per year, compounded annually.

FASB ASC 960: 7.50% per year, compounded annually.

Mortality IRS 2014 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%
60	5.00%	67+	100.00%
61	10.00%		

Terminated Vested Participants:

Age 65, or age on valuation date if greater.

Met-Pro Corporation Hourly Pension Plan
EIN: 46-2630972 Plan: 003
Attachment to the 2014 Form 5500 Schedule SB

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

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%

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, 80% 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: 46-2630972 Plan: 003
Attachment to the 2014 Form 5500 Schedule SB

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

Expenses: The prior year's expenses, adjusted for PBGC premiums, rounded up to the next \$5,000. For 2014, equal to \$50,000; included in target normal cost.

Social Security Taxable Wage Base Increase: Not applicable.

Maximum Salary Limitation: Not applicable.

Maximum Benefit Limitation: Plan benefits have been restricted to the maximum dollar limit permitted under the Tax Reform Act of 1986. This limit is a \$210,000 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.

Changes since the Prior Valuation: The funding target interest rates are the segment rates using a four-month lookback. The segment rate changes are as follows:

	Pre-MAP-21	MAP-21	Pre-MAP-21	Extended
	<u>2013</u>	<u>2013</u>	<u>2014</u>	<u>MAP-21</u>
	<u>2013</u>	<u>2013</u>	<u>2014</u>	<u>2014</u>
1st Segment Rate:	1.72%	4.94%	1.35%	4.99%
2nd Segment Rate:	4.58%	6.15%	4.05%	6.32%
3rd Segment Rate:	5.67%	6.76%	5.05%	6.99%

The mortality table was updated from the IRS 2013 Static Mortality Table to the IRS 2014 Static Mortality Table.

The FASB ASC 960 interest rate was changed from 8.00% to 7.50% to reflect the expected long-term rate of return on Plan assets.

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: 46-2630972 Plan: 003
Attachment to the 2014 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 amended and restated effective February 1, 2012. The Plan Year was amended to commence each January 1 and end on December 31 effective January 1, 2015, and the 2014 Plan Year shall be a short Plan Year beginning February 1, 2014 and ending December 31, 2014.

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 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 July 1, 1977 for employees of Sethco Division; before August 1, 1970 for employees of Stiles-Kem Division; before January 1, 1970 for employees of System (Oxy) 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: 46-2630972 Plan: 003
Attachment to the 2014 Form 5500 Schedule SB

Schedule SB, Part V - Summary of Plan Provisions

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: 46-2630972 Plan: 003
Attachment to the 2014 Form 5500 Schedule SB

Schedule SB, Part V - Summary of Plan Provisions

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: 46-2630972 Plan: 003
Attachment to the 2014 Form 5500 Schedule SB

Schedule SB, Part V - Summary of Plan Provisions

**Changes since the Prior
Valuation:**

The Plan Year has been changed from February 1 - January 31 to January 1 - December 31. The 2014 Plan Year is a short Plan Year beginning February 1, 2014 and ending December 31, 2014.

The Met-Pro Corporation Hourly Pension Plan was merged into the Met-Pro Corporation Salaried Pension Plan effective January 1, 2015, and the Met-Pro Corporation Salaried Plan was renamed the Met-Pro Technologies LLC Salaried and Hourly Pension Plan.

Met-Pro Corporation Hourly Pension Plan
EIN: 46-2630972 Plan: 003
Attachment to the 2014 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>
5/15/2014	\$ 37,831	2014	6.56%	N/A	\$ 37,097
8/13/2014	37,831	2014	6.56%	N/A	36,467
Total	<u>\$ 75,662</u>				<u>\$ 73,564</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: 46-2630972 Plan: 003
Attachment to the 2014 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%	15.46%	10.36
				63.34

Average retirement age is rounded to 63.

Met-Pro Corporation Hourly Pension Plan
EIN: 46-2630972 Plan: 003
Attachment to the 2014 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 amended and restated effective February 1, 2012. The Plan Year was amended to commence each January 1 and end on December 31 effective January 1, 2015, and the 2014 Plan Year shall be a short Plan Year beginning February 1, 2014 and ending December 31, 2014.

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 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 July 1, 1977 for employees of Sethco Division; before August 1, 1970 for employees of Stiles-Kem Division; before January 1, 1970 for employees of System (Oxy) 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: 46-2630972 Plan: 003
Attachment to the 2014 Form 5500 Schedule SB

Schedule SB, Part V - Summary of Plan Provisions

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: 46-2630972 Plan: 003
Attachment to the 2014 Form 5500 Schedule SB

Schedule SB, Part V - Summary of Plan Provisions

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: 46-2630972 Plan: 003
Attachment to the 2014 Form 5500 Schedule SB

Schedule SB, Part V - Summary of Plan Provisions

**Changes since the Prior
Valuation:**

The Plan Year has been changed from February 1 - January 31 to January 1 - December 31. The 2014 Plan Year is a short Plan Year beginning February 1, 2014 and ending December 31, 2014.

The Met-Pro Corporation Hourly Pension Plan was merged into the Met-Pro Corporation Salaried Pension Plan effective January 1, 2015, and the Met-Pro Corporation Salaried Plan was renamed the Met-Pro Technologies LLC Salaried and Hourly Pension Plan.