Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2021

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

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.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
CHEMICAL PRODUCTS (WAPAKONETA, OH PLANT) DIVISION OF AMETEK, INC. HOURLY EMPLOYEES' PENSION PLAN

1b Three-digit plan number (PN) ▶ 012

1c Effective date of plan 01/19/1972

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

1100 CASSATT ROAD
BERWYN, PA 19312

2b Employer Identification Number (EIN) 14-1682544

2c Plan Sponsor's telephone number 610-647-2121

2d Business code (see instructions) 339900

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/10/2022	ELIZABETH CALLAHAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	174
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	0
a(2) Total number of active participants at the end of the plan year	**6a(2)**	0
b Retired or separated participants receiving benefits	**6b**	76
c Other retired or separated participants entitled to future benefits	**6c**	84
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	160
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	13
f Total. Add lines **6d** and **6e**	**6f**	173
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1B 3H

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)	[X]	Trust
(4)	[ ]	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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 2021 Form M-1 annual report. If the plan was not required to file the 2021 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

▶ **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
CHEMICAL PRODUCTS (WAPAKONETA, OH PLANT) DIVISION OF AMETEK, INC. HOURLY EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 012

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

D Employer Identification Number (EIN)
14-1682544

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

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2021

2 Assets:

a Market value	**2a**	17399051
b Actuarial value	**2b**	16173283

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	81	7150866	7150866
b For terminated vested participants	93	3912337	3912337
c For active participants	0	0	0
d Total	174	11063203	11063203

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.60 %
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	80000
c Total (line 6a + line 6b)	**6c**	80000

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

09/20/2022
Date

JASON D ROHRER, F.S.A., E.A.
Type or print name of actuary

20-07974
Most recent enrollment number

WILLIS TOWERS WATSON US LLC
Firm name

215-246-6000
Telephone number (including area code)

1735 MARKET STREET
PHILADLEPHIA, PA 19103-7501
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	4181195
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	4181195
10	Interest on line 9 using prior year's actual return of 12.05 %	0	503834
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.40 %		0
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		0
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	443931
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	4241098

Part III Funding Percentages

14	Funding target attainment percentage	14	107.85 %
15	Adjusted funding target attainment percentage	15	146.18 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	100.57 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.75 %	5.36 %	6.11 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	65

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 6c)	**31a**	80000
b Excess assets, if applicable, but not greater than line 31a	**31b**	80000

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

Part IX Pension Funding Relief Under 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

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2021** **This Form is Open to Public Inspection.**

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
CHEMICAL PRODUCTS (WAPAKONETA, OH PLANT) DIVISION OF AMETEK, INC. HOURLY EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 012

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

D Employer Identification Number (EIN)
14-1682544

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 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

(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)

FRANK M. VACCARO AND ASSOCIATES

23-2148108

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	NONE	21361	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WILLIS TOWERS WATSON US LLC

53-0181291

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17 50	NONE	13800	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MCKEOGH COMPANY

23-3003375

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17 50	NONE	7203	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)

COVINGTON & BURLING LLP

53-0188411

(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?
29 50	NONE	5801	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
CHEMICAL PRODUCTS (WAPAKONETA, OH PLANT) DIVISION OF AMETEK, INC. HOURLY EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 012

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

D Employer Identification Number (EIN)
14-1682544

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

a Name of MTIA, CCT, PSA, or 103-12 IE: EMPLOYEES' MASTER RETIREMENT TRUST

b Name of sponsor of entity listed in (a): AMETEK, INC.

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
14-1682544-060	M	18651192

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II **Information on Participating Plans (to be completed by DFEs)**
(Complete as many entries as needed to report all participating plans)

a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN
a Plan name	
b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
CHEMICAL PRODUCTS (WAPAKONETA, OH PLANT) DIVISION OF AMETEK, INC. HOURLY EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 012

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

D Employer Identification Number (EIN)
14-1682544

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	17399051	18651192
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	17399051	18651192
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	17399051	18651192

Part II Income and Expense Statement

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

	Income		**(a)** Amount	**(b)** Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		0
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		1947299
(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		1947299
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	628617	
(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)		628617
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)	66541	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		66541
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		695158
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		1252141
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] Unmodified **(2)** [ ] Qualified **(3)** [ ] Disclaimer **(4)** [ ] Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: ERNST AND YOUNG **(2)** EIN: 34-6565596

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:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	

			Yes	No	Amount
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e	Was this plan covered by a fidelity bond?	**4e**	X		10000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**		X	
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	**4n**			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☐ Yes ☒ No

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 437213.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection.

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

A Name of plan
CHEMICAL PRODUCTS (WAPAKONETA, OH PLANT) DIVISION OF AMETEK, INC. HOURLY EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 012

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

D Employer Identification Number (EIN)
14-1682544

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 13-5160382

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**

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

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

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

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

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

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

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

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

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

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

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULE

AMETEK, Inc.

Selected Defined Benefit Pension Plans

Years Ended December 31, 2021 and 2020

With Report of Independent Auditors

AMETEK, Inc.
Selected Defined Benefit Pension Plans
Index of Financial Statements and Supplemental Schedule
December 31, 2021 and 2020

	Page
Report of Independent Auditors	1
Financial Statements:	
Statements of Net Assets Available for Benefits at December 31, 2021 and 2020	4
Statements of Changes in Net Assets Available for Benefits for the Years Ended December 31, 2021 and 2020	6
Statements of Accumulated Plan Benefits at December 31, 2020	8
Statements of Changes in Accumulated Plan Benefits for the Year Ended December 31, 2020	9
Notes to Financial Statements	10
Supplemental Schedule:	
Schedule G – Part III – Schedule of Nonexempt Transactions – AMETEK, Inc. Monthly Formula Pension Plan	20

Ernst & Young LLP
One Commerce Square
Suite 700
2005 Market Street
Philadelphia, PA 19103

Tel: +1 215 448 5000
Fax: +1 215 448 5500
ey.com

Report of Independent Auditors

To the Plan Participants and the Plan Administrator
of the AMETEK, Inc. Selected Defined Benefit
Pension Plans

Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements

We have performed an audit of the financial statements of each of the AMETEK, Inc. Selected Defined Benefit Pension Plans (the Plans), employee benefit plans subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits, listed on page 4, as of December 31, 2021, and the related statements of changes in net assets available for benefits, as listed on page 6, for the year then ended, and the statements of accumulated plan benefits, listed on page 8, as of December 31, 2020, and the related statements of changes in accumulated plan benefits, as listed on page 9, for the year then ended, and the related notes (collectively referred to as the "financial statements").

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

Management has obtained certifications from a qualified institution as of December 31, 2021, and for the year then ended, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

In our opinion, based on our audits and on the procedures performed as described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section

- the amounts and disclosures in the accompanying financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- the information in the accompanying financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2021 Financial Statements

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the 2021 Financial Statements section of our report. We are required to be independent of the Plans and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

A member firm of Ernst & Young Global Limited

Building a better working world

Responsibilities of Management for the 2021 Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error. Management's election of the ERISA Section 103(a)(3)(C) audit does not affect management's responsibility for the financial statements.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plans' ability to continue as a going concern for one year after the date that the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the 2021 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit for the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plans' internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plans' ability to continue as a going concern for a reasonable period of time.

Our audits did not extend to the certified investment information, except for obtaining and reading the certifications, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

A member firm of Ernst & Young Global Limited

Building a better working world

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

Other Matters

Supplemental Schedule Required by ERISA

The supplemental schedule of nonexempt transactions - AMETEK, Inc. Monthly Formula Pension Plan as of December 31, 2021 (referred to as the "supplemental schedule"), is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS.

In forming our opinion on the supplemental schedule, we evaluated whether the supplemental schedule, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion

- the form and content of the supplemental schedule, are presented, in all material respects, in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Auditor's Report on the 2020 Financial Statements

We were engaged to audit the financial statements of the Plans as of and for the year ended December 31, 2020. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform and we did not perform any auditing procedures with respect to the investment information certified by a qualified institution. In our report dated September 24, 2021, we indicated that (a) because of the significance of the information that we did not audit, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, we did not express an opinion on those financial statements, and (b) the form and content of the information included in those financial statements other than that derived from the certified investment information, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Ernst & Young LLP

September 28, 2022

A member firm of Ernst & Young Global Limited

AMETEK, Inc.
Selected Defined Benefit Pension Plans
Statements of Net Assets Available for Benefits
At December 31, 2021

Three-Digit Plan Number (PN)	**001**	**012**	**032**	**043**	**035**
	Retirement (a)	**Chemical Products (Wapakoneta) (b)**	**Chemical Products (Nesquehoning) (c)**	**Aerospace - Union (d)**	**Monthly Formula (e)**
Assets:					
Plan interest in AMETEK, Inc. Employees' Master Retirement Trust, at fair value (Note 4)	$596,801,903	$18,651,192	$16,321,856	$56,004,842	$11,220,657
Net assets available for benefits	$596,801,903	$18,651,192	$16,321,856	$56,004,842	$11,220,657

(a) Employees' Retirement Plan of AMETEK, Inc. ("Retirement"), see Note 1.

(b) Chemical Products (Wapakoneta, Ohio Plant) Division of AMETEK, Inc. Hourly Employees' Pension Plan ("Chemical Products (Wapakoneta)"), see Note 1.

(c) Chemical Products (Nesquehoning, Pennsylvania Plant) Division of AMETEK, Inc. Hourly Employees' Pension Plan ("Chemical Products (Nesquehoning)"), see Note 1.

(d) AMETEK, Inc. Aerospace Division Pension Plan ("Aerospace - Union"), see Note 1.

(e) AMETEK, Inc. Monthly Formula Pension Plan ("Monthly Formula"), see Note 1.

AMETEK, Inc.
Selected Defined Benefit Pension Plans
Statements of Net Assets Available for Benefits
At December 31, 2020

Three-Digit Plan Number (PN)	**001**	**012**	**032**	**043**	**035**
	Retirement (a)	**Chemical Products (Wapakoneta) (b)**	**Chemical Products (Nesquehoning) (c)**	**Aerospace - Union (d)**	**Monthly Formula (e)**
Assets:					
Plan interest in AMETEK, Inc. Employees' Master Retirement Trust, at fair value (Note 4)	$561,920,916	$17,399,051	$15,149,443	$52,946,946	$10,308,797
Net assets available for benefits	$561,920,916	$17,399,051	$15,149,443	$52,946,946	$10,308,797

(a) Employees' Retirement Plan of AMETEK, Inc. ("Retirement"), see Note 1.

(b) Chemical Products (Wapakoneta, Ohio Plant) Division of AMETEK, Inc. Hourly Employees' Pension Plan ("Chemical Products (Wapakoneta)"), see Note 1.

(c) Chemical Products (Nesquehoning, Pennsylvania Plant) Division of AMETEK, Inc. Hourly Employees' Pension Plan ("Chemical Products (Nesquehoning)"), see Note 1.

(d) AMETEK, Inc. Aerospace Division Pension Plan ("Aerospace - Union"), see Note 1.

(e) AMETEK, Inc. Monthly Formula Pension Plan ("Monthly Formula"), see Note 1.

AMETEK, Inc.
Selected Defined Benefit Pension Plans
Statements of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2021

Three-Digit Plan Number (PN)	**001**	**012**	**032**	**043**	**035**
	Retirement (a)	**Chemical Products (Wapakoneta) (b)**	**Chemical Products (Nesquehoning) (c)**	**Aerospace - Union (d)**	**Monthly Formula (e)**
Increase in value of plan interest in net assets of AMETEK, Inc. Employees' Master Retirement Trust	$62,599,438	$1,947,299	$1,700,413	$5,887,090	$1,171,091
Deductions:					
Retirement and death benefits paid	26,363,770	628,617	454,905	2,683,137	162,261
Administrative expenses	1,354,681	66,541	73,095	146,057	96,970
Total deductions	27,718,451	695,158	528,000	2,829,194	259,231
Net increase in net assets	34,880,987	1,252,141	1,172,413	3,057,896	911,860
Net assets available for benefits at beginning of year	561,920,916	17,399,051	15,149,443	52,946,946	10,308,797
Net assets available for benefits at end of year	$596,801,903	$18,651,192	$16,321,856	$56,004,842	$11,220,657

(a) Employees' Retirement Plan of AMETEK, Inc. ("Retirement"), see Note 1.

(b) Chemical Products (Wapakoneta, Ohio Plant) Division of AMETEK, Inc. Hourly Employees' Pension Plan ("Chemical Products (Wapakoneta)"), see Note 1.

(c) Chemical Products (Nesquehoning, Pennsylvania Plant) Division of AMETEK, Inc. Hourly Employees' Pension Plan ("Chemical Products (Nesquehoning)"), see Note 1.

(d) AMETEK, Inc. Aerospace Division Pension Plan ("Aerospace - Union"), see Note 1.

(e) AMETEK, Inc. Monthly Formula Pension Plan ("Monthly Formula"), see Note 1.

AMETEK, Inc.
Selected Defined Benefit Pension Plans
Statements of Changes in Net Assets Available for Benefits
For the Year Ended December 31, 2020

Three-Digit Plan Number (PN)	**001**	**012**	**032**	**043**	**035**
	Retirement (a)	**Chemical Products (Wapakoneta) (b)**	**Chemical Products (Nesquehoning) (c)**	**Aerospace - Union (d)**	**Monthly Formula (e)**
Increase in value of plan interest in net assets of AMETEK, Inc. Employees' Master Retirement Trust	$60,976,483	$1,902,531	$1,655,724	$5,737,901	$1,130,881
Deductions:					
Retirement and death benefits paid	26,116,880	499,021	368,028	2,670,253	123,306
Administrative expenses	1,099,329	83,728	59,782	110,465	66,260
Total deductions	27,216,209	582,749	427,810	2,780,718	189,566
Net increase in net assets	33,760,274	1,319,782	1,227,914	2,957,183	941,315
Net assets available for benefits at beginning of year	528,160,642	16,079,269	13,921,529	49,989,763	9,367,482
Net assets available for benefits at end of year	$561,920,916	$17,399,051	$15,149,443	$52,946,946	$10,308,797

(a) Employees' Retirement Plan of AMETEK, Inc. ("Retirement"), see Note 1.

(b) Chemical Products (Wapakoneta, Ohio Plant) Division of AMETEK, Inc. Hourly Employees' Pension Plan ("Chemical Products (Wapakoneta)"), see Note 1.

(c) Chemical Products (Nesquehoning, Pennsylvania Plant) Division of AMETEK, Inc. Hourly Employees' Pension Plan ("Chemical Products (Nesquehoning)"), see Note 1.

(d) AMETEK, Inc. Aerospace Division Pension Plan ("Aerospace - Union"), see Note 1.

(e) AMETEK, Inc. Monthly Formula Pension Plan ("Monthly Formula"), see Note 1.

AMETEK, Inc.
Selected Defined Benefit Pension Plans
Statements of Accumulated Plan Benefits
At December 31, 2020

Three-Digit Plan Number (PN)	**001**	**012**	**032**	**043**	**035**
	Retirement (a)	**Chemical Products (Wapakoneta) (b)**	**Chemical Products (Nesquehoning) (c)**	**Aerospace - Union (d)**	**Monthly Formula (e)**
Vested benefits:					
Participants and beneficiaries currently receiving payments	$222,772,121	$6,230,509	$4,004,741	$24,213,461	$1,543,249
Other Participants	78,607,057	3,302,357	3,840,322	3,068,758	3,416,492
Total vested benefits	301,379,178	9,532,866	7,845,063	27,282,219	4,959,741
Nonvested benefits	921,264	26,484	183,994	63,712	220,275
Actuarial present value of accumulated plan benefits at end of year	$302,300,442	$9,559,350	$8,029,057	$27,345,931	$5,180,016

(a) Employees' Retirement Plan of AMETEK, Inc. ("Retirement"), see Note 1.

(b) Chemical Products (Wapakoneta, Ohio Plant) Division of AMETEK, Inc. Hourly Employees' Pension Plan ("Chemical Products (Wapakoneta)"), see Note 1.

(c) Chemical Products (Nesquehoning, Pennsylvania Plant) Division of AMETEK, Inc. Hourly Employees' Pension Plan ("Chemical Products (Nesquehoning)"), see Note 1.

(d) AMETEK, Inc. Aerospace Division Pension Plan ("Aerospace - Union"), see Note 1.

(e) AMETEK, Inc. Monthly Formula Pension Plan ("Monthly Formula"), see Note 1.

AMETEK, Inc.
Selected Defined Benefit Pension Plans
Statements of Changes in Accumulated Plan Benefits
For the Year Ended December 31, 2020

Three-Digit Plan Number (PN)	**001**	**012**	**032**	**043**	**035**
	Retirement (a)	**Chemical Products (Wapakoneta) (b)**	**Chemical Products (Nesquehoning) (c)**	**Aerospace - Union (d)**	**Monthly Formula (e)**
Additions (deductions):					
Additional benefits accumulated	$1,974,664	$12,302	$191,205	$26,335	$180,578
Actuarial (gains)/losses	(1,172,770)	322,048	(64,731)	(220,481)	(120,938)
Interest due to decrease in the discount period	20,416,900	629,369	524,973	1,870,881	354,359
Benefits paid	(26,116,880)	(499,021)	(368,028)	(2,670,253)	(123,306)
Assumption change	4,665,607	(130,132)	255,626	323,838	(53,454)
Net (decrease) increase in the actuarial present value of accumulated plan benefits	(232,479)	334,566	539,045	(669,680)	237,239
Actuarial present value of accumulated plan benefits at beginning of year	302,532,921	9,224,784	7,490,012	28,015,611	4,942,777
Actuarial present value of accumulated plan benefits at end of year	$302,300,442	$9,559,350	$8,029,057	$27,345,931	$5,180,016

(a) Employees' Retirement Plan of AMETEK, Inc. ("Retirement"), see Note 1.

(b) Chemical Products (Wapakoneta, Ohio Plant) Division of AMETEK, Inc. Hourly Employees' Pension Plan ("Chemical Products (Wapakoneta)"), see Note 1.

(c) Chemical Products (Nesquehoning, Pennsylvania Plant) Division of AMETEK, Inc. Hourly Employees' Pension Plan ("Chemical Products (Nesquehoning)"), see Note 1.

(d) AMETEK, Inc. Aerospace Division Pension Plan ("Aerospace - Union"), see Note 1.

(e) AMETEK, Inc. Monthly Formula Pension Plan ("Monthly Formula"), see Note 1.

AMETEK, Inc.
Selected Defined Benefit Pension Plans
Notes to Financial Statements
December 31, 2021 and 2020

1. Description of the Plans

General

All of the pension plans ("Plans"), as listed in Note 4, are noncontributory defined benefit pension plans covering employees of AMETEK, Inc. ("AMETEK", "Plan Sponsor" or the "Company") who meet certain age and service requirements. For a more detailed description of the Plans participating in the Ametek, Inc. Employees' Master Retirement Trust ("Trust"), the pension plan documents should be referred to for each of the Plans.

Eligibility

Employees' Retirement Plan of AMETEK, Inc.

Participation in the Employees' Retirement Plan of AMETEK, Inc. ("Retirement") is limited to (1) employees at participating divisions who joined AMETEK prior to January 1, 1997, (2) effective January 1, 2015, certain employees at divisions that formerly participated in the AMETEK, Inc. Hourly Employees' Pension Plan, (3) employees at the Specialty Metal Products division who joined AMETEK prior to January 1, 1997, (4) effective February 2, 1997, employees of the Plymouth Product Divisions who on July 31, 1996 remained employed by AMETEK, Inc. immediately following its merger with Culligan Water Company, Inc., (5) effective January 1, 1999, employees of Test & Calibration, Mansfield & Green Division of AMETEK, Inc., (6) effective August 13, 1999, specified employees employed by the National Controls Corporation Division of AMETEK, Inc., (7) non-Union Aerospace Division Employees' Retirement Plan participants on December 31, 1999 (Aerospace Division Employees' Retirement Plan merged into the Retirement Plan on December 31, 1999), (8) employees who participated in Drexelbrook Engineering Company Pension Plan prior to January 1, 2000 (The Drexelbrook Plan merged into the Retirement Plan on January 1, 2005), (9) employees who participated in the CAMECA Instruments, Inc. Defined Benefit Pension Plan prior to October 1, 2007 (The CAMECA Plan merged into the Retirement Plan on January 1, 2008), (10) employees who participated in the Pension Plan for Shop Employees of US Gauge Division of AMETEK, Inc. (the US Gauge Plan) (The US Gauge Plan was merged into the Retirement Plan on December 31, 2014), (11) Superior Tubes Non-Union employees hired prior to October 15, 2015 and Superior Tubes Union employees hired prior to March 17, 2014 who were eligible to join the Superior Group, Inc. 2007 Retirement Plan (The Superior Group, Inc. 2007 Retirement Plan was merged into the Retirement Plan on December 31, 2015), and (12) employees of Measurement and Calibration Technologies Division, Sensor Technologies Business Unit: Feasterville, PA, hired or re-hired following a one-year period of severance prior to January 1, 2016.

All employees of participating divisions in the Retirement Plan hired by AMETEK on or subsequent to January 1, 1997 are eligible to participate in a defined contribution plan sponsored by AMETEK.

AMETEK, Inc. Monthly Formula Pension Plan

Hourly employees, who previously participated in the Retirement Plan, at certain participating divisions will participate in the AMETEK, Inc. Monthly Formula Pension Plan once they meet the Monthly Formula Pension Plan related eligibility requirements. Effective December 31, 2015, AMETEK, Inc. Monthly Formula Pension Plan was amended to close the Plan to employees of Measurement and Calibration Technologies Division, Sensor Technologies Business Unit: Feasterville, PA, who are hired, or re-hired following a one-year period of severance, on or after January 1, 2016.

Chemical Products (Nesquehoning, Pennsylvania Plant) Division of AMETEK, Inc. Hourly Employees' Pension Plan

Participation in the Chemical Products (Nesquehoning, Pennsylvania Plant) Division of AMETEK, Inc. Hourly Employees' Pension Plan is limited to employees of the Chemical Products Division, of AMETEK, Inc. at the Nesquehoning, Pennsylvania location who are members of a bargaining unit.

Chemical Products (Wapakoneta, Ohio Plant) Division of AMETEK, Inc. Hourly Employees' Pension Plan

Participation in the Chemical Products (Wapakoneta, Ohio Plant) Division of AMETEK, Inc. Hourly Employees' Pension Plan is limited to employees of the Chemical Products Division, of AMETEK, Inc. at the Wapakoneta, Ohio location who are members of a bargaining unit.

AMETEK, Inc. Aerospace Division Pension Plan

Participation in the AMETEK, Inc. Aerospace Division Pension Plan is limited to employees of the Measurement and Power Systems Division of AMETEK, Inc. at the Wilmington, Massachusetts location who are members of a bargaining unit and who are hired on or before May 31, 2016.

Contributions

AMETEK's contributions, which are determined annually on an actuarial basis, along with net appreciation (depreciation) in the fair value of the investments, are designed to sufficiently fund the benefits to be paid to the Plans' participants. The Plans have met the minimum funding requirements of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

Benefits

Plan	Normal Retirement Benefits	Early Retirement Benefits	Pre-Retirement Death Benefits	Post-Retirement Death Benefits
Retirement	Depending upon the predecessor plan in which eligible employees participated, benefits are based on either (1) a percentage of final average compensation, (2) monthly average annual compensation, (3) average compensation, (4) career earnings or career average earnings, or (5) specific dollar amount (i.e., rate) multiplied by years of credited service or months of service. Percentages and rates vary based on covered compensation limits, credited years of service limits and/or employment service periods. Benefit accruals for Superior Tubes Union participants ceased effective March 17, 2014. Certain participant account balances are credited with contribution credits at the end of each calendar month that relates to their age, service and interest credits, compounded daily, equal to the average monthly yield on 10 year U.S. Treasury securities preceding each calendar year quarter but in no event to be less than 2.25%.	Range from age 50 to age 60 and require 10 or 15 or more years of service. Certain legacy plans also require the sum of age and service to meet certain minimums. Reductions in the normal form of benefit range from 4% to 6.667% per year prior to normal retirement date. Haveg participants – reduced 1/10th per year for pre normal retirement date commencement, unreduced if retire before normal retirement date but on or after age 62 with 15 years of accrual service, or age 63 with 14 years of accrual service, or age 64 with 12 years of accrual service.	In addition to providing the statutory qualified surviving spouse annuity, certain participants are eligible for a death benefit equal to 60 times the accrued monthly pension at date of death and reduced for early commencement.	Benefits for certain participants depending upon the predecessor plan in which they participated range from $1,000 to $5,000. Haveg participants - $10,500; all others - $1,000.

AMETEK, Inc.
Selected Defined Benefit Pension Plans
Notes to Financial Statements
December 31, 2021 and 2020

Plan	Normal Retirement Benefits	Early Retirement Benefits	Pre-Retirement Death Benefits	Post-Retirement Death Benefits
Chemical Products (Wapakoneta, Ohio Plant)	Benefits range from $22 to $62 per month per year of credited service.	Age 60 with 10 or more years of service. Benefit is reduced by 6.667% per year prior to normal retirement date.	The statutory qualified surviving spouse annuity.	$6,500 for employees retiring from January 20, 2004 through January 24, 2016, and $7,500 for employees retiring after January 25, 2016 and prior to January 21, 2019 and $9,000 for employees retiring after January 21, 2019.
Chemical Products (Nesquehoning, Pennsylvania Plant)	Benefits range from $21 to $59 per month per year of credited service.	Age 55 with 10 or more years of service. Benefit is reduced by 6% per year prior to normal retirement date.	In addition to providing the statutory qualified surviving spouse annuity, $100 per year of credited service up to a maximum of 10 years.	The remainder of 60 times the pensioner's monthly pension less aggregate payments received prior to death.
Aerospace - Union	Benefits are based on the sum of percentages of career compensation up to and in excess of covered compensation not to exceed 34 years of service plus a percentage of compensation for each year of credited service in excess of 34 years of service. Certain participants are eligible to receive supplemental pension payments.	Age 55 with 5 years of service. Benefit reduced by 8% per year prior to age 60.	In addition to providing the statutory qualified surviving spouse annuity, lump sum amount equals to the present value of employee retirement benefit for five years.	For certain participants of transferred employees or union members meeting certain requirements who retired after May 18, 2002, $13,000 lump sum payment upon death of retiree.
Monthly Formula	Accrued monthly pension at actual retirement date generally based on varying rates, times years of service.	Accrued monthly pension at early retirement date, reduced 1/15th per year for pre-normal retirement date commencement.	50% of accrued monthly pension as of date of death, reduced for 50% joint and survivor annuity and for payment before normal retirement date. Lifetime payments to spouse may begin at participant's earliest retirement date.	Lump sum paid to designated beneficiary as follows: Binghamton participants - $3,000; Hunter Spring and East Moline participants - $2,000.

Plan Amendments

On September 7, 2021, the Nesquehoning, Pennsylvania facility was sold and the Chemical Products (Nesquehoning, Pennsylvania Plan) Division of AMETEK, Inc. Hourly Employees' Pension Plan was amended and restated to fully vest all participants as of the closing date. Effective August 31, 2022, the Chemical Products (Nesquehoning, Pennsylvania Plant) Division of AMETEK, Inc. Hourly Employees' Pension Plan was amended to close the Plan and freeze benefit accruals.

Effective January 1, 2021, AMETEK, Inc. Monthly Formula Pension Plan was amended to close the Plan to employees hired or rehired after December 31, 2020 at Measurement and Calibration Technologies Division, Largo, FL, Advance Motions Solutions Division, Dynamic Fluid Solutions Business Unit, Whitsett, NC and Measurement and Power Systems Division, Binghamton, NY.

In April 2020, the Company sold its Chemical Products (Wapakoneta) facility and all participants were terminated. Effective June 1, 2020, the Chemical Products (Wapakoneta, Ohio Plant) Division of AMETEK, Inc. Hourly Employees' Pension Plan was amended to close the Plan and freeze benefit accruals.

Plan Termination

Should the Plans terminate at some future time, their net assets generally will not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation ("PBGC") at that time. Some benefits may be fully or partially provided for by the then-existing net assets and the PBGC guarantee, while other benefits may not be provided for at all.

2. Summary of Significant Accounting Policies

Basis of Presentation

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

Allocation of the Master Retirement Trust

At December 31, 2021 and 2020, the assets of the Plans were held by The Bank of New York Mellon/BNY Mellon, N.A. ("Trustee") as Trustee of the Trust.

Assets attributable to the individual plans participating in the Trust are equitable shares, which are based on each plan's proportionate share of total net assets of the Trust as of the end of each month, excluding unpaid contributions. Contributions received, benefits paid and direct administrative expenses are accounted for as direct cash flows designated to the individual plans during the period. The Trustee allocates earned income, realized and unrealized gains and losses, and Trust expenses to individual plans based on each plan's pro rata share of the fair value of the Trust's net assets at the end of the reporting period.

Investment Valuation and Income Recognition

The Plans' investments are stated at fair value. Fair value is defined as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. See Note 6 for further discussion and disclosures related to fair value measurements.

Portfolio managers of the Trust may enter into certain types of futures and option contracts in order to enhance liquidity or protect the total return of the Trust's portfolio from market volatility. Realized and unrealized gains and losses from these contracts are included in investment income.

Purchases and sales of securities are reflected on the trade dates. Gains and losses on sales of securities are based on the average cost of securities. Dividend income is recorded on the ex-dividend date. Income from other investments is recorded as earned. Net appreciation includes the Plans' realized and unrealized gains and losses as well as investments held at year-end.

Actuarial Plan Benefits Valuation

Accumulated plan benefits represent the actuarial present value of estimated future periodic payments, including lump-sum distributions that are attributable under the Plans' provisions to services rendered by the employees to the valuation date.

Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included, to the extent they are deemed attributable to employee services rendered to the valuation date.

The actuarial present value of accumulated plan benefits under the Plans was calculated by the consulting actuaries, based on the latest available data as of December 31, 2020. The actuarial present value of accumulated plan benefits is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

Administrative Expenses

Specific expenses incurred by the Plans are reported on the statements of changes in net assets available for benefits as administrative expenses. Administrative expenses related to the Trust are allocated to the Plans and are reflected in the change in value of plan interest in net assets of the Trust.

Payments of Benefits

Benefits are recorded when paid.

Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect amounts reported in the financial statements and accompanying notes and supplemental schedule. Actual results could differ from those estimates and assumptions.

Risks and Uncertainties

The Trust invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market fluctuation 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 those changes could materially affect the amounts reported in the statements of net assets available for benefits.

Plan contributions are made, and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

3. Accumulated Plan Benefits

Significant assumptions underlying the actuarial valuation at December 31, 2020 are as follows:

Assumed Rate of Return on Investments	6.75% at December 31, 2020, compounded annually, net of investment expenses. 7.00% at December 31, 2019, compounded annually, net of investment expenses.
Mortality Basis	At December 31, 2020, mortality reflects the Pri-2012 gender-specific mortality table with generational projection using Scale MP-2021, no collar (Retirement Plan) and blue collar (all other plans) adjustments. At December 31, 2019, mortality reflects the Pri-2012 gender-specific mortality table with generational projection using Scale MP-2020, no collar (Retirement Plan) and blue collar (all other plans) adjustments.
Retirement Rates	Assumed retirement at ages ranging from 62 to 65.

These actuarial assumptions are based on the presumption that the Plans will continue. Were the Plans to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

4. Investment and Master Trust Information

All investment information disclosed in the accompanying financial statements including plan interest in the Trust at December 31, 2021 and 2020 and change in value of plan interest in net assets of the Trust for the years ended December 31, 2021 and 2020, were obtained or derived from information supplied to the plan administrator and certified as complete and accurate by the Trustee.

The following is a list of the Plans participating in the Trust and their respective percentage interest in the Trust at December 31:

Serial Number	Name of Plan	2021 Amount	2021 %	2020 Amount	2020 %
001	Employees' Retirement Plan of AMETEK, Inc. (1) (2) (3)	$ 596,801,903	84.94	$ 561,920,916	84.99
012	Chemical Products (Wapakoneta, Ohio Plant) Division of AMETEK, Inc. Hourly Employees' Pension Plan	18,651,192	2.65	17,399,051	2.63
032	Chemical Products (Nesquehoning, Pennsylvania Plant) Division of AMETEK, Inc. Hourly Employees' Pension Plan	16,321,856	2.32	15,149,443	2.29
043	Aerospace Division Pension Plan	56,004,842	7.97	52,946,946	8.01
035	Monthly Formula Pension Plan	11,220,657	1.60	10,308,797	1.56
046	EDAX, Inc. Pension Plan for Hourly Employees - District Lodge No. 15 (4)	3,665,281	0.52	3,419,803	0.52
		$ 702,665,731	100.00	$ 661,144,956	100.00

(1) Includes hourly participants at the following current and former operations of AMETEK at December 31, 2021 and 2020:

Aerospace Binghamton	Hunter Spring	Microfoam Fresno
East Moline	Lamb-Cambridge	P&AI
Electromechanical, N.C.	Lamb-Kent	Panalarm
Feasterville (PMT)	Lamb-Racine	Specialty Metal Products
Haveg	Largo (Mansfield & Green)	U.S. Gauge Allentown
Hourly Employees'	Microelectronics	U.S. Gauge Bartow

(2) At December 31, 2014, the Pension Plan for Shop Employees of U.S. Gauge Division of AMETEK, Inc. was amended to merge the plan's net assets into the Retirement Plan.

(3) Superior Group, Inc. 2007 Retirement Plan merged into the Retirement Plan on December 31, 2015.

(4) The EDAX, Inc. Pension Plan holds an interest in the AMETEK, Inc. Employees' Master Retirement Trust. An audit is not required as it is considered a small pension plan, as defined by 29 CFR 2520.104-46 of the Department of Labor Rules and Regulations under ERISA.

The following is a statement of the net assets held by the Trust at December 31, 2021 and 2020:

	Total	Retirement	Chemical Products (Wapakoneta)	Chemical Products (Nesquehoning)	Aerospace - Union	Monthly Formula
			2021			
Common Collective Trusts	$467,499,383	$397,065,787	$12,409,059	$10,859,299	$37,261,286	$7,465,358
Corporate Debt Instruments	4,053,446	3,442,753	107,593	94,155	323,073	64,728
Corporate Debt Instruments - Preferred	11,264,625	9,567,494	299,002	261,660	897,829	179,881
Corporate Stocks – Common	67,914,341	57,682,346	1,802,683	1,577,547	5,413,004	1,084,503
Municipal Bonds	676,476	574,558	17,956	15,714	53,917	10,802
Registered Investment Companies	150,535,248	127,855,562	3,995,729	3,496,705	11,998,170	2,403,852
U.S. Government Securities	662,904	563,030	17,596	15,398	52,836	10,586
Total investments	702,606,423	596,751,530	18,649,618	16,320,478	56,000,115	11,219,710
Receivable for securities sold and other	164,526	139,739	4,367	3,822	13,113	2,627
Total assets	702,770,949	596,891,269	18,653,985	16,324,300	56,013,228	11,222,337
Liabilities						
Accounts payable for securities purchased	105,218	89,366	2,793	2,444	8,386	1,680
Net assets	$702,665,731	$ 596,801,903	$18,651,192	$16,321,856	$56,004,842	$11,220,657

	Total	Retirement	Chemical Products (Wapakoneta)	Chemical Products (Nesquehoning)	Aerospace - Union	Monthly Formula
			2020			
Common Collective Trusts	$344,676,536	$ 292,947,792	$ 9,070,696	$ 7,897,901	$27,602,978	$ 5,374,314
Corporate Debt Instruments	3,441,759	2,925,223	90,575	78,864	275,629	53,665
Corporate Debt Instruments - Preferred	12,195,967	10,365,607	320,956	279,458	976,698	190,164
Corporate Stocks – Common	62,787,232	53,364,180	1,652,343	1,438,704	5,028,235	979,000
Municipal Bonds	876,662	745,093	23,071	20,088	70,206	13,669
Registered Investment Companies	236,530,125	201,031,899	6,224,654	5,419,839	18,942,212	3,688,058
U.S. Government Securities	526,610	447,576	13,859	12,067	42,173	8,211
Total investments	661,034,891	561,827,370	17,396,154	15,146,921	52,938,131	10,307,081
Receivable for securities sold and other	170,105	144,575	4,477	3,898	13,623	2,652
Total assets	661,204,996	561,971,945	17,400,631	15,150,819	52,951,754	10,309,733
Liabilities						
Accounts payable for securities purchased	60,040	51,029	1,580	1,376	4,808	936
Net assets	$661,144,956	$ 561,920,916	$ 17,399,051	$ 15,149,443	$52,946,946	$10,308,797

A summary of the investment income (loss) on investments held by the Trust for the years ended December 31, 2021 and 2020 was as follows:

	2021	2020
Net appreciation (depreciation) at fair value	$ 61,631,766	$ 64,104,884
Dividends and interest	12,056,322	7,671,531
Net investment income (loss)	$ 73,688,088	$ 71,776,415

5. Fair Value Measurements

The Plans utilize a valuation hierarchy for disclosure of the inputs to the valuation used to measure fair value. This hierarchy prioritizes the inputs into three broad levels as follows. Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities. Level 2 inputs are quoted prices for similar assets and liabilities in active markets or inputs that are observable for the asset or liability, either directly or indirectly through market corroboration, for substantially the full term of the financial instrument. Level 3 inputs are unobservable inputs based on the Plans' own assumptions used to measure assets and liabilities at fair value. A financial asset or liability's classification within the hierarchy is determined based on the lowest level input that is significant to the fair value measurement.

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, 2021 and 2020.

Level 1 investments are unadjusted, observable inputs from active markets. Common stocks are valued at the closing price reported on the active market on which the individual securities are traded. Registered investment companies are valued at quoted market prices which represent the net asset values of shares held by the Trust at year-end.

Level 2 investments are equity funds and fixed income funds that are valued by the vendor using observable market inputs. Fixed income securities such as certain government, municipal, and corporate obligations are primarily measured using a market approach pricing methodology, where observable prices are obtained by market transactions involving identical or comparable securities of issuers with similar credit ratings. Corporate obligations are all investment grade quality.

Alternative investments are considered level 3 investments as their values are determined by the sponsor using unobservable market data. The Plans' investment policy, developed by the Pension Investment Committee, limits the amount the Plans may invest in investments that are difficult to value. As of December 31, 2021 and 2020, the Plans hold no alternative investments.

Common collective trusts, which include temporary cash investments, are valued based on the Trust's unit of ownership and net asset value of the investment entity's underlying investments. These investments have no unfunded commitments and no limits as to the frequency of redemptions. However, the investments have various redemption terms and notice periods.

A summary of the fair value of plan assets at December 31, 2021 and 2020 was as follows (in thousands):

	2021		
Asset Category	**Total**	**Level 1**	**Level 2**
Corporate Debt Instruments	$ 4,053	$ —	$ 4,053
Corporate Debt Instruments - Preferred	11,265	—	11,265
Corporate Stocks – Common	67,914	67,914	—
Municipal Bonds	676	—	676
Registered Investment Companies	150,535	150,535	—
U.S Government Securities	663	—	663
Total investments at fair value	235,106	218,449	16,657
Investments measured at net asset value [(a)]	467,500	—	—
Total Investments	$ 702,606	$ 218,449	$ 16,657

	2020		
Asset Category	**Total**	**Level 1**	**Level 2**
Corporate Debt Instruments	$ 3,442	$ —	$ 3,442
Corporate Debt Instruments - Preferred	12,196	—	12,196
Corporate Stocks – Common	62,787	62,787	—
Municipal Bonds	877	—	877
Registered Investment Companies	236,530	236,530	—
U.S Government Securities	527	—	527
Total investments at fair value	316,359	299,317	17,042
Investments measured at net asset value [(a)]	344,676	—	—
Total Investments	$ 661,035	$ 299,317	$ 17,042

(a) - In accordance with subtopic 820-10, common collective trusts are measured at net asset value practical expedient and have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the accompanying statements of net assets available for benefits.

The objectives of the Plans' investment strategies are to maximize the Plans' funded status and minimize Company contributions and plan expenses. Because the goal is to optimize returns over the long-term, an investment policy that favors equity holdings has been established. Since there may be periods of time where both equity and fixed-income markets provide poor returns, allocations to alternative assets may be made to improve the overall portfolio's diversification and return potential. The Pension Investment Committee periodically reviews the Trust's asset allocation, taking into consideration plan liabilities, plan benefit payment streams and the investment strategy of the pension plans. The actual asset allocation is monitored frequently relative to the established targets and ranges and is re-balanced when necessary.

The equity portfolio is diversified by market capitalization and style. The equity portfolio also includes an international component.

The objective of the fixed-income portion of the pension assets is to provide interest rate sensitivity for a portion of the assets and to provide diversification. The fixed-income portfolio is diversified within certain quality and maturity guidelines in an attempt to minimize the adverse effects of interest rate fluctuations.

Other than investments in certain alternative investment collective trusts and pooled investments funds, certain investments are prohibited. Prohibited investments include venture capital, private placements, unregistered or restricted stock, margin trading, commodities, short selling and rights and warrants. Foreign currency futures, options and forward contracts may be used to manage foreign currency exposure.

6. Income Tax Status

The Plans have received determination letters from the Internal Revenue Service ("IRS") dated as follows:

Employees' Retirement Plan of AMETEK, Inc. (001)	January 21, 2016
Chemical Products (Wapakoneta, Ohio Plant) Division of AMETEK, Inc. Hourly Employees' Pension Plan (012)	October 19, 2015
Chemical Products (Nesquehoning, Pennsylvania Plant) Division of AMETEK, Inc. Hourly Employees' Pension Plan (032)	January 21, 2016
AMETEK, Inc. Aerospace Division Pension Plan (043)	October 27, 2015
AMETEK, Inc. Monthly Formula Pension Plan (035)	January 21, 2016

The determination letters state that each of the Plans qualifies under Section 401(a) of the Internal Revenue Code ("IRC") and, therefore, the related trust is exempt from taxation. Subsequent to the issuance of the determination letters, all of the Plans were amended. Once qualified, the Plans are required to operate in conformity with the IRC to maintain their qualification. The Plan Sponsor believes the Plans are being operated in compliance with the applicable requirements of the IRC and therefore believes these Plans, as amended, are qualified and the related trust is tax exempt.

Accounting principles generally accepted in the United States require plan management to evaluate uncertain tax positions taken by the Plans. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The Plan Sponsor has analyzed the tax positions taken by the Plans, and has concluded that as of December 31, 2021, there are no uncertain positions taken or expected to be taken. The Plans have recognized no interest or penalties related to uncertain tax positions. The Plans are subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

7. Related Party and Party-in-Interest Transactions

At December 31, 2021 and 2020, the Trust held an investment in AMETEK common stock, consisting of 384,788 shares with a cost of $190,757. At December 31, 2021 and 2020, the market value was $56,579,228 and $46,536,261, respectively. For the years 2021 and 2020, the Trust received $307,830 and $277,047, respectively, in related dividends.

Certain of the Trust's assets are invested in funds managed by the Trustee of the Plans. These transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transaction rules under ERISA.

8. Subsequent Events

The Plans have evaluated, for consideration of recognition or disclosure, subsequent events that have occurred through the date the financial statements were available to be issued and have determined that no significant events occurred after December 31, 2021 that would have a material impact on its financial statements.

AMETEK, Inc.

Selected Defined Benefit Pension Plans

AMETEK, Inc. Monthly Formula Pension Plan

EIN: 14-1682544 Plan # 035

Schedule G, Part III—Schedule of Nonexempt Transactions

December 31, 2021

(a) Identity of Party Involved	(b) Relationship to Plan, Employer, or Other Party-In-Interest	(c) Description of Transactions Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(h) Cost of Asset	(i) Current Value of Asset
AMETEK, Inc.	Plan Sponsor	Plan has been allocated and has paid excessive audit fees from the Trust over the years 2016 to 2018.	$ 26,981	$ 26,981*
AMETEK, Inc.	Plan Sponsor	Plan paid legal fees that should have been paid by Plan Sponsor in 2020.	$ 7,377	$ 7,377**

*Plan sponsor contributed the principal amount of the excess fees and allocable lost investment earnings in October 2019. Lost earnings were calculated at the Plan's earnings rate during each of the relevant periods. Plan sponsor filed the corresponding Form 5330 in 2022.

**Plan sponsor contributed the principal amount of the legal fees and allocable lost investment earnings in December 2021. Lost earnings were calculated at the Plan's earnings rate during the relevant period. Plan sponsor filed the corresponding Form 5330 in 2022.

Columns (d) through (g) and (j) are not applicable.

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

■ Applicable month	January 2021
■ Interest rate basis	Segment Rates from one month preceding valuation date

Interest rates:	**Reflecting corridors**	**Not reflecting corridors**
■ First segment rate	4.75%	1.75%
■ Second segment rate	5.36%	3.04%
■ Third segment rate	6.11%	3.65%
■ Effective interest rate (Reflecting Corridors)		5.60%

SCHEDULE SB ATTACHMENTS

PBGC variable premium basis:

- PBGC method: Standard
- PBGC segment rates: 0.51%, 2.26%, 3.01%

Annual rates of increase

- Salaries: 3.75%
- Future Social Security wage bases: 3.25%
- Cash balance interest crediting rate: 2.35%

Plan-related expenses

Plan-related expenses are assumed to be the actual plan-related expenses paid for the prior rounded up to the nearest ten-thousand dollars. The amount included this year for plan-related expenses for each plan is:

- Wapakoneta - $80,000

Demographic Assumptions

Inclusion Date

The valuation date coincident with or next following the date on which the employee is hired.

New or rehired employees

It was assumed there will be no new or rehired employees.

Mortality

- Healthy: Separate rates for non-annuitants (based on RP-2014 “Employees” table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2019) and annuitants (based on RP-2014 “Healthy Annuitants” table without collar or amount adjustments, adjusted backward to 2006 with MP-2014, and then projected forward with a static projection as specified in the regulations under §1.430(h)(3)-1 using Scale MP-2019).
- Disabled: Same as Healthy Mortality

Termination

Rates varying by age and, for certain plans, by service during a select period.

Sample rates:

Age

SCHEDULE SB ATTACHMENTS

Plan	25	35	45	50
Wapakoneta	N/A	N/A	N/A	N/A

Effective May 1,2020 the Wapakoneta, Ohio plant was closed and no new employees are eligible to participate in or to accrue benefits under the Wapakoneta Plan. For valuation purposes, active participants not eligible for retirement were assumed to terminate immediately with a deferred vested benefit.

SCHEDULE SB ATTACHMENTS

Disability

Rates varying by age and sex.

Sample Rates:

	Age/Sex					
	25		40		55	
Plan	**Male**	**Female**	**Male**	**Female**	**Male**	**Female**
Wapakoneta	.00093	.00096	.00314	.00357	.01502	.01490

Retirement

Rates varying by age

Sample rates:	Age				Expected Retirement Age
Plan	**55**	**60**	**62**	**65**	
Wapakoneta*	.00	.00	.00	1.00	65

* Effective May 1,2020 the Wapakoneta, Ohio plant was closed and no new employees are eligible to participate in or to accrue benefits under the Wapakoneta Plan. For valuation purposes, active participants eligible for early retirement were assumed to retire immediately.

SCHEDULE SB ATTACHMENTS

Benefit Commencement Date		
■ Retirement benefit	Immediately upon retirement	
■ Deferred vested benefit	Plan Wapakoneta	Assumption Age 64
Form of payment	Plan Wapakoneta	Assumption 50% Single Life Annuity 50% Certain and Life
Percentage married	80%	
Spouse age	Wife three years younger than husband	
Valuation pay	Base pay for the year preceding the valuation date plus the average of the bonuses accrued for the two years preceding the valuation date, adjusted to the valuation year using the assumed salary increase rate.	
Covered pay	Base pay for the year preceding the valuation date plus the average of the bonuses accrued for the two years preceding the valuation date, adjusted to the valuation year using the assumed salary increase rate.	
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.	

Methods

Valuation date	First day of plan year.
Funding target	Present value of accrued benefits as required by regulations under IRC §430.
Target normal cost	Present value of benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets during plan year as required by regulations under IRC §430.
Decrement timing	Present value of benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets during plan year as required by regulations under IRC §430.

SCHEDULE SB ATTACHMENTS

Actuarial value of assets

Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings of 7.00% (with such expected earnings limited by the prior year's third segment rate as described in IRS Notice 2009-22) . The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2020 plan year.)

The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA).

These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years.

However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

Benefits not valued

Certain plans pay small benefits with a present value up to $5,000 in a single lump sum payment. Such lumps sums are not explicitly valued as such; rather such participants benefits are valued using the benefit choice assumptions described above.

All benefits described in the Plan Provisions section of this report were valued except for the Special Supplement for the Aerospace Union Plan. Due to the small window of eligibility, and de minimis value of the benefit, the Special Supplement benefit is not reflected for current active participants in the valuation (only reflected for retirees upon commencement).

Willis Towers Watson has reviewed the plan provisions with AMETEK, Inc. and, based on that review, is not aware of any significant benefits required to be valued that were not.

SCHEDULE SB ATTACHMENTS

Change in Assumptions and Methods

Change in assumptions and methods since prior valuation

The segment interest rates used to calculate the funding target and target normal cost were updated from an applicable month of January 2020 to January 2021 and include ARPA stabilized rates for 2021.

The mortality table used to calculate the funding target and target normal cost was updated to include one additional year of projected mortality improvement, as required by IRC §430.

Plan-related expenses were updated to reflect the most recent experience.

For the Wapakoneta Plan, the assumed form of payment assumption and the assumed retirement age for deferred vested participants was updated based on a recent demographic experience study to better reflect anticipated future experience.

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2021

This Form is Open to Public Inspection

For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021

▶ **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
CHEMICAL PRODUCTS (WAPAKONETA, OH PLANT) DIVISION OF AMETEK, INC. HOURLY EMPLOYEES' PENSION PLAN

B Three-digit plan number (PN) ▶ 012

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

D Employer Identification Number (EIN)
14-1682544

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

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2021

2 Assets:

a Market value	**2a**	17,399,051
b Actuarial value	**2b**	16,173,283

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	81	7,150,866	7,150,866
b For terminated vested participants	93	3,912,337	3,912,337
c For active participants	0	0	0
d Total	174	11,063,203	11,063,203

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.60%
6 Target normal cost		
a Present value of current plan year accruals	**6a**	0
b Expected plan-related expenses	**6b**	80,000
c Total (line 6a + line 6b)	**6c**	80,000

Statement by Enrolled Actuary

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

SIGN HERE

JDR
Signature of actuary

9/20/2022
Date

JASON D ROHRER, F.S.A., E.A.
Type or print name of actuary

2007974
Most recent enrollment number

WILLIS TOWERS WATSON US LLC
Firm name

215-246-6000
Telephone number (including area code)

1735 MARKET STREET
PHILADLEPHIA PA 19103-7501
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	4,181,195
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	4,181,195
10	Interest on line 9 using prior year's actual return of 12.05%	0	503,834
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.40%		0
	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		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	443,931
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	4,241,098

Part III Funding Percentages

14	Funding target attainment percentage	14	107.85%
15	Adjusted funding target attainment percentage	15	146.18%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	100.57%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
4.75 %	5.36 %	6.11 %	

b Applicable month (enter code) — **21b**: 0

22 Weighted average retirement age — **22**: 65

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 6c)	**31a**	80,000
b Excess assets, if applicable, but not greater than line 31a	**31b**	80,000

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**	0

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

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

Part IX Pension Funding Relief Under 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

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	AMETEK, INC
EIN/PN	14-1682544/012
Plan Name	CHEMICAL PRODUCTS (WAPAKONETA, OH PLANT) DIVISION OF AMETEK, INC. HOURLY EMPLOYEES' PENSION PLAN
Valuation Date	January 1, 2021
Enrolled Actuary	Jason D Rohrer, F.S.A, E.A.
Enrollment Number	20-07974

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2021

The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

(A)	(B)	(C)	(D)	(E)
Age	Sample Retirement Rate	Hypothetical Number of Employees	Number Retiring	(A)*(D)
55	0.000	100,000	0	0
56	0.000	100,000	0	0
57	0.000	100,000	0	0
58	0.000	100,000	0	0
59	0.000	100,000	0	0
60	0.000	100,000	0	0
61	0.000	100,000	0	0
62	0.000	100,000	0	0
63	0.000	100,000	0	0
64	0.000	100,000	0	0
65	1.000	100,000	100,000	6,500,000
66	0.000	0	0	0
67	0.000	0	0	0
68	0.000	0	0	0
69	0.000	0	0	0
70	0.000	0	0	0
			Total:	6,500,000
			Average Retirement Age:	65

Plan Name: CHEMICAL PRODUCTS (WAPAKONETA, OH PLANT) DIVISION OF AMETEK, INC. HOURLY EMPLOYEES' PENSION PLAN
EIN / PN: 14-1682544/012
Plan Sponsor: AMETEK, INC
Valuation Date: January 1, 2021

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Summary of Plan Provisions

Plan Name:	CHEMICAL PRODUCTS (WAPAKONETA, OH PLANT) DIVISION OF AMETEK, INC. HOURLY EMPLOYEES' PENSION PLAN
EIN / PN:	14-1682544/012
Plan Sponsor:	AMETEK, INC
Valuation Date:	January 1, 2021

SCHEDULE SB ATTACHMENTS

Plan Provisions

Plan Name/No.	AMETEK Westchester Wapakoneta Hourly Employees' Pension Plan/012
Effective Date	January 19, 1972. Amended and restated effective January 25, 2016.
Participation	Each hourly-paid employee at the Wapakoneta, OH location within the bargaining unit represented by the Union becomes a participant on his date of hire, or January 19, 1972 if later. Effective May 1, 2020 the Wapakoneta, Ohio plant was closed and no new employees will become eligible to participate in or to accrue benefits under the Wapakoneta Plan.

Definitions

Plan Year	Twelve-month period ending December 31.
Vesting Service	Service from date of hire as a covered employee.
Accrual Service	Prior to January 1, 1976, years (and fractions thereof) of Vesting Service. Beginning on January 1, 1976, 1/12th of a year for each month in which the covered employee completes at least one hour of service. Effective May 1, 2020, Accrual Service is frozen and no additional service shall be earned.
Normal Retirement Date (NRD)	First of month coinciding with or next following attainment of age 65.
Accrued Monthly Pension	$22.00 times accrual service prior to January 1, 1998 plus $24.00 times service in 1998, plus $26.00 times service in 1999, plus $28.00 times service from January 1, 2000 to January 14, 2001, plus $34.00 times service from January 14, 2001 to January 14, 2004, plus $40.00 for service from January 15, 2004 to January 14, 2007, plus $41.00 times service from January 15, 2007 to January 14, 2008, plus $42.00 times service from January 15, 2008 to January 14, 2009, plus $43.00 for service from January 15, 2009 to January 14, 2010, plus $44.00 for service from January 15, 2010 to January 14, 2011, plus $45.00 for service from January 15, 2011 to January 14, 2012, plus $46.00 for service from January 15, 2012 to January 13, 2013, plus $48 for service from January 14, 2013 to January 12, 2014, plus $50 for service from January 13, 2014 to January 11, 2015, plus $52 for service from January 12, 2015 to January 11, 2016, plus $54 for service from January 12, 2016 to January 15, 2017, plus $56 for service from January 16, 2017 to January 14, 2018, plus $60 for service from January 15, 2018 to January 15, 2019, plus $61 for service from January 16, 2019 to January 17, 2020, plus $62 for service from January 18, 2020 to April 30, 2020.

Plan Name:	CHEMICAL PRODUCTS (WAPAKONETA, OH PLANT) DIVISION OF AMETEK, INC. HOURLY EMPLOYEES' PENSION PLAN
EIN / PN:	14-1682544/012
Plan Sponsor:	AMETEK, INC
Valuation Date:	January 1, 2021

SCHEDULE SB ATTACHMENTS

	The Plan is frozen as of May 1, 2020 and no Accrued Monthly Pension will increase on or after that date.
Actuarial Equivalence	The conversion factors for optional forms of payment are determined using the UP 1984 Unisex mortality table (set back 3 years for beneficiaries) and an interest rate of 8%.

Eligibility for Benefits

Normal Retirement	Retire on or after NRD.
Early Retirement	Retire before NRD but on or after both attaining age 60 and completing 10 years of vesting service.
Disability Retirement	Retire after completing 10 years of vesting service due to a disability incurred while a covered employee which results in entitlement to a Social Security disability pension.
Deferred Vested	Terminate for reasons other than death or retirement after completing 5 years of vesting service.
Preretirement Death	Die with surviving spouse while eligible for a deferred vested, early or normal retirement benefit.
Postretirement Death	Die while receiving a normal, early or disability retirement benefit.

Benefits Paid Upon the Following Events

Normal Retirement	Accrued monthly pension at actual retirement date.
Early Retirement	Accrued monthly pension at early retirement date, reduced 1/15th per year for pre-NRD commencement.
Disability Retirement	Accrued monthly pension at date of disability, with payments commencing immediately.
Vested Termination	Accrued monthly pension at termination date, reduced 1/15th per year for pre-NRD commencement.
Preretirement Death	50% of accrued monthly pension as of date of death, reduced for 50% joint and survivor annuity and for payment before NRD. Lifetime payments to spouse may begin at participant's earliest retirement date.

SCHEDULE SB ATTACHMENTS

Preretirement Lump Sum Death	$100 times years of vesting service, maximum $1,000.
Postretirement Death	Lump sum paid to designated beneficiary equal to $5,000 for participants who retired on or after February 1, 1992 and before January 15, 2001 and effective January 1, 2010, $5,500 for participants who retired on or after January 15, 2001 and before January 20, 2004, and $6,500 for participants retiring on or after January 20, 2004 and before January 25, 2016, and $7,500 for participants retiring on or after January 25, 2016 and before January 16, 2019, and $9,000 for participants retiring on or after January 16, 2019.
Forms of Payment	Monthly pension benefits are paid to unmarried participants as a single life annuity. Married participants are entitled to actuarially reduced benefits in the form of a 50% joint and survivor annuity. Participants may elect (with spousal consent) to receive benefits in another actuarially equivalent optional form offered by the plan.

Changes in Benefits Valued

Changes in Benefits Valued Since Prior Year	None

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24
Change in Actuarial Assumptions

For the Wapakoneta Plan, the assumed form of payment assumption and the assumed retirement age for deferred vested participants was updated based on a recent demographic experience study to better reflect anticipated future experience.

Plan Name:	CHEMICAL PRODUCTS (WAPAKONETA, OH PLANT) DIVISION OF AMETEK, INC. HOURLY EMPLOYEES' PENSION PLAN
EIN / PN:	14-1682544/012
Plan Sponsor:	AMETEK, INC
Valuation Date:	January 1, 2021