

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
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Part I	Annual Report Identification Information
For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
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 <u>PFEIFFER VACUUM, INC. PENSION PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1996</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>01/01/1996</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>				
1c Effective date of plan <u>01/01/1996</u>					
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) <u>PFEIFFER VACUUM, INC.</u> <u>24 TRAFALGAR SQUARE</u> <u>ATTN FINANCE DEPARTMENT</u> <u>NASHUA, NH 03063</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>02-0482717</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>603-578-6500</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>333200</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>02-0482717</u>	2c Plan Sponsor's telephone number <u>603-578-6500</u>	2d Business code (see instructions) <u>333200</u>	
2b Employer Identification Number (EIN) <u>02-0482717</u>					
2c Plan Sponsor's telephone number <u>603-578-6500</u>					
2d Business code (see instructions) <u>333200</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2022	MATTHIAS NEHRING
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2021)
v. 210624

3a Plan administrator's name and address ☒ 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	184
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)	92
a(2) Total number of active participants at the end of the plan year		6a(2)	87
b Retired or separated participants receiving benefits.....		6b	38
c Other retired or separated participants entitled to future benefits		6c	52
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	177
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	5
f Total. Add lines 6d and 6e		6f	182
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	1
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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
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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 <u>PFEIFFER VACUUM, INC. PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>PFEIFFER VACUUM, INC.</u>	D Employer Identification Number (EIN) <u>02-0482717</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2021</u>	
2 Assets:	
a Market value	2a <u>11495411</u>
b Actuarial value	2b <u>10687861</u>
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment.....	(1) Number of participants <u>42</u> (2) Vested Funding Target <u>2867203</u> (3) Total Funding Target <u>2867203</u>
b For terminated vested participants.....	<u>50</u> <u>1151575</u> <u>1151575</u>
c For active participants	<u>92</u> <u>4342884</u> <u>4728996</u>
d Total.....	<u>184</u> <u>8361662</u> <u>8747774</u>
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 <u>5.65</u> %
6 Target normal cost.....	
a Present value of current plan year accruals.....	6a <u>402062</u>
b Expected plan-related expenses	6b <u>0</u>
c Total (line 6a + line 6b)	6c <u>402062</u>

Statement by Enrolled Actuary

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

SIGN HERE		<u>09/15/2022</u> Date
Signature of actuary		
<u>DAVID G. BELL</u> Type or print name of actuary		<u>20-03180</u> Most recent enrollment number
<u>WILLIS TOWERS WATSON US LLC</u> Firm name		<u>214-530-4200</u> Telephone number (including area code)
<u>500 NORTH AKARD STREET SUITE 4300 DALLAS, TX 75201</u> Address of the firm		

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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2021
v. 201209

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	1114502
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	1114502
10 Interest on line 9 using prior year's actual return of <u>13.27</u> %	0	147894
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		688332
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.47</u> %		37652
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		725984
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	1262396

Part III Funding Percentages

14 Funding target attainment percentage	14	107.74 %
15 Adjusted funding target attainment percentage	15	122.17 %
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	105.18 %
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
08/22/2022	700000	0			
Totals ►			18(b)	700000	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	639606

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:
4.75 %2nd segment:
5.36 %3rd segment:
6.11 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

0

22 Weighted average retirement age**22**

63

23 Mortality table(s) (see instructions) ☐ Prescribed - combined☒ Prescribed - separate☐ Substitute**Part VI Miscellaneous Items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) **29** 0**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6c) **31a** 402062**b** Excess assets, if applicable, but not greater than line 31a **31b** 402062**32** Amortization installments:**a** Net shortfall amortization installment Outstanding Balance 0 Installment 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**35** Balances elected for use to offset funding requirement Carryover balance 0 Prefunding balance 0 Total balance 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** 639606**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) **38a** 639606**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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 PFEIFFER VACUUM, INC. PENSION PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 PFEIFFER VACUUM, INC.	D Employer Identification Number (EIN) 02-0482717	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
AMERICAN FUNDS
95-1411037

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
ARTISAN
39-1811840

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
CARILLON SCOUT
41-0417830

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
DELAWARE VALUE
14-1904657

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

JANUS HENDERSON

36-6071399

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

JOHN HANCOCK LIFE INSURANCE CO

04-1414660

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

JPMORGAN

13-2624428

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

OPPENHEIMER FUNDS

13-2527171

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

PGIM INVESTMENTS

22-3468527

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

PIMCO FUNDS

95-2632339

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

RUSSELL

91-1151059

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

T ROWE PRICE

52-2264646

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

VIRTUS

95-4191764

(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

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

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

WELLS FARGO ADVISORS

34-1542819

(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?
21 27 51	NONE	56794	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 ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(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 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
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For calendar plan year 2021 or fiscal plan year beginning 01/01/2021 and ending 12/31/2021		
A Name of plan PFEIFFER VACUUM, INC. PENSION PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 PFEIFFER VACUUM, INC.	D Employer Identification Number (EIN) 02-0482717	

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	-19155	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	750000	700000
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	1	7
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	5924	0
(2) U.S. Government securities	1c(2)	173636	1096107
(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)	152307	161844
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	10472157	11315594
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	11534870	13273552

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	0	3049
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	3049

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	11534870	13270503
---	-----------	----------	----------

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)	700000	
(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)		700000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	36	
(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)		36
(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)	129191	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		129191
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	615616	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	615616	
(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)	18263	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		18263

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		1215239
c Other income.....	2c		-8728
d Total income. Add all income amounts in column (b) and enter total.....	2d		2054001
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	261574	
(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)		261574
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)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	56794	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		56794
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		318368
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		1735633
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) ☒ 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) ☒ 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: CARON & BLETZER, PLLC

(2) EIN: 04-3499945

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

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

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

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

	Yes	No	Amount
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?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
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.)	X		
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.)	X		
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
4m		X	
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 <u>429581</u> .			

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

A Name of plan PFEIFFER VACUUM, INC. PENSION PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 PFEIFFER VACUUM, INC.	D Employer Identification Number (EIN) 02-0482717

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): 41-6257133		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.			
3	Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	0

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

4	Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.				
5	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6	a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
	b Enter the amount contributed by the employer to the plan for this plan year	6b		
	c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.				
7	Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8	If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	☐ Yes	☐ No	☒ N/A

Part III	Amendments
----------	------------

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

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

10	Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11	a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
	b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12	Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2021
v. 201209

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 _____

**PFEIFFER VACUUM, INC.
PENSION PLAN**

FINANCIAL STATEMENTS

December 31, 2021 and 2020 and
For the Years Then Ended



CARON & BLETZER, PLLC

Certified Public Accountants and Business Consultants

PFEIFFER VACUUM, INC. PENSION PLAN
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Certain supplemental schedules have been omitted because they are either not required or not applicable.



Independent Auditor's Report

To the Plan Administrator of the Pfeiffer Vacuum, Inc. Pension Plan:

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

We have performed an audit of the financial statements of the Pfeiffer Vacuum, Inc. Pension Plan ("the Plan"), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 ("ERISA"), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, and the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements.

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

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

Opinion

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

- 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 ("GAAP").
- 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

We conducted our audit 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 Financial Statements section of our report. We are required to be independent of the Plan and to meet our other ethical responsibilities, in

accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our ERISA Section 103(a)(3)(C) audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with GAAP, 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 Plan's ability to continue as a going concern within one year after the date that the financial statements are issued or available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an 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 Plan's internal control. Accordingly, no such opinion is expressed.

- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

Our audit did not extend to the certified investment information, except for obtaining and reading the certification, comparing the certified investment information with the related information presented and disclosed in the financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of GAAP.

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 GAAP.

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 Schedules Required by ERISA

The supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2021 and the Schedule H, Line 4(j) – Schedule of Reportable Transactions for the year ended December 31, 2021, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the 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. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

In our opinion:

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- the certified information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Auditor's Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of the Plan. As permitted by 29 CFR 2520.103-8 of the DOL'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 information certified by a qualified institution. In our report dated October 10, 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 the 2020 financial statements, and (b) the form and content of the information included in the 2020 financial statements other than that derived from the certified information were presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Caron & Bletner, PLLC

Kingston, NH
October 11, 2022

PFEIFFER VACUUM, INC. PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
<u>Assets:</u>		
Investments, at fair value:		
Cash and cash equivalents	\$ 1,096,107	\$ 173,636
Commingled fund	161,844	152,307
Mutual funds	<u>11,315,594</u>	<u>10,472,157</u>
Total investments	12,573,545	10,798,100
Receivables:		
Employer contributions	700,000	750,000
Accrued income	7	1
Pending trades	<u>-</u>	<u>5,924</u>
Total receivables	<u>700,007</u>	<u>755,925</u>
Total assets	13,273,552	11,554,025
<u>Liabilities:</u>		
Pending trades	<u>3,049</u>	<u>19,155</u>
Net assets available for benefits	<u>\$ 13,270,503</u>	<u>\$ 11,534,870</u>

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

PFEIFFER VACUUM, INC. PENSION PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
For the years ended December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
Additions:		
Investment income:		
Net appreciation in fair value of investments	\$ 1,224,775	\$ 1,226,815
Dividends	<u>129,226</u>	<u>98,356</u>
	1,354,001	1,325,171
Contributions:		
Employer contributions	<u>700,000</u>	<u>750,000</u>
Total additions	2,054,001	2,075,171
Deductions:		
Benefits paid to participants	261,574	239,557
Administrative expenses	<u>56,794</u>	<u>35,592</u>
Total deductions	<u>318,368</u>	<u>275,149</u>
Net increase	1,735,633	1,800,022
Net assets available for benefits:		
Beginning of year	<u>11,534,870</u>	<u>9,734,848</u>
End of year	<u><u>\$ 13,270,503</u></u>	<u><u>\$ 11,534,870</u></u>

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

PFEIFFER VACUUM, INC. PENSION PLAN
NOTES TO FINANCIAL STATEMENTS

A. PLAN DESCRIPTION:

The following brief description of the Pfeiffer Vacuum, Inc. Pension Plan (the "Plan") provides only general information. Participants should refer to the plan's summary plan description and plan document for a more complete description of the Plan's provisions.

General

The Plan is a noncontributory, defined benefit pension plan that historically covers substantially all employees of the Pfeiffer Vacuum, Inc. (the "Company") and its participating affiliates who have attained 21 years of age, and have completed 1,000 hours of service, other than employees whose retirement benefits are subject to a collective bargaining agreement and employees who contract with the Company to work on a specific project for a specific period of time. The Plan is intended to satisfy all of the requirements for a qualified retirement plan under the appropriate provisions of the Internal Revenue Code ("IRC"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

Effective January 1, 2018, the plan was closed to new hires on or after January 1, 2018.

Contributions and Funding Policy

The Company's funding policy is to contribute such amounts as are deemed necessary on an actuarial basis to fund the benefits expected to be paid by the Plan in accordance with the funding requirements of ERISA. The Company met the minimum funding requirements of ERISA as of December 31, 2021 and 2020. The current funding policy is to contribute an amount that is not less than the minimum required contribution or more than the amount deductible under section 404(a) of the IRC.

Retirement Dates

A participant's normal retirement age is the latter of age 65 or the fifth anniversary of plan participation. The Plan permits early retirement at age 55 provided the participant has been credited with 10 or more years of service.

Benefits

Normal retirement benefits are based on years of credited service and participant's compensation. The basic formula calculates benefits for a participant retiring at or after age 65 at the greater of 0.5% of average monthly compensation plus 0.5% of average monthly compensation in excess of monthly social security, times years of credited service, not to exceed 30 years, or \$12 multiplied by years of credited service, not to exceed 30 years.

PFEIFFER VACUUM, INC. PENSION PLAN
NOTES TO FINANCIAL STATEMENTS

Plan participants are eligible for their benefit after terminating employment with vested rights. Participants retiring at the normal retirement age of 65 and who have completed at least five years of credited service are entitled to a pension based upon a formula. The Plan permits early retirement from the ages of 55 to 64 for participants who have terminated employment and have completed at least 10 years of credited service. If a participant elects early retirement, benefits may be actuarially reduced by a formula based on the number of years between the normal retirement age and a participant's age at early retirement.

Upon termination of employment, participants with accrued benefits over \$5,000 receive their vested benefit in the form of an annuity. Participants with balances of \$5,000 or less have the option of receiving their vested benefit in the form of a one-time lump-sum payment or an annuity. The distributions shall commence 90 days after the participant elects a form of payment.

All benefits are subject to the limitations prescribed by the Code which includes provisions that limit the amount of retirement income which may be paid to an individual participant.

Vesting

Participants are fully vested in their benefits upon completion of 5 years of service.

B. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

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

PFEIFFER VACUUM, INC. PENSION PLAN
NOTES TO FINANCIAL STATEMENTS

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

Payment of Benefits

Benefits are recorded when paid.

Administrative Expenses

Administrative expenses and fees are paid by the Plan except for those expenses paid by the Company. Expenses paid by the Company are excluded from these financial statements.

C. FAIR VALUE MEASUREMENTS:

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Level 2 - Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement.

Following is a description of the valuation methodologies used by the Plan. There have been no changes in the methodologies used at December 31, 2021 and 2020.

Cash and cash equivalents – Valued at the closing price reported in the active market in which the investment is traded.

PFEIFFER VACUUM, INC. PENSION PLAN
NOTES TO FINANCIAL STATEMENTS

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

Commingled funds – Valued by the fund manager using the net asset value of the Plan's ownership in partners' capital. The net asset value, as provided by the fund manager, is used as a practical expedient to estimate fair value. The net asset value is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient would not be used if it is determined to be probable that the fund will sell the investment for an amount different from the reported net asset value.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31:

Description:	2021			
	Total	Level 1	Level 2	Level 3
Cash and cash equivalents	\$ 1,096,107	\$ 1,096,107	\$ -	\$ -
Mutual funds	11,315,594	11,315,594	-	-
Total investments in the fair value hierarchy	12,411,701	\$ 12,411,701	\$ -	\$ -
Investments measured at net asset value(1):				
Commingled fund	161,844			
Total investments at fair value	\$ 12,573,545			

Description:	2020			
	Total	Level 1	Level 2	Level 3
Cash and cash equivalents	\$ 173,636	\$ 173,636	\$ -	\$ -
Mutual funds	10,472,157	10,472,157	-	-
Total investments in the fair value hierarchy	10,645,793	\$ 10,645,793	\$ -	\$ -
Investments measured at net asset value(1):				
Commingled fund	152,307			
Total investments at fair value	\$ 10,798,100			

(1) In accordance with Subtopic 820-10, certain investments that were measured at net asset value per share (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the statements of net assets available for benefits.

PFEIFFER VACUUM, INC. PENSION PLAN
NOTES TO FINANCIAL STATEMENTS

Commingled funds – The commingled fund is valued monthly. The Cypress Creek Private Strategies TEI Fund (formerly called “The Salient Endowment TEI Fund, L.P.”) may be redeemed at the discretion of the fund. There are no unfunded commitments.

Accounting standards require disclosure of investment strategies for investments valued using net asset value as a practical expedient to estimate fair value if the investment does not file a Form 5500 with the DOL as direct filing entity (“DFE”). The following table discloses investment strategies for such investments:

	<u>2021</u>	<u>2020</u>
Investments measured		
at net asset value (non-DFE's):		
Commingled funds:		
Long-term appreciation (a)	\$ 161,844	\$ 152,307
 Total commingled funds	 <u>\$ 161,844</u>	 <u>\$ 152,307</u>

- a) Long-term appreciation - The Cypress Creek Private Strategies TEI Fund, L.P.’s, (the “TEI Fund”), investment objective is to preserve capital and to generate long-term appreciation and returns across a market cycle (which is estimated to be five to seven years). The TEI Fund’s invests its assets in a variety of investment vehicles including but not limited to limited partnerships, limited liability companies, offshore corporations and other foreign investment vehicles, registered investment companies, and direct investments in marketable securities and derivative instruments.

D. ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS:

Accumulated Plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered 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. The accumulated plan benefits for active employees are based on their account balances in the Plan as of the valuation date. Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included, to the extent they are deemed attributable to employee service rendered up to the valuation date.

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

PFEIFFER VACUUM, INC. PENSION PLAN
NOTES TO FINANCIAL STATEMENTS

The significant assumptions underlying the actuarial computations used in the valuations as of December 31, 2020 and 2019 are as follows:

Mortality basis	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-2018) 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-2018) for 2020. Separate rates for non-annuitants (based on RP-2000 "Employees" table without collar or amount adjustments, projected to 2033 using Scale AA) and annuitants (based on RP-2000 "Healthy Annuitants" table without collar or amount adjustments, projected to 2025 using Scale AA) for 2019
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Discount rate	6.75% per annum
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The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computation of the actuarial present value of accumulated plan benefits was made as of January 1, 2020. Had the valuation been performed as of December 31, there would be no material difference.

As determined by the plan actuary, the actuarial present value of accumulated plan benefits at December 31, 2020 are as follows:

	<u>2020</u>
Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants currently receiving payments	\$ 2,592,485
Participants with deferred benefits	981,011
Other participants	<u>3,749,697</u>
Total vested benefits	7,323,193
Nonvested benefits	<u>285,921</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 7,609,114</u>

PFEIFFER VACUUM, INC. PENSION PLAN
NOTES TO FINANCIAL STATEMENTS

The components of the change in actuarial present value of accumulated plan benefits for the year ended December 31, 2020 are as follows:

Actuarial present value of accumulated plan benefits at beginning of year	\$ 6,710,992
Increase (decrease) during the year attributable to:	
Benefits accumulated	341,611
Benefits paid	(239,557)
Increase in interest due to decrease in discount period	467,966
Actuarial (gain)/loss	334,621
Assumption changes	<u>(6,519)</u>
Net increase in actuarial present value of accumulated plan benefits	<u>898,122</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 7,609,114</u>

E. TAX STATUS:

The Plan obtained its latest determination letter on January 9, 2014, in which the Internal Revenue Service ("IRS") stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The plan administrator believes the Plan is designed and is being operated in compliance with the applicable requirements of the IRC. Therefore no provision for income taxes has been recorded in the Plan's financial statements.

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

F. TERMINATION:

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

- a. Benefits attributable to employee contributions, taking into account those paid out before termination.
- b. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is

PFEIFFER VACUUM, INC. PENSION PLAN
NOTES TO FINANCIAL STATEMENTS

further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding plan termination.

- c. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations.
- d. All other vested benefits (that is, vested benefits not insured by the PBGC).
- e. All nonforfeitable benefits under the Plan.
- f. All other benefits under the Plan.

G. CERTIFIED INVESTMENTS:

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedules, including investments held at December 31, 2021 and 2020, and net appreciation in fair value of investments and interest and dividends for the year ended December 31, 2021, was obtained by management and agreed to or derived from information certified as complete and accurate by Principal Bank (formerly Wells Fargo Bank, N.A.), the trustee of the Plan.

The following financial information related to investments held by Principal Bank, N.A, included in the accompanying financial statements is based on information provided by the custodian and certified as complete and accurate:

Statements of Net Assets Available for Benefits - December 31:

	<u>2021</u>	<u>2020</u>
Cash and cash equivalents	\$ 1,096,107	\$ 173,636
Mutual funds	11,315,594	10,472,157

Statement of Changes in Net Assets Available for Benefits-Year Ended December 31:

	<u>2021</u>	<u>2020</u>
Net appreciation (depreciation)		
in fair value of investments	\$ 1,183,727	\$ 1,199,251
Dividend and interest income	129,226	98,356

H. PARTY-IN INTEREST TRANSACTIONS:

Section 3(14) of ERISA defines a party-in-interest to include, among others, fiduciaries or employees of the Plan, any person who provides services to the Plan or an employer whose employees are covered by the Plan. Accordingly, the management of investments held by the custodian are considered party-in-interest transactions.

PFEIFFER VACUUM, INC. PENSION PLAN
NOTES TO FINANCIAL STATEMENTS

I. RISKS AND UNCERTAINTIES:

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

Contributions to the Plan and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee compensation and demographics. Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near term and, due to the uncertainties inherent in setting assumptions, that the effect of such changes could be material to the financial statements.

J. SUBSEQUENT EVENTS:

The Company has evaluated subsequent events through October 11, 2022 the date these financial statements were available for issuance.

PFEIFFER VACUUM, INC. PENSION PLAN

EIN: 02-0482717

Plan Number: 002

SCHEDULE H, LINE 4(i)-SCHEDULE OF ASSETS (Held at end of Year)
December 31, 2021

(a)	(b)	(c)	(d)	(e)	
	Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Units	Cost	Current value
<u>Investments, at fair value:</u>					
	American Funds EuroPacific Growth Fund	Mutual fund	4,045	\$ 211,371	\$ 261,195
	American Funds New World Fund	"	5,320	344,235	456,104
	American Funds Growth Fund of America Fund	"	8,860	428,405	656,175
	American Funds Washington Mutual Fund	"	16,734	779,282	1,010,913
	Artisan Small Cap Investor Fund	"	6,242	203,761	261,530
	Carillon Scout Mid Cap Fund	"	13,576	259,351	331,402
	Invesco Oppenheimer Developing Markets Fund	"	14,980	635,402	704,341
	Janus Henderson Small Cap Value Fund	"	18,233	412,116	466,755
	John Hancock Funds III - Disciplined Value Mic Cap Value Fund	"	19,243	446,496	532,651
	Russell Investments Emerging Markets Fund	"	39,089	705,416	736,818
	Russell Investments U.S. Small Cap Equity Fund	"	27,324	763,262	818,638
	Russell Investments International Developed Markets Fund	"	27,807	745,480	928,333
	Russell Investments U.S. Strategic Equity Fund	"	96,676	1,170,058	1,630,922
	American Fund The Bond Fund of America Fund	"	38,840	509,377	520,063
	PGIM High Yield Fund Class Z	"	35,717	197,296	196,445
	PIMCO Emerging Markets Bond Fund	"	18,953	197,832	193,889
	Russell Investments Strategic Bond Fund	"	41,895	463,447	456,652
	Russell Investments Multi-Asset Growth Strategy Fund	"	107,937	1,129,163	1,152,768
	Fidelity Money Market Government Portfolio	Cash and cash equivalent	1,096,107	1,096,107	1,096,107
	Cypress Creek Private Strategies TEI Fund	Commingled fund	130,333	130,333	161,844
Total investments				\$ 10,828,190	\$ 12,573,545

* Denotes party-in-interest to the Plan.

PFEIFFER VACUUM, INC. PENSION PLAN
 EIN: 02-0482717
 Plan Number: 002

SCHEDULE H, LINE 4(j)-SCHEDULE OF REPORTABLE TRANSACTIONS
 For the year ended December 31, 2021

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of party involved	Description of asset	Purchase Price	Selling Price	Cost of asset	Current value of asset on Transaction date	Net gain (loss)
<u>Single Transactions:</u>						
Fidelity Money Market Government Portfolio Institutional Class	Cash and Cash Equivalent	\$ 609,175	\$ -	\$ -	\$ 609,175	\$ -
<u>Series Transactions:</u>						
Fidelity Money Market Government Portfolio Institutional Class	Cash and Cash Equivalent	1,538,084	615,614	615,614	2,153,698	-



SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26 Schedule of Active Participant Data as of January 1, 2021

Attained Age	Attained Years of Credited Service ¹										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	2	0	0	0	0	0	0	0	0	2
30-34	0	1	3	0	0	0	0	0	0	0	4
35-39	0	5	3	0	0	0	0	0	0	0	8
40-44	0	2	7	0	0	0	0	0	0	0	9
45-49	0	2	4	0	0	0	0	0	0	0	6
50-54	0	3	5	2	2	0	0	0	0	0	12
55-59	0	9	7	1	6	1	2	4	0	0	30
60-64	0	5	5	1	2	1	0	2	0	0	16
65-69	0	2	0	0	2	0	0	0	1	0	5
70 & over	0	0	0	0	0	0	0	0	0	0	0
Total	0	31	34	4	12	2	2	6	1	0	92

¹ Age and service for purposes of determining category are based on exact (not rounded) values.

Plan Name: Pfeiffer Vacuum, Inc. Pension Plan
 EIN / PN: 02-0482717/002
 Plan Sponsor: Pfeiffer Vacuum, Inc.
 Valuation Date: January 1, 2021

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

- | | |
|-----------------------|-----------------|
| ■ Applicable month | January |
| ■ Interest rate basis | 3-Segment Rates |

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	5.65%	3.32%

Annual rates of increase

- | | |
|-------------------------------------|-------|
| ■ Compensation | 2.50% |
| ■ Future Social Security wage bases | 2.50% |

Assumed Cost of Living Adjustments	0.00%
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Plan-related Expenses	The amount included this year for plan-related expenses payable from the trust is \$0.
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Plan Name:	Pfeiffer Vacuum, Inc. Pension Plan
EIN / PN:	02-0482717/002
Plan Sponsor:	Pfeiffer Vacuum, Inc.
Valuation Date:	January 1, 2021

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Inclusion date	The valuation date coincident with or next following the date on which the employee becomes a participant.
Mortality	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).
Representative Termination Rates (not Due to Disability, Retirement or Mortality)	The rates at which participants are assumed to leave the Company by age are shown below.

Age	Termination Rates
25	25%
30	20%
35	15%
40	12%
45	9%
50	8%
55	5%
60	0%

Plan Name: Pfeiffer Vacuum, Inc. Pension Plan
EIN / PN: 02-0482717/002
Plan Sponsor: Pfeiffer Vacuum, Inc.
Valuation Date: January 1, 2021

SCHEDULE SB ATTACHMENTS

Retirement

The rates at which participants are assumed to retire by age are shown below.

Age	Rate
55	3.00%
56	3.50%
57	4.00%
58	4.50%
59	5.00%
60	6.00%
61	7.00%
62	20.00%
63	10.00%
64	10.00%
65	50.00%
66	40.00%
67	40.00%
68	40.00%
69	40.00%
70	100.00%

Disability Rates

Wyatt 1985 Disability Study Class 1 male and female rates.

Form of Payment

Participants are assumed to elect the normal form.

Marriage

For purposes of valuing the pre-retirement surviving spouse's benefit, 75% of eligible male and 50% of eligible female participants are assumed to be married and male spouses are assumed to be 3 years older than female spouses.

Employees

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

Future Increases in Maximum Benefits and Plan Compensation Limitations

Accrued benefits projected to be paid in future years are limited to the maximum presently allowed under IRC §415. Plan compensation is limited to the maximum presently allowed under IRC §401(a)(17). No provision is made for future increases in the maximum annual benefit or compensation limit.

Plan Name: Pfeiffer Vacuum, Inc. Pension Plan
EIN / PN: 02-0482717/002
Plan Sponsor: Pfeiffer Vacuum, Inc.
Valuation Date: January 1, 2021

SCHEDULE SB ATTACHMENTS

Methods

Valuation date	First day of plan year.
Funding target	Present value of accrued benefits.
Plan Compensation	Unless otherwise noted, plan compensation is base pay plus commissions provided by the employer for the prior year.
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.
Participant Data	Employee data was supplied by the employer as of the census date. Data on persons receiving benefits was supplied by the employer. Data on other participants was supplied by the employer.
Tax Policy	The actuarial valuation performed for the plan year ending December 31, 2021 is used to determine the maximum deductible contribution for the tax year ending December 31, 2021.
Actuarial value of assets [for determining minimum required contributions]	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 (with such expected earnings limited 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.

Plan Name:	Pfeiffer Vacuum, Inc. Pension Plan
EIN / PN:	02-0482717/002
Plan Sponsor:	Pfeiffer Vacuum, Inc.
Valuation Date:	January 1, 2021

SCHEDULE SB ATTACHMENTS

Benefits not valued

All benefits described in the Plan Provisions section of this report were valued. Willis Towers Watson has reviewed the plan provisions with Pfeiffer Vacuum, Inc. and, based on that review, is not aware of any significant benefits required to be valued that were not.

Sources of Data and Other Information

The plan sponsor furnished participant data as of 1/1/2021. Information on assets, contributions, and plan provisions was supplied by the plan sponsor. Data and other information were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

Assumptions Rationale - Significant Economic Assumptions

Discount rate

The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.

Rates of increase in compensation and national average wages (NAW) (e.g., Social Security wage bases)

Assumed increases are based on plan sponsor expectations.

Assumptions Rationale - Significant Demographic Assumptions

Healthy Mortality

Assumptions used for funding purposes are as prescribed by IRC §430(h).

Disabled Mortality

Assumptions used for funding purposes are as prescribed by IRC §430(h).

Termination

Termination rates were based on an experience study completed in December 2016.

Plan Name: Pfeiffer Vacuum, Inc. Pension Plan
EIN / PN: 02-0482717/002
Plan Sponsor: Pfeiffer Vacuum, Inc.
Valuation Date: January 1, 2021

SCHEDULE SB ATTACHMENTS

Disability

Disability rates were based on experience with annual consideration of whether any conditions have changed that would be expected to produce different results in the future.

Retirement

Retirement rates are based on plan sponsor expectations for the future with periodic monitoring of observed gains and losses caused by retirement patterns different than assumed. Retirement rates are based on an experience study completed in December 2016 and plan sponsor expectations for the future with periodic monitoring of observed gains and losses caused by retirement patterns different than assumed

Benefit commencement date for deferred benefits:

- Preretirement death benefit Surviving spouses are assumed to begin benefits at the earliest permitted commencement date because ERISA requires benefits to start then unless the spouse elects to defer. If the spouse elects to defer, actuarial increases from the earliest commencement date must be given, so that a later commencement date is expected to be of approximately equal value, and experience indicates that most spouses do take the benefit as soon as it is available.
- Deferred vested benefit Deferred vested participants' assumed commencement age is a single age intended to capture the average age at commencement.

Percent married

The assumed percentage married is based on general population statistics on the marital status of individuals of retirement age.

Spouse age

The assumed age difference for spouses is based on general population statistics of the age difference for married individuals of retirement age.

Plan Name: Pfeiffer Vacuum, Inc. Pension Plan
EIN / PN: 02-0482717/002
Plan Sponsor: Pfeiffer Vacuum, Inc.
Valuation Date: January 1, 2021

SCHEDULE SB ATTACHMENTS

Source of Prescribed Methods

Funding methods

The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are "prescribed methods set by law", as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430.

Changes 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 to the current valuation date as required by IRC §430 and were updated to include ARPA stabilized rates effective as of the valuation date.
- The mortality projection scale used to calculate the funding target and target normal cost was updated from Scale MP-2018 to Scale MP-2019, as required by IRC §430.

Plan Name: Pfeiffer Vacuum, Inc. Pension Plan
EIN / PN: 02-0482717/002
Plan Sponsor: Pfeiffer Vacuum, Inc.
Valuation Date: January 1, 2021

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE
FOR THE PERIOD JANUARY 1, 2021 THROUGH DECEMBER 31, 2021

PFEIFFER VACUUM INC CONSOLIDATED
ACCOUNT NUMBER 25913699

TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
		BEGINNING MARKET VALUE					
		COMPARATIVE VALUE (5%)					
		-----	10,776,143.93	-----			
			538,807.20	-----			
ISSUE: VP3151736 - FIDELITY MM GOVT PORT INSTL #2642							
25913600	02/02/21 B	64,600	1.000	0	64,600-	64,600	
25913600	02/09/21 B	5,924	1.000	0	5,924-	5,924	
25913600	06/02/21 B	57,423	1.000	0	57,423-	57,423	
25913600	07/02/21 B	413	1.000	0	413-	413	
25913600	08/11/21 B	400,000	1.000	0	400,000-	400,000	
25913602	01/04/21 B	1	1.000	0	1-	1	
25913602	03/01/21 B	0	1.000	0	0-	0	
25913602	04/01/21 B	0	1.000	0	0-	0	
25913602	05/03/21 B	0	1.000	0	0-	0	
25913602	06/01/21 B	0	1.000	0	0-	0	
25913602	07/01/21 B	0	1.000	0	0-	0	
25913602	08/02/21 B	0	1.000	0	0-	0	
25913602	08/11/21 B	350,000	1.000	0	350,000-	350,000	
25913602	09/01/21 B	2	1.000	0	2-	2	
25913602	10/01/21 B	3	1.000	0	3-	3	
25913602	11/01/21 B	3	1.000	0	3-	3	
25913602	12/01/21 B	3	1.000	0	3-	3	
25913602	12/23/21 B	609,175	1.000	0	609,175*	609,175	
25913602	12/27/21 B	50,537	1.000	0	50,537-	50,537	
				-----	-----	-----	
	SUB-TOTAL OF BUYS	# 19		0	1,538,084	1,538,084	
25913600	01/04/21 S	21,685	1.000	0	21,685	21,685	0
25913600	02/01/21 S	26,473	1.000	0	26,473	26,473	0
25913600	03/01/21 S	22,571	1.000	0	22,571	22,571	0
25913600	04/01/21 S	21,720	1.000	0	21,720	21,720	0
25913600	05/03/21 S	21,720	1.000	0	21,720	21,720	0
25913600	06/01/21 S	4,512	1.000	0	4,512	4,512	0
25913600	06/02/21 S	6,559	1.000	0	6,559	6,559	0
25913600	07/01/21 S	22,095	1.000	0	22,095	22,095	0
25913600	07/15/21 S	6,817	1.000	0	6,817	6,817	0
25913600	08/02/21 S	21,682	1.000	0	21,682	21,682	0
25913600	09/01/21 S	21,680	1.000	0	21,680	21,680	0
25913600	10/01/21 S	21,679	1.000	0	21,679	21,679	0
25913600	11/01/21 S	21,680	1.000	0	21,680	21,680	0
25913600	11/18/21 S	7,099	1.000	0	7,099	7,099	0
25913600	12/01/21 S	21,680	1.000	0	21,680	21,680	0

REPORTABLE TRANSACTIONS - SERIES / BY ISSUE
 FOR THE PERIOD JANUARY 1, 2021 THROUGH DECEMBER 31, 2021

PFEIFFER VACUUM INC CONSOLIDATED
 ACCOUNT NUMBER 25913699

TRANSACTION ACCOUNT	DATE BOUGHT/SOLD	SHARES/ PAR VALUE	UNIT PRICE	EXPENSE INCURRED	PRINCIPAL CASH	TRANSACTION COST	REALIZED GAIN/LOSS
25913600	12/23/21 S	249,832	1.000	0	249,832	249,832	0
25913602	02/01/21 S	7,094	1.000	0	7,094	7,094	0
25913602	02/02/21 S	66,000	1.000	0	66,000	66,000	0
25913602	06/02/21 S	7,310	1.000	0	7,310	7,310	0
25913602	07/15/21 S	7,711	1.000	0	7,711	7,711	0
25913602	11/18/21 S	8,015	1.000	0	8,015	8,015	0
SUB-TOTAL OF SALES # 21				0	615,614	615,614	0
SUB-TOTAL				0	2,153,698	2,153,698	0
GRAND TOTAL				0	2,153,698	2,153,698	0

FOOTNOTES

* = SINGLE TRANSACTION IS 5% REPORTABLE
 B = BUY TRANSACTION
 S = SELL TRANSACTION
 R = REINVESTMENT TRANSACTION

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
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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 PFEIFFER VACUUM, INC. PENSION PLAN	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">B Three-digit plan number (PN) ►</td> <td style="width: 40%; text-align: center;">002</td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> </table>	B Three-digit plan number (PN) ►	002		
B Three-digit plan number (PN) ►	002				
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF PFEIFFER VACUUM, INC.	D Employer Identification Number (EIN) 02-0482717				
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B					
F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500					

Part I Basic Information				
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2021</u>			
2	Assets:			
	a Market value	2a		11,495,411
	b Actuarial value	2b		10,687,861
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.....	42	2,867,203	2,867,203
	b For terminated vested participants.....	50	1,151,575	1,151,575
	c For active participants	92	4,342,884	4,728,996
	d Total	184	8,361,662	8,747,774
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	5.65%	
6	Target normal cost			
	a Present value of current plan year accruals	6a	402,062	
	b Expected plan-related expenses	6b	0	
	c Total (line 6a + line 6b)	6c	402,062	

Statement by Enrolled Actuary

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

SIGN HERE	David G. Bell DGB Signature of actuary David G. Bell Type or print name of actuary Willis Towers Watson US LLC Firm name 500 North Akard Street Suite 4300 Dallas TX 75201 Address of the firm	September 15, 2022 Date 2003180 Most recent enrollment number 214-530-4200 Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2021
v. 201209

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	1,114,502
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	1,114,502
10	Interest on line 9 using prior year's actual return of <u>13.27%</u>	0	147,894
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		688,332
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.47%</u>		37,652
	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		725,984
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	1,262,396

Part III		Funding Percentages	
14	Funding target attainment percentage	14	107.74%
15	Adjusted funding target attainment percentage	15	122.17%
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	105.18%
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)
	08/22/2022	700,000	0		
Totals ▶			18(b)	700,000	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	639,606
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: 4.75 %	2nd segment: 5.36 %	3rd segment: 6.11 %
			☐ N/A, full yield curve used
b Applicable month (enter code)			21b 0
22 Weighted average retirement age			22 63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)		31a	402,062
b Excess assets, if applicable, but not greater than line 31a		31b	402,062
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	639,606
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	639,606
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	Pfeiffer Vacuum, Inc.
EIN/PN	02-0482717/002
Plan Name	Pfeiffer Vacuum, Inc. Pension Plan
Valuation Date	January 1, 2021
Enrolled Actuary	David G. Bell
Enrollment Number	20-03180

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

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

x	q_x^r	l_x	${}_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x^r * l_x / l_{55}$
50	0.00	1,000,000	1.000000	0.000000	0.000000
51	0.00	1,000,000	1.000000	0.000000	0.000000
52	0.00	1,000,000	1.000000	0.000000	0.000000
53	0.00	1,000,000	1.000000	0.000000	0.000000
54	0.00	1,000,000	1.000000	0.000000	0.000000
55	0.03	1,000,000	1.000000	0.030000	1.650000
56	0.04	970,000	0.970000	0.033950	1.901200
57	0.04	936,050	0.936050	0.037442	2.134194
58	0.05	898,608	0.898608	0.040437	2.345367
59	0.05	858,171	0.858171	0.042909	2.531603
60	0.06	815,262	0.815262	0.048916	2.934944
61	0.07	766,346	0.766346	0.053644	3.272299
62	0.20	712,702	0.712702	0.142540	8.837506
63	0.10	570,162	0.570162	0.057016	3.592019
64	0.10	513,146	0.513146	0.051315	3.284131
65	0.50	461,831	0.461831	0.230915	15.009507
66	0.40	230,915	0.230915	0.092366	6.096169
67	0.40	138,549	0.138549	0.055420	3.713121
68	0.40	83,130	0.083130	0.033252	2.261124
69	0.40	49,878	0.049878	0.019951	1.376626
70	1.00	29,927	0.029927	0.029927	2.094865
Average age at retirement					63.034676
Rounded for Schedule SB item 22					63

Plan Name: Pfeiffer Vacuum, Inc. Pension Plan
 EIN / PN: 02-0482717/002
 Plan Sponsor: Pfeiffer Vacuum, Inc.
 Valuation Date: January 1, 2021

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions

Plan Provisions

Plan Sponsor	Pfeiffer Vacuum, Inc.
Plan	Pfeiffer Vacuum, Inc. Pension Plan.
Effective Date and Most Recent Amendment	The plan was originally effective January 1, 1996. It was amended and restated effective January 1, 2012. It has been amended to comply with the Pension Protection Act. The most recent amendment, Amendment Two, was executed on December 7, 2017, which closed plan participation to all employees hired or rehired on or after January 1, 2018.
Plan Year	The twelve-month period ending December 31, 2021.
Coverage and Participation	All employees are eligible to participate in the plan on the January 1 st or July 1 st coincident with or next following both the completion of one year of service (1,000 or more hours of service in a defined twelve month period) and the attainment of age 21. However, Amendment Two, which was executed on December 7, 2017, closed plan participation to all employees hired or rehired on or after January 1, 2018.

Definitions

Vesting service	Number of years (ignoring fractions) during the period beginning on the first day of the plan year in which date of hire occurs and ending on the last day of the plan year in which date of termination occurs. One year is subtracted for each plan year in which the employee is credited with less than 1,000 hours of service.
Credited Service	Service from the first anniversary of the date of hire to the date of termination, adjusted for certain periods of unpaid absence based on the number of hours worked during each calendar year. Any service before attainment of age 21 is disregarded.

Plan Name:	Pfeiffer Vacuum, Inc. Pension Plan
EIN / PN:	02-0482717/002
Plan Sponsor:	Pfeiffer Vacuum, Inc
Valuation Date:	January 1, 2021

SCHEDULE SB ATTACHMENTS

Final Average Compensation/Salary

The monthly average of the five consecutive calendar years of compensation out of the last ten calendar years that gives the highest average. Compensation includes plus commissions (only for 1988 and later), but excludes bonuses and overtime, plus any compensation deferred under a Section 125 or Section 401(k) plan. Compensation is limited to the pay limit as described in IRC Section 401(a)(17). The limit for 2021 is \$290,000.

Eligibility for Benefits

Normal retirement date (NRD)

First day of the month coincident with or next following the attainment of age 65.

Early Retirement

Age 55 and 10 years of Vesting Service.

Disability Benefit

Total and permanent disability prior to Normal Retirement Date and 5 years of Vesting Service.

Vested Benefits Upon Termination of Service

A participant is 100% vested upon completion of five years of Vesting Service. However, all participants become 100% vested upon reaching age 65.

Death Benefits for Vested Participants – Pre-Retirement

The spouse of an employee who dies after completing five years of Vesting Service will receive a survivor's pension commencing on the employee's earliest retirement date, provided they have been married at least one year before the death of the employee.

Death Benefits for Participants in Active Service

Five years of Vesting Service, if the participant is married.

Plan Name: Pfeiffer Vacuum, Inc. Pension Plan
EIN / PN: 02-0482717/002
Plan Sponsor: Pfeiffer Vacuum, Inc
Valuation Date: January 1, 2021

SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events

Normal retirement	The monthly pension benefit determined as of NRD.
Normal retirement Benefit Formula:	0.5% of Final Average Monthly Compensation times Credited Service up to 30 years. Plus 0.5% of Final Average Monthly Compensation in excess of Covered Compensation times Credited Service up to 30 years.
Minimum Accrued Benefits	The participant's monthly accrued benefit shall not be less than \$12 times credited service, limited to 30 years.
Early retirement	Benefit is equal to either (i) the deferred benefit payable at age 65 equal to the normal pension, but using Final Average Monthly Compensation and years of Credited Service at the time of early retirement, or (ii) an immediate pension equal to (i) above but reduced to reflect the number of "early" monthly payments made prior to age 65; the reduction being 5/9% for each month under age 65 (down to age 60) and 5/18% for each month under age 60 (down to age 55).
Disability Benefit	Commencing on the participant's Normal Retirement Date, if he is then living and still disabled, the benefit, payable for life, shall be calculated assuming that his service and his monthly rate of basic compensation as of his date of disability continued to his Normal Retirement Date.
Termination Benefit	The benefit, payable at age 65, is determined using the normal retirement benefit formula but using Credited Service and Final Average Monthly Compensation at time of termination.
Death Benefits for Vested Participants – Pre-Retirement	The benefit (based on the accrued benefit at the time of death) to the spouse is determined by assuming the employee had retired on his earliest possible retirement date, accepted the 50% Joint and Survivor Option, and died immediately thereafter.

Plan Name:	Pfeiffer Vacuum, Inc. Pension Plan
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SCHEDULE SB ATTACHMENTS

Death Benefits for Participants in Active Service

50% of the monthly amount that would have been payable to the participant had he terminated the day prior to his death and elected the joint and 50% survivor option to commence on the earliest possible date. The benefit is payable to the surviving spouse for their lifetime.

Other Plan Provisions

Normal Form of Payment

Life Only.

Optional Forms of Payment

50%, 66 2/3 %, 75%, and 100% J & S, 10 C & L.

Actuarial equivalence

6.5%, UP84.

Changes in Plan Provisions Since Prior Year

None.

Plan Name: Pfeiffer Vacuum, Inc. Pension Plan
EIN / PN: 02-0482717/002
Plan Sponsor: Pfeiffer Vacuum, Inc
Valuation Date: January 1, 2021

STATEMENT OF ASSETS AND LIABILITIES
AS OF DECEMBER 31, 2021PFEIFFER VACUUM INC CONSOLIDATED
ACCOUNT NUMBER 25913699

PAR VALUE/SHARES	DESCRIPTION	COST VALUE / UNIT COST	MARKET VALUE / UNIT PRICE	PRICING DATE	UNREALIZED GAIN/LOSS	ACCRUED INCOME
<u>CASH EQUIVALENTS</u>						
OTHER CASH EQUIVALENTS						
	NON-PROPRIETARY CASH SWEEP					
	FIDELITY MONEY MARKET GOVERNMENT PORTFOLIO INSTITUTIONAL #2642 VP3151736	57,032.34 1,039,075.02	57,032.34 1,039,075.02		0.00 0.00	1.99 4.79
57,032.340 1,039,075.020	25913600 25913602					
1,096,107.360	TOTAL FIDELITY MONEY MARKET GOVERNMENT	1,096,107.36 100.0000	1,096,107.36 100.0000	12/31/21	0.00	6.78
	TOTAL NON-PROPRIETARY CASH SWEEP	1,096,107.36	1,096,107.36		0.00	6.78
	TOTAL OTHER CASH EQUIVALENTS	1,096,107.36	1,096,107.36		0.00	6.78
	TOTAL CASH EQUIVALENTS	1,096,107.36	1,096,107.36		0.00	6.78
<u>MUTUAL FUNDS</u>						
	MUTUAL FUNDS - EQUITY					
	AMERICAN EUROPACIFIC GROWTH FUND CLASS F2 #616 29875E100	211,370.95	261,195.30		49,824.35	0.00
4,044.523	25913602					
4,044.523	TOTAL AMERICAN EUROPACIFIC GROWTH FUND	211,370.95 52.2610	261,195.30 64.5800	12/31/21	49,824.35	0.00
	AMERICAN FUNDS NEW WORLD FUND CLASS F2 #636 649280823	344,235.14	456,104.30		111,869.16	0.00
5,319.621	25913602					
5,319.621	TOTAL AMERICAN FUNDS NEW WORLD FUND CLA	344,235.14 64.7105	456,104.30 85.7400	12/31/21	111,869.16	0.00

STATEMENT OF ASSETS AND LIABILITIES
AS OF DECEMBER 31, 2021

PFEIFFER VACUUM INC CONSOLIDATED
ACCOUNT NUMBER 25913699

PAR VALUE/SHARES	DESCRIPTION	COST VALUE / UNIT COST	MARKET VALUE / UNIT PRICE	PRICING DATE	UNREALIZED GAIN/LOSS	ACCRUED INCOME
	AMERICAN GROWTH FUND OF AMERICA CLASS F2 #605 399874825					
8,860.045	25913602	428,405.37	656,174.93		227,769.56	0.00
8,860.045	TOTAL AMERICAN GROWTH FUND OF AMERICA	428,405.37 48.3525	656,174.93 74.0600	12/31/21	227,769.56	0.00
	AMERICAN WASH MUT INV-F2 #601 939330825					
16,734.197	25913602	779,281.92	1,010,912.84		231,630.92	0.00
16,734.197	TOTAL AMERICAN WASH MUT INV-F2 #601	779,281.92 46.5682	1,010,912.84 60.4100	12/31/21	231,630.92	0.00
	ARTISAN FDS INC SMALL CAP FD 04314H105					
6,241.762	25913602	203,760.63	261,529.83		57,769.20	0.00
6,241.762	TOTAL ARTISAN FDS INC SMALL CAP FD	203,760.63 32.6447	261,529.83 41.9000	12/31/21	57,769.20	0.00
	CARILLON SCOUT MID CAP FUND CLASS I #4064					
13,576.481	14214M872	259,351.09	331,401.90		72,050.81	0.00
13,576.481	25913602	259,351.09 19.1030	331,401.90 24.4100	12/31/21	72,050.81	0.00
	TOTAL CARILLON SCOUT MID CAP FUND					
	INVESCO OPPENHEIMER DEVELOPING MARKETS FUND CLASS Y #8138					
14,979.597	00143W875	635,402.48	704,340.65		68,938.17	0.00
14,979.597	25913602	635,402.48 42.4179	704,340.65 47.0200	12/31/21	68,938.17	0.00
	TOTAL INVESCO OPPENHEIMER DEVELOPING					
	JANUS HENDERSON SMALL CAP VALUE FUND CLASS I #1165					
18,232.603	47103C183	412,116.38	466,754.64		54,638.26	0.00
18,232.603	25913602	412,116.38 22.6033	466,754.64 25.6000	12/31/21	54,638.26	0.00
	TOTAL JANUS HENDERSON SMALL CAP VALUE F					

STATEMENT OF ASSETS AND LIABILITIES
AS OF DECEMBER 31, 2021

PFEIFFER VACUUM INC CONSOLIDATED
ACCOUNT NUMBER 25913699

PAR VALUE/SHARES	DESCRIPTION	COST VALUE / UNIT COST	MARKET VALUE / UNIT PRICE	PRICING DATE	UNREALIZED GAIN/LOSS	ACCRUED INCOME
19,243.161	JOHN HANCOCK FUNDS III - DISCIPLINED VALUE MID CAP VALUE FUND CLASS I #3633 47803W406 25913602	446,495.99	532,650.70		86,154.71	0.00
19,243.161	TOTAL JOHN HANCOCK FUNDS III - DISCIPLI	446,495.99 23.2028	532,650.70 27.6800	12/31/21	86,154.71	0.00
39,088.515	RUSSELL EMERGING MARKETS FUND/UNITED STATES CLASS S #878 782493746 25913600	705,416.35	736,818.51		31,402.16	0.00
39,088.515	TOTAL RUSSELL EMERGING MARKETS FUND/UNI	705,416.35 18.0466	736,818.51 18.8500	12/31/21	31,402.16	0.00
27,324.382	RUSSELL INVESTMENT CO - US SMALL CAP EQUITY FUND CLASS S #2673 782494520 25913600	763,262.26	818,638.48		55,376.22	0.00
27,324.382	TOTAL RUSSELL INVESTMENT CO - US SMALL	763,262.26 27.9334	818,638.48 29.9600	12/31/21	55,376.22	0.00
21,807.206	RUSSELL INVESTMENT CO- INTERNATIONAL DEVELOPED MARKETS FUND CLASS S #2676 782494488 25913600	745,480.18	928,332.76		182,852.58	0.00
21,807.206	TOTAL RUSSELL INVESTMENT CO- INTERNATIO	745,480.18 34.1850	928,332.76 42.5700	12/31/21	182,852.58	0.00
96,675.882	RUSSELL US STRATEGIC EQUITY FUND CLASS S #3524 78249R826 25913600	1,170,057.79	1,630,922.13		460,864.34	0.00
96,675.882	TOTAL RUSSELL US STRATEGIC EQUITY FUND	1,170,057.79 12.1029	1,630,922.13 16.8700	12/31/21	460,864.34	0.00
	TOTAL MUTUAL FUNDS - EQUITY	7,104,636.53	8,795,776.97		1,691,140.44	0.00
	MUTUAL FUNDS - CORPORATE BONDS					

STATEMENT OF ASSETS AND LIABILITIES
AS OF DECEMBER 31, 2021

PFEIFFER VACUUM INC CONSOLIDATED
ACCOUNT NUMBER 25913699

PAR VALUE/SHARES	DESCRIPTION	COST VALUE / UNIT COST	MARKET VALUE / UNIT PRICE	PRICING DATE	UNREALIZED GAIN/LOSS	ACCRUED INCOME
	AMERICAN FUNDS - THE BOND FUND OF AMERICAN CLASS F2 #608 097873822					
38,839.686	25913602	509,376.57	520,063.40		10,686.83	0.00
38,839.686	TOTAL AMERICAN FUNDS - THE BOND FUND OF	509,376.57	520,063.40		10,686.83	0.00
		13.1148	13.3900	12/31/21		
35,717.246	PGIM HIGH YIELD FUND CLASS Z #408 74440Y801	197,295.56	196,444.85		850.71-	0.00
35,717.246	25913602	197,295.56	196,444.85		850.71-	0.00
	TOTAL PGIM HIGH YIELD FUND CLASS Z #408	5.5238	5.5000	12/31/21		
18,952.943	PIMCO EMERGING MARKETS BOND FUND- INSTL #137	197,832.24	193,888.61		3,943.63-	0.00
18,952.943	693391559	197,832.24	193,888.61		3,943.63-	0.00
	25913602	10.4381	10.2300	12/31/21		
41,894.704	RUSSELL INVESTMENT CO- STRATEGIC BOND FUND CLASS S #2679	463,447.27	456,652.27		6,795.00-	0.00
41,894.704	782494454	463,447.27	456,652.27		6,795.00-	0.00
	25913600	11.0622	10.9000	12/31/21		
	TOTAL RUSSELL INVESTMENT CO- STRATEGIC	1,367,951.64	1,367,049.13		902.51-	0.00
	TOTAL MUTUAL FUNDS - CORPORATE BONDS					
	MUTUAL FUNDS - BALANCED					
	RUSSELL MULTI-ASSET GROWTH STRATEGY FUND CLASS S #3617					
107,937.090	78250F554	1,129,162.87	1,152,768.12		23,605.25	0.00
107,937.090	25913600	1,129,162.87	1,152,768.12		23,605.25	0.00
	TOTAL RUSSELL MULTI-ASSET GROWTH STRATE	10.4613	10.6800	12/31/21		
	TOTAL MUTUAL FUNDS - BALANCED	1,129,162.87	1,152,768.12		23,605.25	0.00

STATEMENT OF ASSETS AND LIABILITIES
AS OF DECEMBER 31, 2021

PFEIFFER VACUUM INC CONSOLIDATED
ACCOUNT NUMBER 25913699

PAR VALUE/SHARES	DESCRIPTION	COST VALUE / UNIT COST	MARKET VALUE / UNIT PRICE	PRICING DATE	UNREALIZED GAIN/LOSS	ACCRUED INCOME
	TOTAL MUTUAL FUNDS	9,601,751.04	11,315,594.22		1,713,843.18	0.00
	MISCELLANEOUS ASSETS					
	OTHER ASSETS					
	LIMITED LIABILITY CORPORATION					
	CYPRESS CREEK PRIVATE STRATEGIES					
	TEI FUND, LP					
	HF0001254					
130,333.030	25913600	130,333.03	161,844.14		31,511.11	0.00
130,333.030	TOTAL CYPRESS CREEK PRIVATE STRATEGIES	130,333.03	161,844.14	12/31/21	31,511.11	0.00
	TOTAL LIMITED LIABILITY CORPORATION	130,333.03	161,844.14		31,511.11	0.00
	TOTAL OTHER ASSETS	130,333.03	161,844.14		31,511.11	0.00
	TOTAL MISCELLANEOUS ASSETS	130,333.03	161,844.14		31,511.11	0.00
	TOTAL ASSETS AND LIABILITIES	10,828,191.43	12,573,545.72		1,745,354.29	6.78
	PENDING TRADES	3,048.77-	3,048.77-			
	ACCRUED INCOME	6.78	6.78			
	TOTAL ACCOUNT	10,825,149.44	12,570,503.73		1,745,354.29	

ASSETS BOUGHT & SOLD FOR THE PERIOD JANUARY 1, 2021 THROUGH DECEMBER 31, 2021		PFEIFFER VACUUM INC CONSOLIDATED ACCOUNT NUMBER 25913699				
DATE	DESCRIPTION	SHARES/ PAR VALUE	COST VALUE	INCOME/ EXPENSES	TRANSACTION PROCEEDS	REALIZED GAIN/LOSS

*** NO ACTIVITY DURING THIS PERIOD ***