

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>WEIR FLOWAY, INC. PENSION PLAN DBPP</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>01/17/1992</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>01/17/1992</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>				
1c Effective date of plan <u>01/17/1992</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>TRILLIUM PUMPS USA, INC.</u> <u>945 BUNKER HILL ROAD</u> <u>SUITE 250</u> <u>HOUSTON, TX 77024</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>77-0298303</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>559-442-4000</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>333200</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>77-0298303</u>	2c Plan Sponsor's telephone number <u>559-442-4000</u>	2d Business code (see instructions) <u>333200</u>	
2b Employer Identification Number (EIN) <u>77-0298303</u>					
2c Plan Sponsor's telephone number <u>559-442-4000</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	DIANA KOLIBA
	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 TRILLIUM FLOW TECHNOLOGIES RETIREMENT PLANS COMMITTEE 945 BUNKER HILL ROAD SUITE 250 HOUSTON, TX 77024	3b Administrator's EIN 77-0298303 3c Administrator's telephone number 559-442-4000
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	5 217
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 32 6a(2) 28 6b 108 6c 48 6d 184 6e 31 6f 215 6g 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1I 3H b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ 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>WEIR FLOWAY, INC. PENSION PLAN DBPP</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>TRILLIUM PUMPS USA, INC.</u>	D Employer Identification Number (EIN) <u>77-0298303</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>19184162</u>
b Actuarial value	2b <u>19184162</u>
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment.....	(1) Number of participants <u>133</u> (2) Vested Funding Target <u>12933710</u> (3) Total Funding Target <u>12933710</u>
b For terminated vested participants.....	<u>52</u> <u>1815393</u> <u>1815393</u>
c For active participants	<u>32</u> <u>2311333</u> <u>2332324</u>
d Total.....	<u>217</u> <u>17060436</u> <u>17081427</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>5.49</u> %
6 Target normal cost.....	
a Present value of current plan year accruals.....	6a <u>0</u>
b Expected plan-related expenses	6b <u>375000</u>
c Total (line 6a + line 6b)	6c <u>375000</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>08/25/2022</u> Date
<u>WENDY W. HOM</u> Signature of actuary		<u>20-05926</u> Most recent enrollment number
<u>AON CONSULTING, INC.</u> Type or print name of actuary		<u>973-463-6139</u> Telephone number (including area code)
<u>P.O. BOX 6718</u> <u>SOMERSET, NJ 08875</u> Firm name		
<u></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	14725
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	14725
10 Interest on line 9 using prior year's actual return of <u>16.03</u> %	0	2360
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		95374
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>5.28</u> %		5036
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		100410
d Portion of (c) to be added to prefunding balance		100410
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	117495

Part III Funding Percentages

14 Funding target attainment percentage	14	111.62 %
15 Adjusted funding target attainment percentage	15	112.31 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	95.86 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

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

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
4.75 %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**

65

23 Mortality table(s) (see instructions) ☐ Prescribed - combined☒ Prescribed - separate☐ Substitute**Part VI Miscellaneous Items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) **29** 0**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6c) **31a** 375000**b** Excess assets, if applicable, but not greater than line 31a **31b** 375000**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** 0**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) **38a** 0**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b** 0**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) **39** 0**40** Unpaid minimum required contributions for all years **40** 0**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)****41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected ☐ 2 plus 7 years ☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

SCHEDULE C (Form 5500) 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 WEIR FLOWAY, INC. PENSION PLAN DBPP	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 TRILLIUM PUMPS USA, INC.	D Employer Identification Number (EIN) 77-0298303	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

AON CONSULTING

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 15 16 50	NONE	222217	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE BANK OF NEW YORK MELLON

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 26 28 50 51 62	NONE	41826	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

BAKER TILLY US, LLP

39-0859910

(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?
10 50	NONE	10450	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 D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection.
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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 <u>WEIR FLOWAY, INC. PENSION PLAN DBPP</u>	B Three-digit plan number (PN)	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRILLIUM PUMPS USA, INC.</u>	D Employer Identification Number (EIN) <u>77-0298303</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EB TEMPORARY INVESTMENT FUND</u>		
b Name of sponsor of entity listed in (a): <u>MELLON BANK, N.A.</u>		
c EIN-PN <u>25-6078093-023</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>284134</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INTERNATIONAL EQUITY MULTI-STRATEGY</u>		
b Name of sponsor of entity listed in (a): <u>MELLON BANK, N.A.</u>		
c EIN-PN <u>25-6078093-102</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EB US INVEST. GRADE CORP LONG FUND</u>		
b Name of sponsor of entity listed in (a): <u>MELLON BANK, N.A.</u>		
c EIN-PN <u>25-6078093-220</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EB DV STOCK INDEX FUND</u>		
b Name of sponsor of entity listed in (a): <u>MELLON BANK, N.A.</u>		
c EIN-PN <u>25-6078093-010</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>DB SL INTERNATIONAL STOCK INDEX FD</u>		
b Name of sponsor of entity listed in (a): <u>MELLON BANK, N.A.</u>		
c EIN-PN <u>25-6078093-034</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BNY MELLON LONG DURATION</u>		
b Name of sponsor of entity listed in (a): <u>MELLON BANK, N.A.</u>		
c EIN-PN <u>25-6078093-138</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BNY MELLON MID CAP CORE FUND</u>		
b Name of sponsor of entity listed in (a): <u>MELLON BANK, N.A.</u>		
c EIN-PN <u>25-6078093-025</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: US SM CAP OPPORTUNISTIC VALUE FUND		
b Name of sponsor of entity listed in (a): MELLON BANK, N.A.		
c EIN-PN 25-6078093-303	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAP EQUITY FUND		
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC		
c EIN-PN 37-6543784-002	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2957090
a Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL REAL ESTATE FUND		
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC		
c EIN-PN 37-6543784-006	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 196386
a Name of MTIA, CCT, PSA, or 103-12 IE: HIGH YIELD PLUS FUND		
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC		
c EIN-PN 37-6543784-007	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 126987
a Name of MTIA, CCT, PSA, or 103-12 IE: 20+ YEAR U.S. TREASURY STRIPS FUND		
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC		
c EIN-PN 37-6543784-036	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 68654
a Name of MTIA, CCT, PSA, or 103-12 IE: CORE REAL ESTATE FUND		
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC		
c EIN-PN 37-6543784-037	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1446627
a Name of MTIA, CCT, PSA, or 103-12 IE: LONG CREDIT BOND FUND		
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC		
c EIN-PN 37-6543784-040	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8062817
a Name of MTIA, CCT, PSA, or 103-12 IE: MULTI-ASSET CREDIT FUND		
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC		
c EIN-PN 37-6543784-041	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 641071
a Name of MTIA, CCT, PSA, or 103-12 IE: US LONG GOVERNMENT BOND INDEX FUND		
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC		
c EIN-PN 37-6543784-042	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 112790
a Name of MTIA, CCT, PSA, or 103-12 IE: US INTERMEDIATE GOVERNMENT BOND		
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC		
c EIN-PN 37-6543784-043	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1938389

a Name of MTIA, CCT, PSA, or 103-12 IE: **NON-US EQUITY INDEX FUND**

b Name of sponsor of entity listed in (a): **AON TRUST COMPANY LLC**

c EIN-PN 37-6543784-044	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2273085
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a Name of MTIA, CCT, PSA, or 103-12 IE: **SMALL CAP EQUITY INDEX FUND**

b Name of sponsor of entity listed in (a): **AON TRUST COMPANY LLC**

c EIN-PN 37-6543784-045	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 505870
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs)

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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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 WEIR FLOWAY, INC. PENSION PLAN DBPP	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 TRILLIUM PUMPS USA, INC.	D Employer Identification Number (EIN) 77-0298303	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	421600	0
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	7	10203
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)	18042343	18613900
(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)	848801	0
(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	19312751	18624103

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	125000	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	125000	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	19187751	18624103
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		0

b Earnings on investments:

(1) Interest:

(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		0

(2) Dividends: (A) Preferred stock.....	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	575	
(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		575

(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		1340190
(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)		43784
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1384549
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1561278	
(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)		1561278
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)	274493	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)	112426	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		386919
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1948197
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		-563648
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: **BAKER TILLY US, LLP**

(2) EIN: **39-0859910**

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		500000
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.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			
5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?..... ☐ Yes ☒ No If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.			
5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)			
5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)	
5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year <u>430701</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 <u>WEIR FLOWAY, INC. PENSION PLAN DBPP</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TRILLIUM PUMPS USA, INC.</u>	D Employer Identification Number (EIN) <u>77-0298303</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ 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	<u>2</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☐ No	☒ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (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
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
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Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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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 _____

Weir Floway, Inc. Pension Plan

Financial Statements and
Supplementary Information

December 31, 2021 and 2020

Weir Floway, Inc. Pension Plan

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December 31, 2021 and 2020

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Independent Auditors' Report

To the Participants and Plan Administrator of
Weir Floway, Inc. Pension Plan

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

We have performed an audit of the financial statements of Weir Floway, Inc. Pension (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 Plan's 2021 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 8 to the financial statements, is complete and accurate.

Opinion on the 2021 Financial Statements

In our opinion, based on our audit and on the procedures performed as described in the Auditors' Responsibilities for the Audit of the 2021 Financial Statements section:

- The amounts and disclosures in the 2021 financial statements, other than those agreed to or derived from the certified investment information, are presented fairly, in all material respects, in accordance with accounting principles generally accepted in the United States of America.
- The information in the 2021 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Basis for Opinion on the 2021 Financial Statements

We conducted our 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 Auditors' Responsibilities for the Audit of the 2021 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 audit. 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 2021 Financial Statements

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

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

Auditors' Responsibilities for the Audit of the 2021 Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit of the 2021 Financial Statements section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' 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 2021 financial statements, and reading the disclosures relating to the certified investment information to assess whether they are in accordance with the presentation and disclosure requirements of accounting principles generally accepted in the United States of America.

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

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 Matter - 2021 Supplemental Schedules Required by ERISA

The supplemental schedules, Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2021, and 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 its form and content, is 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 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).

Other Matter - Auditors' 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 14, 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.

Baker Tilly US, LLP

Houston, Texas
October 5, 2022

Weir Floway, Inc. Pension Plan

Statements of Net Assets Available for Benefits

December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
Assets		
Investments at fair value:		
Mutual fund of registered investment company	\$ -	\$ 848,801
Common/collective trusts	18,329,766	16,009,074
Commingled funds	<u>284,134</u>	<u>2,033,269</u>
Total investments	<u>18,613,900</u>	<u>18,891,144</u>
Receivables:		
Employer contributions receivable	-	421,600
Refund of administrative expenses	10,200	-
Interest and dividends receivable	<u>3</u>	<u>7</u>
Total receivables	<u>10,203</u>	<u>421,607</u>
Total assets	<u>18,624,103</u>	<u>19,312,751</u>
Liabilities		
Administrative expenses payable	<u>-</u>	<u>125,000</u>
Total liabilities	<u>-</u>	<u>125,000</u>
Net assets available for benefits	<u>\$ 18,624,103</u>	<u>\$ 19,187,751</u>

See notes to financial statements

Weir Floway, Inc. Pension Plan

Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2021 and 2020

	<u>2021</u>	<u>2020</u>
Additions		
Investment income:		
Net appreciation in fair value of investments	\$ 1,383,974	\$ 2,503,986
Interest and dividends	<u>575</u>	<u>16,474</u>
Total investment income	1,384,549	2,520,460
Employer contributions	<u>-</u>	<u>1,034,600</u>
Total additions	<u>1,384,549</u>	<u>3,555,060</u>
Deductions		
Benefits paid to participants	1,561,278	1,464,001
Administrative expenses	<u>386,919</u>	<u>370,331</u>
Total deductions	<u>1,948,197</u>	<u>1,834,332</u>
Net increase (decrease)	(563,648)	1,720,728
Net Assets Available for Benefits		
Beginning of year	<u>19,187,751</u>	<u>17,467,023</u>
End of year	<u>\$ 18,624,103</u>	<u>\$ 19,187,751</u>

See notes to financial statements

Weir Floway, Inc. Pension Plan

Notes to Financial Statements

December 31, 2021 and 2020

1. Description of the Plan

The following description of the Weir Floway, Inc. Pension Plan (the Plan) is provided for general information purposes only. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General

The Plan is a noncontributory defined benefit pension plan covering eligible employees of Trillium Pumps USA, Inc. and FR Flow Control Valves US Bidco, Inc. (formerly Weir Floway, Inc. and Weir Valves & Controls, respectively), (collectively referred to as the Company). The Plan is subject to the provisions of the Employee Retirement Income Securities Act of 1974 (ERISA).

The Trillium Technologies Retirement Plans Committee (the Committee), which is composed of individuals appointed by the Board of Directors of the Company, has overall responsibility for the operation and administration of the Plan. The Committee has appointed outside consultants to assist with the Plan's investment decisions.

Effective December 31, 2002, the Plan was amended to freeze participation and accrued benefits under the Plan.

On September 29, 2020, the Committee approved a resolution to change the Plan's name to Trillium Flow Technologies Pension Plan, but a formal amendment has not been executed.

Funding Policy

The Plan's funding policy is for the Company to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. No participant contributions are permitted. The minimum funding requirements of ERISA were met for 2021 and 2020.

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

Pension Benefits

Employees of Trillium Pumps USA, Inc., and nonunion Massachusetts employees of FR Flow Control Valves US Bidco, Inc. with five or more years of service are entitled to annual pension benefits beginning at normal retirement age (65) based on a percentage of final average compensation up to the time the Plan was frozen.

Union and North Carolina nonunion hourly employees of FR Flow Control Valves US Bidco, Inc. with five or more years of service are entitled to annual pension benefits beginning at normal retirement age (65) based on years of credited service multiplied by a specified dollar amount.

The Plan permits early retirement upon attainment of age 55 and the completion of certain vesting service requirements. Employees may elect to receive their pension benefits in the form of a single annuity, joint and survivor annuity, or lump sum payment. If employees terminate before completing five years of service, they forfeit the right to receive the portion of the accumulated plan benefits attributable to the Company's contributions.

Death and Disability Benefits

The surviving spouses of vested participants who die before retirement are entitled to 50 percent of the benefit that would have been payable if the participant had retired and elected the 50 percent joint and survivor annuity option.

Weir Floway, Inc. Pension Plan

Notes to Financial Statements

December 31, 2021 and 2020

Active employees at Trillium Pumps USA, Inc., who become totally disabled and have completed certain vesting service requirements are eligible to receive annual disability benefits that are equal to the normal retirement benefits they have accumulated as of the time they become disabled. Disability benefits are paid until normal retirement age at which time disabled participants begin receiving normal retirement benefits computed as though they had been employed to normal retirement age with their annual compensation remaining the same as at the time they became disabled.

Active employees of FR Flow Control Valves US Bidco, Inc. who become totally disabled and have completed certain vesting service requirements may receive an unreduced accrued benefit immediately.

2. Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared on 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 and liabilities and changes therein, disclosures of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

The Plan's expenses are paid either by the Plan or the Company, as provided by the plan document. Expenses that are paid directly by the Company are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying Statements of Changes in Net Assets Available for Benefits. In addition, certain investment related expenses are included in net appreciation (depreciation) in fair value of investments presented in the accompanying Statements of Changes in Net Assets Available for Benefits.

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 at the measurement date. The Plan's Committee determines the Plan's valuation policies utilizing information provided by the investment advisors and trustee. See Note 3 for a discussion of fair value measurements.

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 gains and losses on investments bought and sold as well as held during the year.

Weir Floway, Inc. Pension Plan

Notes to Financial Statements

December 31, 2021 and 2020

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. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan for employees of Trillium Pumps USA, Inc., and nonunion Massachusetts employees of FR Flow Control Valves US Bidco, Inc. are based on years of credited service and a percentage of compensation. Benefits under the Plan for union and North Carolina nonunion hourly employees of FR Flow Control Valves US Bidco, Inc. are based on years of credited service multiplied by a specified dollar amount. The accumulated plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances such as retirement, death, disability and termination of employment are included, to the extent they are attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits.

The actuarial present value of accumulated plan benefits is determined by the Plan's independent actuary and 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.

The actuarial present value of the accumulated plan benefits and changes therein were prepared as of January 1, 2021. Had the valuation been prepared as of December 31, 2020, there would be no material change to the presentation.

The actuarial present value of accumulated plan benefits as of December 31, 2020 is as follows:

Vested benefits:	
Participants and beneficiaries currently receiving payments	\$ 12,705,745
Other participants	<u>4,317,444</u>
Total vested benefits	17,023,189
Nonvested benefits	<u>22,861</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 17,046,050</u>

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

Actuarial present value of accumulated plan benefits, at beginning of year	\$ 18,214,344
Increase (decrease) during the year attributable to:	
Interest accumulation	923,565
Other operational changes	(182,354)
Benefits paid	(1,464,001)
Change in actuarial assumption	<u>(445,504)</u>
Actuarial present value of accumulated plan benefits, at end of year	<u>\$ 17,046,050</u>

Weir Floway, Inc. Pension Plan

Notes to Financial Statements
December 31, 2021 and 2020

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

Actuarial cost method	- Standard unit credit cost method
Assumed rate of return on investments	- 5.49 percent
Retirement age	- Weighted average retirement age of 65
Mortality (healthy)	- Amounts-weighted aggregate rates from the Pri-2012 mortality study projected generationally from 2012 with Scale MP-2020
Mortality (disabled)	- Amounts-weighted disabled retiree rates from the Pri-2012 mortality study projected generationally from 2012 with Scale MP-2020

The actuarial loss in 2021 and 2020 was primarily due to the change in interest rates and change in mortality assumptions.

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.

Subsequent Events

The Plan has evaluated subsequent events for recognition or disclosure October 5, 2022, the date the financial statements were available to be issued.

3. 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 authoritative guidance 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 other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- 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.

Weir Floway, Inc. Pension Plan

Notes to Financial Statements

December 31, 2021 and 2020

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. Valuation techniques maximize the use of relevant observables and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2020 and 2019.

Registered investment company (mutual fund) is valued at the daily closing price as reported by the fund. The mutual fund held by the Plan is an open-end mutual fund that is registered with the U.S. Securities and Exchange Commission. The fund is required to publish their daily net asset value (NAV) and to transact at that price. The mutual fund held by the Plan is deemed to be actively traded. There are no significant restrictions on redeeming the investments at NAV.

Common/collective trusts and commingled funds are valued based on the NAV per share, without further adjustment. The NAV is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2021 and 2020:

Investments at Fair Value as of December 31, 2021				
	Level 1	Level 2	Level 3	Total
Registered investment company	\$ -	\$ -	\$ -	\$ -
Total investments in the fair value hierarchy	\$ -	\$ -	\$ -	\$ -
Investments measured at net asset value (a)				18,613,900
Total investments at fair value				\$ 18,613,900

Weir Floway, Inc. Pension Plan

Notes to Financial Statements
December 31, 2021 and 2020

Investments at Fair Value as of December 31, 2020				
	Level 1	Level 2	Level 3	Total
Registered investment company	\$ 848,801	\$ -	\$ -	\$ 848,801
Total investments in the fair value hierarchy	<u>\$ 848,801</u>	<u>\$ -</u>	<u>\$ -</u>	848,801
Investments measured at net asset value (a)				<u>18,042,343</u>
Total investments at fair value				\$ 18,891,144

(a) In accordance with Subtopic 820-10, certain investments that were measured at net asset value practical expedient (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.

Investments Measured Using NAV per Share Practical Expedient

The following table summarizes investments measured at fair value based on NAV per share as the practical expedient as of December 31, 2021 and 2020.

December 31, 2021				
	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
Aon 20+ Year U.S. Treasury STRIPS Fund	\$ 68,654	\$ -	Daily	T-0
Aon Global Real Estate Fund	196,386	-	Daily	T-2
Aon High Yield Plus Fund	126,987	-	Daily	T-2
Aon Large Cap Equity Index Fund	2,957,090	-	Daily	T-2
Aon Multi Asset Credit Fund	641,071	-	Monthly	10 Business Days
Aon Non-U.S. Equity Fund	2,273,085	-	Daily	T-2
Aon Small Cap Equity Index Fund	505,870	-	Daily	T-2
Aon U.S. Intermediate Government Bond Index Fund	1,938,389	-	Daily	T-2
Aon Long Government Bond Index Fund	112,790	-	Daily	T-2
Core Real Estate Fund	1,446,627	-	Quarterly	105 Business Days
EB Temp Investment Fund 1.147% 12/31/2049 DD 11/01/01	284,134	-	Daily	T-2
Aon Long Credit Bond	8,062,817	-	Daily	T-2

Weir Floway, Inc. Pension Plan

Notes to Financial Statements
December 31, 2021 and 2020

	December 31, 2020			
	Fair Value	Unfunded Commitments	Redemption Frequency (if currently eligible)	Redemption Notice Period
BNY Mellon Long Duration Fixed Income Fund	\$ 4,834,373	\$ -	Daily	T-0
BNYM Mellon PE NSI U.S. Small Cap Opportunistic Value Equity Fund	1,051,475	-	Daily	T-0
BNY Mellon Insight U.S. Investment Grade Corp-Long Duration Fund	4,835,559	-	Daily	T-0
BNYM Mellon SL Int'l Stock Index Fund	1,676,298	-	Daily	T-2
BNYM Mellon DB SL Stock Index Fund	2,308,609	-	Daily	T-1
BNYM Mellon DB SL Mid Cap Stock Index Fund	1,302,760	-	Daily	T-1
BNY Mellon Int'l Equity Multi-Strategy Fund	1,663,755	-	Daily	T-0
EB Temporary Investment Fund	369,514	-	Daily	T-0

4. Plan Termination

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

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

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

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

Weir Floway, Inc. Pension Plan

Notes to Financial Statements

December 31, 2021 and 2020

5. Related-Party and Party In Interest Transactions

The Plan's investments are administered under a contract with Bank of New York Mellon/BNY Mellon, N.A., the trustee of the Plan. Contributions are held and managed by the trustee, who invests cash received, interest and dividend income and makes distributions to participants. These transactions qualify as party in interest transactions which are exempt from the prohibited transactions rules of ERISA.

As described in Note 2, the Plan paid certain expenses related to plan operations and investment activity to various service providers. Additionally, certain administrative functions of the Plan are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan.

6. Tax Status

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated June 26, 2014, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require 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.

7. Risks and Uncertainties

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

As of December 31, 2021 and 2020, the Plan had investments of \$15,231,381 and \$11,978,541, respectively, that were concentrated in four and three funds, respectively.

In addition, 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, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

8. Information Certified by the Trustee

The plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for 2021 and 2020. Accordingly, Bank of New York Mellon/BNY Mellon, N.A., the trustee of the Plan has certified to the completeness and accuracy of all investments reported in the accompanying Statements of Net Assets Available for Benefits as of December 31, 2021 and 2020 and the supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2021, the related investment activity reported in the Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2021 and 2020 and the information reported in the supplemental Schedule H, Line 4(j) - Schedule of Reportable Transactions for the year ended December 31, 2021.

Schedule SB Attachment (Form 5500)—2021 Plan Year
 Weir Floway, Inc. Pension Plan
 EIN: 770298303 PN: 002

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

Attained Age	Number of Participants									
	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39		1								
40-44		2		1						
45-49				1						
50-54				2		1				
55-59			2	5	2	8				
60-64						2	1	1		
65-69			1			1	1			
70+										

N-32

Schedule SB Attachment (Form 5500)—2021 Plan Year
Weir Floway, Inc. Pension Plan
EIN: 770298303 PN: 002

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

For ERISA Requirements

Interest Rates for Minimum Funding Purposes	Based on segment rates with no lookback (as of January 2021), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA
1st Segment Rate	4.75%
2nd Segment Rate	5.36%
3rd Segment Rate	6.11%
Interest Rates for Maximum Tax Purposes	Based on segment rates with no lookback (as of January 2021), without regard to interest rate stabilization
1st Segment Rate	1.75%
2nd Segment Rate	3.04%
3rd Segment Rate	3.65%
Retirement Age	
Actives	Table 1
Terminated Vested Participants	Age 65
Mortality Rates	
Healthy	2021 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(a)(3) and IRS Notice 2019-67
Disabled	Revenue Ruling 96-7 mortality table for disability after
Withdrawal Rates	Table 2
Disability Rates	Table 3
Decrement Timing	Middle of year decrements, with 100% retirement occurring at beginning of year
Optional Payment Form Election Percentage	50% of participants are assumed to elect a lump sum and 50% are assumed to elect a single-life annuity
Surviving Spouse Benefit	It is assumed that 90% of males and 60% of females have an eligible spouse and males are assumed three years older than their spouses

Schedule SB Attachment (Form 5500)—2021 Plan Year
Weir Floway, Inc. Pension Plan
EIN: 770298303 PN: 002

Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$230,000
Valuation of Plan Assets	Fair market value
Trust Expenses Included in Target Normal Cost	\$375,000
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2021

Schedule SB Attachment (Form 5500)—2021 Plan Year
Weir Floway, Inc. Pension Plan
EIN: 770298303 PN: 002

Table 1

Retirement Rates

Age	Rate
60	0.00%
61	0.00%
62	20.00%
63	20.00%
64	20.00%
65	20.00%
66	20.00%
67	20.00%
68	20.00%
69	20.00%
70	100.00%

Schedule SB Attachment (Form 5500)—2021 Plan Year
Weir Floway, Inc. Pension Plan
EIN: 770298303 PN: 002

Table 2

Withdrawal Rates

Age	Male	Female	Age	Male	Female
15	7.9384%	7.9384%	45	3.9753%	5.1504%
16	7.9384%	7.9384%	46	3.7270%	4.9206%
17	7.9384%	7.9384%	47	3.4650%	4.6881%
18	7.9384%	7.9384%	48	3.1850%	4.4533%
19	7.9384%	7.9384%	49	2.8841%	4.2159%
20	7.9384%	7.9384%	50	2.5627%	3.9753%
21	7.8989%	7.9384%	51	2.2260%	3.7270%
22	7.8587%	7.9384%	52	1.8837%	3.4650%
23	7.8169%	7.9384%	53	1.5472%	3.1850%
24	7.7723%	7.9384%	54	1.2288%	2.8841%
25	7.7242%	7.9384%	55	0.9394%	2.5627%
26	7.6700%	7.8989%	56	0.6847%	2.2260%
27	7.5912%	7.8587%	57	0.4713%	1.8837%
28	7.4890%	7.8169%	58	0.3024%	1.5472%
29	7.3654%	7.7723%	59	0.1767%	1.2288%
30	7.2219%	7.7242%	60	0.0901%	0.9394%
31	7.0603%	7.6700%	61	0.0367%	0.6847%
32	6.8829%	7.5912%	62	0.0094%	0.4713%
33	6.6916%	7.4890%	63+	0.0000%	0.3024%
34	6.4888%	7.3654%			
35	6.2764%	7.2219%			
36	6.0572%	7.0603%			
37	5.8332%	6.8829%			
38	5.6066%	6.6916%			
39	5.3786%	6.4888%			
40	5.1504%	6.2764%			
41	4.9206%	6.0572%			
42	4.6881%	5.8332%			
43	4.4533%	5.6066%			
44	4.2159%	5.3786%			

Schedule SB Attachment (Form 5500)—2021 Plan Year
Weir Floway, Inc. Pension Plan
EIN: 770298303 PN: 002

Table 3

Disability Rates

Age	Rate	Age	Rate
15	0.0520%	45	0.2285%
16	0.0520%	46	0.2460%
17	0.0565%	47	0.2675%
18	0.0650%	48	0.2940%
19	0.0725%	49	0.3280%
20	0.0790%	50	0.3710%
21	0.0850%	51	0.4245%
22	0.0900%	52	0.4895%
23	0.0940%	53	0.5680%
24	0.0980%	54	0.6615%
25	0.1010%	55	0.7750%
26	0.1035%	56	0.8855%
27	0.1060%	57	0.9840%
28	0.1085%	58	1.0895%
29	0.1110%	59	1.2040%
30	0.1135%	60	1.3395%
31	0.1165%	61	1.5180%
32	0.1195%	62	1.7640%
33	0.1225%	63	2.1010%
34	0.1265%	64+	2.5530%
35	0.1315%		
36	0.1370%		
37	0.1435%		
38	0.1510%		
39	0.1595%		
40	0.1685%		
41	0.1785%		
42	0.1895%		
43	0.2010%		
44	0.2140%		

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. 1510-0110 1510-0089 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 01/01/2021 and ending 12/31/2021

- A** This return/report is for: ☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- ☒ 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 WEIR FLOWAY, INC. PENSION PLAN DBPP	<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;">002</td> </tr> <tr> <td colspan="2">1c Effective date of plan 01/17/1992</td> </tr> </table>	1b Three-digit plan number (PN) ▶	002	1c Effective date of plan 01/17/1992	
1b Three-digit plan number (PN) ▶	002				
1c Effective date of plan 01/17/1992					
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) TRILLIUM PUMPS USA, INC. 945 BUNKER HILL ROAD SUITE 250 HOUSTON TX 77024	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) 77-0298303</td> </tr> <tr> <td>2c Plan Sponsor's telephone number 559-442-4000</td> </tr> <tr> <td>2d Business code (see instructions) 333200</td> </tr> </table>	2b Employer Identification Number (EIN) 77-0298303	2c Plan Sponsor's telephone number 559-442-4000	2d Business code (see instructions) 333200	
2b Employer Identification Number (EIN) 77-0298303					
2c Plan Sponsor's telephone number 559-442-4000					
2d Business code (see instructions) 333200					

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		10/12/22	Diana Koliba
	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. 201209

3a Plan administrator's name and address ☐ Same as Plan Sponsor

TRILLIUM FLOW TECHNOLOGIES RETIREMENT PLANS COMMITTEE

945 BUNKER HILL ROAD
SUITE 250
HOUSTON

TX 77024

3b Administrator's EIN
77-0298303

3c Administrator's telephone
number
559-442-4000

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

5 217

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)	32
a(2) Total number of active participants at the end of the plan year	6a(2)	28
b Retired or separated participants receiving benefits	6b	108
c Other retired or separated participants entitled to future benefits	6c	48
d Subtotal. Add lines 6a(2), 6b, and 6c	6d	184
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	6e	31
f Total. Add lines 6d and 6e	6f	215
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

1A 1I 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

- (1) ☒ H (Financial Information)
(2) ☐ I (Financial Information - Small Plan)
(3) ☐ A (Insurance Information)
(4) ☒ C (Service Provider Information)
(5) ☒ D (DFE/Participating Plan Information)
(6) ☐ G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

Weir Floway, Inc. Pension Plan

Schedule H, Line 4(j) - Schedule of Reportable Transactions

EIN: 77-0298303 Plan Number: 002

Year Ended December 31, 2021

Identity of Party (a)	Description of Asset (b)	Purchase Price (c)	Selling Price (d)	Lease Rental (e)	Expenses (f)	Cost (g)	Current Value (h)	Net Gain/ (Loss) (i)
Single Transactions								
* BNY Mellon, N.A.	BNY Mellon DB SL Stock Index Fund	\$ -	\$ 1,675,000	\$ -	\$ -	\$ 1,201,440	\$ -	\$ 473,561
* BNY Mellon, N.A.	BNY Mellon PE NSL U.S. Small Cap Opportunistic Value Equity Fund	-	1,012,339	-	-	595,714	-	416,625
* BNY Mellon, N.A.	BNY Mellon SL Int'l Stock Index Fund	-	2,368,247	-	-	1,706,806	-	661,441
* BNY Mellon, N.A.	BNY Mellon DB SL Mid Cap Stock Index Fund	-	1,377,494	-	-	998,443	-	379,050
* BNY Mellon, N.A.	BNY Mellon Insight U.S. Investment Grade Corp-Long Duration Fund	-	4,547,314	-	-	3,149,657	-	1,397,657
* BNY Mellon, N.A.	BNY Mellon Int'l Equity Multi-Strategy Fund	-	1,674,454	-	-	1,171,512	-	502,942
* BNY Mellon, N.A.	BNY Mellon Long Duration Fixed Income Fund	-	4,559,370	-	-	3,671,369	-	888,001
Series Transactions								
* BNY Mellon, N.A.	BNY Mellon SL Int'l Stock Index Fund	\$ -	\$ 1,740,000	\$ -	\$ -	\$ 1,247,896	\$ -	\$ 492,104
* BNY Mellon, N.A.	BNY Mellon PE NSL U.S. Small Cap Opportunistic Value Equity Fund	-	1,151,339	-	-	677,808	-	473,531
* BNY Mellon, N.A.	EB Temporary Investment Fund	561,173	-	-	-	561,173	561,173	-
* BNY Mellon, N.A.	EB Temporary Investment Fund	-	930,687	-	-	930,687	-	-
* BNY Mellon, N.A.	BNY Mellon DB SL Stock Index Fund	50,000	-	-	-	50,000	50,000	-
* BNY Mellon, N.A.	BNY Mellon DB SL Stock Index Fund	-	2,498,247	-	-	1,803,967	-	694,280
* BNY Mellon, N.A.	BNY Mellon DB SL Mid Cap Stock Index Fund	50,000	-	-	-	50,000	50,000	-
* BNY Mellon, N.A.	BNY Mellon DB SL Mid Cap Stock Index Fund	-	1,507,494	-	-	1,099,327	-	408,166
* BNY Mellon, N.A.	BNY Mellon Insight U.S. Investment Grade Corp-Long Duration Fund	175,000	-	-	-	175,000	175,000	-
* BNY Mellon, N.A.	BNY Mellon Insight U.S. Investment Grade Corp-Long Duration Fund	-	4,547,314	-	-	3,149,657	-	1,397,657
* BNY Mellon, N.A.	BNY Mellon Int'l Equity Multi-Strategy Fund	-	1,729,454	-	-	1,209,768	-	519,686
* BNY Mellon, N.A.	BNY Mellon Long Duration Fixed Income Fund	175,000	-	-	-	175,000	175,000	-
* BNY Mellon, N.A.	BNY Mellon Long Duration Fixed Income Fund	-	4,559,369	-	-	3,671,369	-	888,001

* A party in interest as defined by ERISA.

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 WEIR FLOWAY, INC. PENSION PLAN	B Three-digit plan number (PN)	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF TRILLIUM PUMPS USA, INC.	D Employer Identification Number (EIN) 77-0298303	
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:		
	2a	19,184,162	
	2b	19,184,162	
3	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	133	12,933,710	12,933,710
b	52	1,815,393	1,815,393
c	32	2,311,333	2,332,324
d	217	17,060,436	17,081,427
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐		
	4a		
	4b		
5	5	5.49%	
6			
a	6a	0	
b	6b	375,000	
c	6c	375,000	

Statement by Enrolled Actuary

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

SIGN HERE	WENDY W. HOM <i>WWH</i> _____ Signature of actuary WENDY W. HOM _____ Type or print name of actuary AON CONSULTING, INC. _____ Firm name P.O. BOX 6718 _____ SOMERSET NJ 08875 _____ Address of the firm	08/25/2022 _____ Date 2005926 _____ Most recent enrollment number 973-463-6139 _____ 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	14,725
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	14,725
10	Interest on line 9 using prior year's actual return of <u>16.03</u> %	0	2,360
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		95,374
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>5.28</u> %		5,036
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		100,410
d	Portion of (c) to be added to prefunding balance		100,410
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	117,495

Part III Funding Percentages			
14	Funding target attainment percentage	14	111.62%
15	Adjusted funding target attainment percentage	15	112.31%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	95.86%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ►			18(b)	0	18(c)
				0	0

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

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 65
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)	31a	375,000	
b Excess assets, if applicable, but not greater than line 31a	31b	375,000	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

41 If an election was made to use PRA 2010 funding relief for this plan:	
a Schedule elected	☐ 2 plus 7 years ☐ 15 years
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

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

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at beginning of year.

(a)	(b)	(c)	(d)
Age	Rate	Weight	Product (a) × (b) × (c)
60	0.00%	1.0000	0.00
61	0.00%	1.0000	0.00
62	20.00%	1.0000	12.40
63	20.00%	0.8000	10.08
64	20.00%	0.6400	8.19
65	20.00%	0.5120	6.66
66	20.00%	0.4096	5.41
67	20.00%	0.3277	4.39
68	20.00%	0.2621	3.57
69	20.00%	0.2097	2.89
70	100.00%	0.1678	11.74
Weighted Average			65.33

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

For ERISA Requirements

Interest Rates for Minimum Funding Purposes	Based on segment rates with no lookback (as of January 2021), each adjusted as needed to fall within the 25-year average interest rate stabilization corridor under ARPA
1st Segment Rate	4.75%
2nd Segment Rate	5.36%
3rd Segment Rate	6.11%
Interest Rates for Maximum Tax Purposes	Based on segment rates with no lookback (as of January 2021), without regard to interest rate stabilization
1st Segment Rate	1.75%
2nd Segment Rate	3.04%
3rd Segment Rate	3.65%
Retirement Age	
Actives	Table 1
Terminated Vested Participants	Age 65
Mortality Rates	
Healthy	2021 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(a)(3) and IRS Notice 2019-67
Disabled	Revenue Ruling 96-7 mortality table for disability after
Withdrawal Rates	Table 2
Disability Rates	Table 3
Decrement Timing	Middle of year decrements, with 100% retirement occurring at beginning of year
Optional Payment Form Election Percentage	50% of participants are assumed to elect a lump sum and 50% are assumed to elect a single-life annuity
Surviving Spouse Benefit	It is assumed that 90% of males and 60% of females have an eligible spouse and males are assumed three years older than their spouses

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Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$230,000
Valuation of Plan Assets	Fair market value
Trust Expenses Included in Target Normal Cost	\$375,000
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2021

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Table 1

Retirement Rates

Age	Rate
60	0.00%
61	0.00%
62	20.00%
63	20.00%
64	20.00%
65	20.00%
66	20.00%
67	20.00%
68	20.00%
69	20.00%
70	100.00%

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Table 2

Withdrawal Rates

Age	Male	Female	Age	Male	Female
15	7.9384%	7.9384%	45	3.9753%	5.1504%
16	7.9384%	7.9384%	46	3.7270%	4.9206%
17	7.9384%	7.9384%	47	3.4650%	4.6881%
18	7.9384%	7.9384%	48	3.1850%	4.4533%
19	7.9384%	7.9384%	49	2.8841%	4.2159%
20	7.9384%	7.9384%	50	2.5627%	3.9753%
21	7.8989%	7.9384%	51	2.2260%	3.7270%
22	7.8587%	7.9384%	52	1.8837%	3.4650%
23	7.8169%	7.9384%	53	1.5472%	3.1850%
24	7.7723%	7.9384%	54	1.2288%	2.8841%
25	7.7242%	7.9384%	55	0.9394%	2.5627%
26	7.6700%	7.8989%	56	0.6847%	2.2260%
27	7.5912%	7.8587%	57	0.4713%	1.8837%
28	7.4890%	7.8169%	58	0.3024%	1.5472%
29	7.3654%	7.7723%	59	0.1767%	1.2288%
30	7.2219%	7.7242%	60	0.0901%	0.9394%
31	7.0603%	7.6700%	61	0.0367%	0.6847%
32	6.8829%	7.5912%	62	0.0094%	0.4713%
33	6.6916%	7.4890%	63+	0.0000%	0.3024%
34	6.4888%	7.3654%			
35	6.2764%	7.2219%			
36	6.0572%	7.0603%			
37	5.8332%	6.8829%			
38	5.6066%	6.6916%			
39	5.3786%	6.4888%			
40	5.1504%	6.2764%			
41	4.9206%	6.0572%			
42	4.6881%	5.8332%			
43	4.4533%	5.6066%			
44	4.2159%	5.3786%			

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Table 3

Disability Rates

Age	Rate	Age	Rate
15	0.0520%	45	0.2285%
16	0.0520%	46	0.2460%
17	0.0565%	47	0.2675%
18	0.0650%	48	0.2940%
19	0.0725%	49	0.3280%
20	0.0790%	50	0.3710%
21	0.0850%	51	0.4245%
22	0.0900%	52	0.4895%
23	0.0940%	53	0.5680%
24	0.0980%	54	0.6615%
25	0.1010%	55	0.7750%
26	0.1035%	56	0.8855%
27	0.1060%	57	0.9840%
28	0.1085%	58	1.0895%
29	0.1110%	59	1.2040%
30	0.1135%	60	1.3395%
31	0.1165%	61	1.5180%
32	0.1195%	62	1.7640%
33	0.1225%	63	2.1010%
34	0.1265%	64+	2.5530%
35	0.1315%		
36	0.1370%		
37	0.1435%		
38	0.1510%		
39	0.1595%		
40	0.1685%		
41	0.1785%		
42	0.1895%		
43	0.2010%		
44	0.2140%		

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Schedule SB, Part V—Summary of Plan Provisions

For Participants Who Were Members of the Weir Floway, Inc. Pension Plan in 2013

General Information

Original Effective Date	January 17, 1992
Effective Date of Last Amendment	October 1, 2015
Plan Year	January 1 to December 31
Employer Fiscal Year	January 1 to December 31
Employer ID Number	77-0298303
Plan Administrator's ID Number	77-0298303
Plan Number	002
Plan Administrator	Administrative Committee

Eligibility

The first of the month coincident with or next following the one-year anniversary with the company provided the employee has worked 1,000 hours during that 12-month period. New employees will not be allowed to participate in the plan after December 31, 2002.

Eligibility Service

Each hour of service worked plus vacations, holidays, sick days, layoff, jury duty, and military duty.

Vesting Service

Full years and months from date of employment with the company (or any participating company under The Pullman Company Retirement Plan) to termination date.

Credited Service

Full and partial years of service in order to determine the accrued benefit. Participants are credited with their years of service under The Pullman Plan. Credited service after December 31, 2002 is not considered due to plan benefit freeze.

Normal Retirement Date

Normal retirement date is the first of the month coincident with or next following the attainment of age 65.

Normal Retirement Benefit

Accrued benefit as of the normal retirement date.

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Delayed Retirement	A participant may continue in the employment of the employer after his normal retirement date. In such event he will receive at actual retirement is the benefit based on service and compensation as of actual retirement date.
Compensation	Total compensation, including overtime, shift premiums, commissions, bonuses and pre-tax contributions to company-sponsored plans up to the IRC compensation limit, but not including reimbursement or other expense allowances. Compensation after December 31, 2002 is not considered in the computation of plan benefits.
Final Average Compensation	Average of the highest five consecutive full calendar years out of the 10 most recent full calendar years. Compensation for the year of termination will be included as if it were for a full calendar year only if it produces a higher final average compensation.
Covered Compensation	The average of the Social Security wage base for the 35-year period ending with the year an individual attains Social Security retirement age.
Accrued Benefit	The sum of (a) 1% of final average compensation up to covered compensation and (b) 1.35% of final average compensation in excess of covered compensation, multiplied by years of credited service (to a maximum of 40 years) as of the given date. The accrued benefit is payable as a life annuity as of the participant's normal retirement date.
Minimum Accrued Benefit	A participant's accrued benefit shall not be less than the accrued benefit under The Pullman Plan immediately prior to the effective date.
Early Retirement Benefit	Upon the completion of five years of vesting service and the attainment of age 55, a participant may elect to retire and may receive an immediate benefit equal to the normal retirement benefit based on service at early retirement and appropriately reduced for early retirement.

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Disability Benefit
Eligibility

Total disability as determined by the committee following completion of 10 years of vesting service.

Benefit

Years of credited service continue to accrue to early or normal retirement date and final average compensation is calculated as if salary at time of disablement remained level to benefit commencement.

Death Benefit
Eligibility

Spouses of vested participants who die before retirement.

Benefit

50% of the benefit that would have been payable if the participant had retired and elected the 50% joint and survivor annuity option. Retirement date is assumed to be the later of the early retirement date or date of death.

Severance Benefit

Upon the termination of employment after five or more years of vesting service a participant shall have a vested interest in his accrued benefit which will be payable at normal retirement date. The percentage vested shall be:

Years of Service	Vested Percent
Fewer than 5	0%
5 or more	100%

In the event that a participant has met the service requirements for early retirement at the date of termination, he may elect to receive his vested interest at age 55. Such benefit will be reduced as described under Early Retirement Benefit.

Normal Form of Payment

The normal form of payment is an annuity paid in monthly installments for life.

Optional Methods of Settlement

All optional methods of settlement are actuarially equivalent to the normal form of payment. If a married participant does not elect the normal form of payment or does not elect one of the optional methods of settlement described below, then the participant's retirement benefit shall automatically be paid under option (1) below. The options are:

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- (1) A reduced benefit to be paid during the participant's lifetime with one-half of the reduced benefit to be continued to his spouse for her lifetime after his death.
- (2) A reduced benefit to be paid during the participant's lifetime with $\frac{2}{3}$ or $\frac{3}{4}$ of the reduced benefit to be continued to his spouse for her lifetime after his death.
- (3) A reduced benefit to be paid during the participant's lifetime with the same reduced benefit to be continued to his spouse for her lifetime after his death.
- (4) A reduced benefit to be paid for 120 months certain and thereafter for life.
- (5) Level income option.
- (6) A single lump sum payment (effective May 1, 2015).

All optional methods of settlement are actuarially equivalent to the normal form of payment. Other options are available.

Amendment or Termination of Plan

The employer reserves the right to amend or terminate the plan at any time. Generally, the Pension Benefit Guaranty Corporation reserves the right to terminate the plan if the employer fails to meet the minimum funding standards or is unable to pay benefits when due.

If the plan is terminated, the plan assets will be distributed among the plan participants based upon a priority allocation procedure, and the employer shall be liable for any unfunded vested benefits to the extent required by law.

Parties to the Plan

The following companies are parties to the plan:

This is a single plan covering the employees of these companies subject to the eligibility rules outlined above. Trust fund assets are available to pay plan benefits for participants employed by any one of these companies.

Additional Information

The above description is a summary only; for additional details, reference should be made to the formal Plan document.

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For Participants Who Were Members of the Weir Valves & Controls Plan A in 2013

Effective Date	January 1, 1963; amended and restated effective October 1, 1997; amended effective October 1, 2005; amended and restated effective October 1, 2008.
Plan Year	October 1 to September 30.
Coverage	The plan covers all employees who were hired prior to July 1, 2002 and were covered under a collective bargaining agreement between the employer and Local No. 279, Electrical, Radio and Machine Workers of America (UE).
Eligibility Requirements	An employee will become a participant on the first day of the month coincident with or next following the completion one year of eligibility service and attainment of age 21.
Year of Eligibility Service	A year of eligibility service is an elapsed period of 12 months.
Year of Service	One year of service is credited for each calendar year during which an employee completes 1,000 or more hours of service.
Year of Credited Service	One year of credited service is credited for each calendar year during which an employee completes 1,600 or more hours of service. If fewer than 1,600 hours are completed, a partial year equal to the ratio of actual hours to 1,600, rounded up to the next tenth of a year is credited.
Normal Retirement Date	The normal retirement date is the first of the month coincident with or next following the participant's sixty-fifth birthday.
Normal Retirement Benefit	The monthly normal retirement benefit is equal to years of credited service multiplied by: (1) \$21.00 if normal retirement date occurs after February 3, 2005 and before February 11, 2006. (2) \$21.50 if normal retirement date occurs after February 10, 2006 and before February 11, 2007. (3) \$22.00 if normal retirement date occurs after February 10, 2007 and before February 11, 2008.

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- (4) \$23.00 if normal retirement date occurs after February 10, 2008.

The plan was frozen effective September 30, 2009.

Normal Form of Payment

The normal form of payment is a life annuity. A participant who is married at time of benefit commencement will automatically receive a reduced 50% joint and contingent annuity unless he elects one of the optional forms of payment.

Optional Forms of Payment

A participant may elect (with spouse's consent, if required) any one of the following forms of payment:

- (1) Contingent annuitant option;
- (2) Social Security adjustment option;
- (3) Life annuity;
- (4) 10-year certain and life; or
- (5) Lump sum.

Early Retirement Date

A participant may retire early upon attaining age 55 and completing at least 15 years of credited service.

Early Retirement Benefit

The benefit payable upon early retirement is the participant's accrued normal retirement benefit reduced 6% for each year that the payments begin prior to normal retirement date.

Deferred Retirement Benefit

If a participant works past normal retirement date, the benefit payable on the deferred retirement date will be the greater of (a) the benefit calculated using years of credited service as of the participant's actual retirement date or (b) the actuarial equivalent of the participant's accrued benefit as of the later of the participant's normal retirement date or the close of the preceding plan year.

Vesting

Participants are 100% vested upon the earlier of (a) completion of five years of service or (b) attainment of normal retirement age.

Vested Terminated Benefit

The vested accrued benefit of a terminated participant is payable as a monthly pension at age 65. It may be payable as early as age 55. The benefit payable before age 65 will be the early retirement benefit.

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Preretirement Death	A married vested participant who is active or has terminated but has not yet commenced receiving benefits is covered by a preretirement death benefit.
Preretirement Death Benefit	The amount of the preretirement death benefit is 50% of the participant's accrued benefit at death reduced for early commencement and the assumed election of a 50% joint and contingent annuity.
Disability Retirement	A participant who is totally and permanently disabled and has completed at least 15 years of credited service may begin receiving an unreduced accrued benefit immediately.
Funding	The company pays for the entire cost of the plan.

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For Participants Who Were Members of the Weir Valves & Controls Plan B in 2013

Effective Date	January 1, 1976; amended and restated effective October 1, 1997; amended and restated effective October 1, 2008.
Plan Year	October 1 to September 30.
Coverage	The plan covers all employees who were hired prior to July 1, 2002 and were not accruing benefits under any other defined benefit pension plan maintained by the employer.
Eligibility Requirements	An employee will become a participant on the first day of the month coincident with or next following the completion one year of eligibility service and attainment of age 21.
Year of Eligibility Service	A year of eligibility service is credited for a 12-month period during which an employee completes 1,000 or more hours of service. If this is not achieved during the first year of employment, then the period will be a calendar year.
Year of Service	One year of service is credited for each calendar year during which an employee completes 1,000 or more hours of service.
Year of Credited Service	One year of credited service is credited for each calendar year during which an employee completes 1,000 or more hours of service.
Compensation	Compensation is defined as compensation paid by the employer excluding amounts received from nonqualified stock options, distributions to or from a deferred compensation plan and certain other compensation.
Average Annual Compensation	Average annual compensation over the highest five consecutive calendar years out of the last 10 consecutive calendar years that produce the highest average.
Normal Retirement Date	The normal retirement date is the first of the month coincident with or next following the later of (1) the participant's sixty-fifth birthday and (2) the fifth anniversary of the date the participant first entered the plan.

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Normal Retirement Benefit

The annual normal retirement benefit is equal to [(1) + (2)] multiplied by (3), below.

- (1) 1.1% of average annual compensation;
- (2) 0.6% of average annual compensation in excess of covered compensation;
- (3) Years of credited service, not in excess of 30.

Certain participants are entitled to an additional benefit from a prior plan as of December 31, 1975.

The plan was frozen effective September 30, 2009.

Normal Form of Payment

The normal form of payment is a life annuity. A participant who is married at time of benefit commencement will automatically receive a reduced 50% joint and contingent annuity unless he elects one of the optional forms of payment.

Optional Forms of Payment

A participant may elect (with spouse's consent, if required) any one of the following forms of payment:

- (1) Contingent annuitant option with cash refund;
- (2) Social Security adjustment option with cash refund;
- (3) Life annuity with cash refund;
- (4) Life annuity;
- (5) 10-year certain and life; or
- (6) Lump sum.

Early Retirement Date

A participant may retire early upon attaining age 55 and completing at least 10 years of credited service.

Early Retirement Benefit

The benefit payable upon early retirement is the participant's accrued normal retirement benefit reduced 6% for each year that the payments begin prior to normal retirement date.

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Deferred Retirement Benefit	If a participant works past normal retirement date, the benefit payable on the deferred retirement date will be the greater of (a) the benefit calculated using years of service and average compensation as of the participant's actual retirement date or (b) the actuarial equivalent of the participant's accrued benefit as of the later of the participant's normal retirement date of the close of the preceding plan year.
Vesting	Participants are 100% vested upon the earlier of (a) completion of five years of service or (b) attainment of normal retirement age.
Vested Terminated Benefit	The vested accrued benefit of a terminated participant is payable as a monthly pension at age 65. It may be payable as early as age 55. The benefit payable before age 65 will be the early retirement benefit.
Preretirement Death	A married vested participant who is active or has terminated but has not yet commenced receiving benefits is covered by a preretirement death benefit.
Preretirement Death Benefit	The amount of the preretirement death benefit is 50% of the participant's accrued benefit at death reduced for early commencement and the assumed election of a 50% joint and contingent annuity.
Disability Retirement	A participant who is totally and permanently disabled may begin receiving an unreduced accrued benefit immediately.
Funding	The company pays for the entire cost of the plan.

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For Participants Who Were Members of the Weir Valves & Controls Plan C in 2013

Effective Date	August 1, 1976; amended and restated effective October 1, 1997; amended and restated effective October 1, 2008.
Plan Year	October 1 to September 30.
Coverage	The plan covers all employees who were hired on an hourly basis at the North Carolina Division prior to July 1, 2002.
Eligibility Requirements	An employee will become a participant on the first day of the month coincident with or next following the completion one year of eligibility service and attainment of age 21.
Year of Eligibility Service	A year of eligibility service is credited for a 12-month period during which an employee completes 1,000 or more hours of service.
Year of Service	One year of service is credited for each calendar year during which an employee completes 1,000 or more hours of service.
Year of Credited Service	One year of credited service is credited for each calendar year during which an employee completes 1,600 or more hours of service. If fewer than 1,600 hours are completed, a partial year equal to the ratio of actual hours to 1,600, rounded up to the next tenth of a year is credited, provided at least 1,000 hours are completed.
Normal Retirement Date	The normal retirement date is the first of the month coincident with or next following the participant's sixty-fifth birthday.
Normal Retirement Benefit	The monthly normal retirement benefit is equal to years of credited service multiplied by \$16.50. The plan was frozen effective September 30, 2009.
Normal Form of Payment	The normal form of payment is a life annuity. A participant who is married at time of benefit commencement will automatically receive a reduced 50% joint and contingent annuity unless he elects one of the optional forms of payment.

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Optional Forms of Payment

A participant may elect (with spouse's consent, if required) any one of the following forms of payment:

- (1) Contingent annuitant option;
- (2) Social Security adjustment option;
- (3) Life annuity;
- (4) 10-year certain and life; or
- (5) Lump sum.
- (6) A single lump sum payment.

Early Retirement Date

A participant may retire early upon attaining age 55 and completing at least 15 years of credited service.

Early Retirement Benefit

The benefit payable upon early retirement is the participant's accrued normal retirement benefit reduced 6% for each year that the payments begin prior to normal retirement date.

Deferred Retirement Benefit

If a participant works past normal retirement date, the benefit payable on the deferred retirement date will be the greater of (a) the benefit calculated using years of credited service as of the participant's actual retirement date or (b) the actuarial equivalent of the participant's accrued benefit as of the later of the participant's normal retirement date of the close of the preceding plan year.

Vesting

Participants are 100% vested upon the earlier of (a) completion of five years of service or (b) attainment of normal retirement age.

Vested Terminated Benefit

The vested accrued benefit of a terminated participant is payable as a monthly pension at age 65. It may be payable as early as age 55. The benefit payable before age 65 will be the early retirement benefit.

Preretirement Death

A married vested participant who is active or has terminated but has not yet commenced receiving benefits is covered by a preretirement death benefit.

Preretirement Death Benefit

The amount of the preretirement death benefit is 50% of the participant's accrued benefit at death reduced for early commencement and the assumed election of a 50% joint and contingent annuity.

Schedule SB Attachment (Form 5500)—2021 Plan Year
Weir Floway, Inc. Pension Plan
EIN: 770298303 PN: 002

Disability Retirement

A participant who is totally and permanently disabled and has completed at least 15 years of credited service may begin receiving an unreduced accrued benefit immediately.

Funding

The company pays for the entire cost of the plan.

Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Under the American Rescue Plan Act of 2021 (ARPA), the stabilized interest rates for certain purposes will be adjusted once the ARPA stabilization is applied. By default, this stabilization would have applied starting with the 2020 plan year.

This Schedule SB reflects stabilized 2021 minimum funding interest rates that are adjusted for ARPA. Via this filing, Trillium Flow Technologies will irrevocably commit the Weir Floway, Inc. Pension Plan to use of those rates for the 2021 plan year.

Change in Enrolled Actuary

As a result of termination of employment from Aon by the prior Enrolled Actuary, the Enrolled Actuary has changed.

Schedule SB Attachment (Form 5500)—2021 Plan Year
 Weir Floway, Inc. Pension Plan
 EIN: 770298303 PN: 002

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

Attained Age	Number of Participants Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34										
35-39		1								
40-44		2		1						
45-49				1						
50-54				2		1				
55-59			2	5	2	8				
60-64						2	1	1		
65-69			1			1	1			
70+										

N-32

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Weir Floway, Inc. Pension Plan
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Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at beginning of year.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
60	0.00%	1.0000	0.00
61	0.00%	1.0000	0.00
62	20.00%	1.0000	12.40
63	20.00%	0.8000	10.08
64	20.00%	0.6400	8.19
65	20.00%	0.5120	6.66
66	20.00%	0.4096	5.41
67	20.00%	0.3277	4.39
68	20.00%	0.2621	3.57
69	20.00%	0.2097	2.89
70	100.00%	0.1678	11.74
Weighted Average			65.33

Schedule SB Attachment (Form 5500)—2021 Plan Year
Weir Floway, Inc. Pension Plan
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Schedule SB, Part V—Summary of Plan Provisions

For Participants Who Were Members of the Weir Floway, Inc. Pension Plan in 2013

General Information

Original Effective Date	January 17, 1992
Effective Date of Last Amendment	October 1, 2015
Plan Year	January 1 to December 31
Employer Fiscal Year	January 1 to December 31
Employer ID Number	77-0298303
Plan Administrator's ID Number	77-0298303
Plan Number	002
Plan Administrator	Administrative Committee

Eligibility

The first of the month coincident with or next following the one-year anniversary with the company provided the employee has worked 1,000 hours during that 12-month period. New employees will not be allowed to participate in the plan after December 31, 2002.

Eligibility Service

Each hour of service worked plus vacations, holidays, sick days, layoff, jury duty, and military duty.

Vesting Service

Full years and months from date of employment with the company (or any participating company under The Pullman Company Retirement Plan) to termination date.

Credited Service

Full and partial years of service in order to determine the accrued benefit. Participants are credited with their years of service under The Pullman Plan. Credited service after December 31, 2002 is not considered due to plan benefit freeze.

Normal Retirement Date

Normal retirement date is the first of the month coincident with or next following the attainment of age 65.

Normal Retirement Benefit

Accrued benefit as of the normal retirement date.

Schedule SB Attachment (Form 5500)—2021 Plan Year
Weir Floway, Inc. Pension Plan
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Delayed Retirement	A participant may continue in the employment of the employer after his normal retirement date. In such event he will receive at actual retirement is the benefit based on service and compensation as of actual retirement date.
Compensation	Total compensation, including overtime, shift premiums, commissions, bonuses and pre-tax contributions to company-sponsored plans up to the IRC compensation limit, but not including reimbursement or other expense allowances. Compensation after December 31, 2002 is not considered in the computation of plan benefits.
Final Average Compensation	Average of the highest five consecutive full calendar years out of the 10 most recent full calendar years. Compensation for the year of termination will be included as if it were for a full calendar year only if it produces a higher final average compensation.
Covered Compensation	The average of the Social Security wage base for the 35-year period ending with the year an individual attains Social Security retirement age.
Accrued Benefit	The sum of (a) 1% of final average compensation up to covered compensation and (b) 1.35% of final average compensation in excess of covered compensation, multiplied by years of credited service (to a maximum of 40 years) as of the given date. The accrued benefit is payable as a life annuity as of the participant's normal retirement date.
Minimum Accrued Benefit	A participant's accrued benefit shall not be less than the accrued benefit under The Pullman Plan immediately prior to the effective date.
Early Retirement Benefit	Upon the completion of five years of vesting service and the attainment of age 55, a participant may elect to retire and may receive an immediate benefit equal to the normal retirement benefit based on service at early retirement and appropriately reduced for early retirement.

Schedule SB Attachment (Form 5500)—2021 Plan Year
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Disability Benefit
Eligibility

Total disability as determined by the committee following completion of 10 years of vesting service.

Benefit

Years of credited service continue to accrue to early or normal retirement date and final average compensation is calculated as if salary at time of disablement remained level to benefit commencement.

Death Benefit
Eligibility

Spouses of vested participants who die before retirement.

Benefit

50% of the benefit that would have been payable if the participant had retired and elected the 50% joint and survivor annuity option. Retirement date is assumed to be the later of the early retirement date or date of death.

Severance Benefit

Upon the termination of employment after five or more years of vesting service a participant shall have a vested interest in his accrued benefit which will be payable at normal retirement date. The percentage vested shall be:

Years of Service	Vested Percent
Fewer than 5	0%
5 or more	100%

In the event that a participant has met the service requirements for early retirement at the date of termination, he may elect to receive his vested interest at age 55. Such benefit will be reduced as described under Early Retirement Benefit.

Normal Form of Payment

The normal form of payment is an annuity paid in monthly installments for life.

Optional Methods of Settlement

All optional methods of settlement are actuarially equivalent to the normal form of payment. If a married participant does not elect the normal form of payment or does not elect one of the optional methods of settlement described below, then the participant's retirement benefit shall automatically be paid under option (1) below. The options are:

Schedule SB Attachment (Form 5500)—2021 Plan Year
Weir Floway, Inc. Pension Plan
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- (1) A reduced benefit to be paid during the participant's lifetime with one-half of the reduced benefit to be continued to his spouse for her lifetime after his death.
- (2) A reduced benefit to be paid during the participant's lifetime with $\frac{2}{3}$ or $\frac{3}{4}$ of the reduced benefit to be continued to his spouse for her lifetime after his death.
- (3) A reduced benefit to be paid during the participant's lifetime with the same reduced benefit to be continued to his spouse for her lifetime after his death.
- (4) A reduced benefit to be paid for 120 months certain and thereafter for life.
- (5) Level income option.
- (6) A single lump sum payment (effective May 1, 2015).

All optional methods of settlement are actuarially equivalent to the normal form of payment. Other options are available.

Amendment or Termination of Plan

The employer reserves the right to amend or terminate the plan at any time. Generally, the Pension Benefit Guaranty Corporation reserves the right to terminate the plan if the employer fails to meet the minimum funding standards or is unable to pay benefits when due.

If the plan is terminated, the plan assets will be distributed among the plan participants based upon a priority allocation procedure, and the employer shall be liable for any unfunded vested benefits to the extent required by law.

Parties to the Plan

The following companies are parties to the plan:

This is a single plan covering the employees of these companies subject to the eligibility rules outlined above. Trust fund assets are available to pay plan benefits for participants employed by any one of these companies.

Additional Information

The above description is a summary only; for additional details, reference should be made to the formal Plan document.

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Weir Floway, Inc. Pension Plan
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For Participants Who Were Members of the Weir Valves & Controls Plan A in 2013

Effective Date	January 1, 1963; amended and restated effective October 1, 1997; amended effective October 1, 2005; amended and restated effective October 1, 2008.
Plan Year	October 1 to September 30.
Coverage	The plan covers all employees who were hired prior to July 1, 2002 and were covered under a collective bargaining agreement between the employer and Local No. 279, Electrical, Radio and Machine Workers of America (UE).
Eligibility Requirements	An employee will become a participant on the first day of the month coincident with or next following the completion one year of eligibility service and attainment of age 21.
Year of Eligibility Service	A year of eligibility service is an elapsed period of 12 months.
Year of Service	One year of service is credited for each calendar year during which an employee completes 1,000 or more hours of service.
Year of Credited Service	One year of credited service is credited for each calendar year during which an employee completes 1,600 or more hours of service. If fewer than 1,600 hours are completed, a partial year equal to the ratio of actual hours to 1,600, rounded up to the next tenth of a year is credited.
Normal Retirement Date	The normal retirement date is the first of the month coincident with or next following the participant's sixty-fifth birthday.
Normal Retirement Benefit	The monthly normal retirement benefit is equal to years of credited service multiplied by: (1) \$21.00 if normal retirement date occurs after February 3, 2005 and before February 11, 2006. (2) \$21.50 if normal retirement date occurs after February 10, 2006 and before February 11, 2007. (3) \$22.00 if normal retirement date occurs after February 10, 2007 and before February 11, 2008.

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Weir Floway, Inc. Pension Plan
EIN: 770298303 PN: 002

- (4) \$23.00 if normal retirement date occurs after February 10, 2008.

The plan was frozen effective September 30, 2009.

Normal Form of Payment

The normal form of payment is a life annuity. A participant who is married at time of benefit commencement will automatically receive a reduced 50% joint and contingent annuity unless he elects one of the optional forms of payment.

Optional Forms of Payment

A participant may elect (with spouse's consent, if required) any one of the following forms of payment:

- (1) Contingent annuitant option;
- (2) Social Security adjustment option;
- (3) Life annuity;
- (4) 10-year certain and life; or
- (5) Lump sum.

Early Retirement Date

A participant may retire early upon attaining age 55 and completing at least 15 years of credited service.

Early Retirement Benefit

The benefit payable upon early retirement is the participant's accrued normal retirement benefit reduced 6% for each year that the payments begin prior to normal retirement date.

Deferred Retirement Benefit

If a participant works past normal retirement date, the benefit payable on the deferred retirement date will be the greater of (a) the benefit calculated using years of credited service as of the participant's actual retirement date or (b) the actuarial equivalent of the participant's accrued benefit as of the later of the participant's normal retirement date or the close of the preceding plan year.

Vesting

Participants are 100% vested upon the earlier of (a) completion of five years of service or (b) attainment of normal retirement age.

Vested Terminated Benefit

The vested accrued benefit of a terminated participant is payable as a monthly pension at age 65. It may be payable as early as age 55. The benefit payable before age 65 will be the early retirement benefit.

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Weir Floway, Inc. Pension Plan
EIN: 770298303 PN: 002

Preretirement Death	A married vested participant who is active or has terminated but has not yet commenced receiving benefits is covered by a preretirement death benefit.
Preretirement Death Benefit	The amount of the preretirement death benefit is 50% of the participant's accrued benefit at death reduced for early commencement and the assumed election of a 50% joint and contingent annuity.
Disability Retirement	A participant who is totally and permanently disabled and has completed at least 15 years of credited service may begin receiving an unreduced accrued benefit immediately.
Funding	The company pays for the entire cost of the plan.

Schedule SB Attachment (Form 5500)—2021 Plan Year
Weir Floway, Inc. Pension Plan
EIN: 770298303 PN: 002

For Participants Who Were Members of the Weir Valves & Controls Plan B in 2013

Effective Date	January 1, 1976; amended and restated effective October 1, 1997; amended and restated effective October 1, 2008.
Plan Year	October 1 to September 30.
Coverage	The plan covers all employees who were hired prior to July 1, 2002 and were not accruing benefits under any other defined benefit pension plan maintained by the employer.
Eligibility Requirements	An employee will become a participant on the first day of the month coincident with or next following the completion one year of eligibility service and attainment of age 21.
Year of Eligibility Service	A year of eligibility service is credited for a 12-month period during which an employee completes 1,000 or more hours of service. If this is not achieved during the first year of employment, then the period will be a calendar year.
Year of Service	One year of service is credited for each calendar year during which an employee completes 1,000 or more hours of service.
Year of Credited Service	One year of credited service is credited for each calendar year during which an employee completes 1,000 or more hours of service.
Compensation	Compensation is defined as compensation paid by the employer excluding amounts received from nonqualified stock options, distributions to or from a deferred compensation plan and certain other compensation.
Average Annual Compensation	Average annual compensation over the highest five consecutive calendar years out of the last 10 consecutive calendar years that produce the highest average.
Normal Retirement Date	The normal retirement date is the first of the month coincident with or next following the later of (1) the participant's sixty-fifth birthday and (2) the fifth anniversary of the date the participant first entered the plan.

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Weir Floway, Inc. Pension Plan
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Normal Retirement Benefit

The annual normal retirement benefit is equal to [(1) + (2)] multiplied by (3), below.

- (1) 1.1% of average annual compensation;
- (2) 0.6% of average annual compensation in excess of covered compensation;
- (3) Years of credited service, not in excess of 30.

Certain participants are entitled to an additional benefit from a prior plan as of December 31, 1975.

The plan was frozen effective September 30, 2009.

Normal Form of Payment

The normal form of payment is a life annuity. A participant who is married at time of benefit commencement will automatically receive a reduced 50% joint and contingent annuity unless he elects one of the optional forms of payment.

Optional Forms of Payment

A participant may elect (with spouse's consent, if required) any one of the following forms of payment:

- (1) Contingent annuitant option with cash refund;
- (2) Social Security adjustment option with cash refund;
- (3) Life annuity with cash refund;
- (4) Life annuity;
- (5) 10-year certain and life; or
- (6) Lump sum.

Early Retirement Date

A participant may retire early upon attaining age 55 and completing at least 10 years of credited service.

Early Retirement Benefit

The benefit payable upon early retirement is the participant's accrued normal retirement benefit reduced 6% for each year that the payments begin prior to normal retirement date.

Schedule SB Attachment (Form 5500)—2021 Plan Year
Weir Floway, Inc. Pension Plan
EIN: 770298303 PN: 002

Deferred Retirement Benefit	If a participant works past normal retirement date, the benefit payable on the deferred retirement date will be the greater of (a) the benefit calculated using years of service and average compensation as of the participant's actual retirement date or (b) the actuarial equivalent of the participant's accrued benefit as of the later of the participant's normal retirement date of the close of the preceding plan year.
Vesting	Participants are 100% vested upon the earlier of (a) completion of five years of service or (b) attainment of normal retirement age.
Vested Terminated Benefit	The vested accrued benefit of a terminated participant is payable as a monthly pension at age 65. It may be payable as early as age 55. The benefit payable before age 65 will be the early retirement benefit.
Preretirement Death	A married vested participant who is active or has terminated but has not yet commenced receiving benefits is covered by a preretirement death benefit.
Preretirement Death Benefit	The amount of the preretirement death benefit is 50% of the participant's accrued benefit at death reduced for early commencement and the assumed election of a 50% joint and contingent annuity.
Disability Retirement	A participant who is totally and permanently disabled may begin receiving an unreduced accrued benefit immediately.
Funding	The company pays for the entire cost of the plan.

Schedule SB Attachment (Form 5500)—2021 Plan Year
Weir Floway, Inc. Pension Plan
EIN: 770298303 PN: 002

For Participants Who Were Members of the Weir Valves & Controls Plan C in 2013

Effective Date	August 1, 1976; amended and restated effective October 1, 1997; amended and restated effective October 1, 2008.
Plan Year	October 1 to September 30.
Coverage	The plan covers all employees who were hired on an hourly basis at the North Carolina Division prior to July 1, 2002.
Eligibility Requirements	An employee will become a participant on the first day of the month coincident with or next following the completion one year of eligibility service and attainment of age 21.
Year of Eligibility Service	A year of eligibility service is credited for a 12-month period during which an employee completes 1,000 or more hours of service.
Year of Service	One year of service is credited for each calendar year during which an employee completes 1,000 or more hours of service.
Year of Credited Service	One year of credited service is credited for each calendar year during which an employee completes 1,600 or more hours of service. If fewer than 1,600 hours are completed, a partial year equal to the ratio of actual hours to 1,600, rounded up to the next tenth of a year is credited, provided at least 1,000 hours are completed.
Normal Retirement Date	The normal retirement date is the first of the month coincident with or next following the participant's sixty-fifth birthday.
Normal Retirement Benefit	The monthly normal retirement benefit is equal to years of credited service multiplied by \$16.50. The plan was frozen effective September 30, 2009.
Normal Form of Payment	The normal form of payment is a life annuity. A participant who is married at time of benefit commencement will automatically receive a reduced 50% joint and contingent annuity unless he elects one of the optional forms of payment.

Schedule SB Attachment (Form 5500)—2021 Plan Year
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EIN: 770298303 PN: 002

Optional Forms of Payment

A participant may elect (with spouse's consent, if required) any one of the following forms of payment:

- (1) Contingent annuitant option;
- (2) Social Security adjustment option;
- (3) Life annuity;
- (4) 10-year certain and life; or
- (5) Lump sum.
- (6) A single lump sum payment.

Early Retirement Date

A participant may retire early upon attaining age 55 and completing at least 15 years of credited service.

Early Retirement Benefit

The benefit payable upon early retirement is the participant's accrued normal retirement benefit reduced 6% for each year that the payments begin prior to normal retirement date.

Deferred Retirement Benefit

If a participant works past normal retirement date, the benefit payable on the deferred retirement date will be the greater of (a) the benefit calculated using years of credited service as of the participant's actual retirement date or (b) the actuarial equivalent of the participant's accrued benefit as of the later of the participant's normal retirement date of the close of the preceding plan year.

Vesting

Participants are 100% vested upon the earlier of (a) completion of five years of service or (b) attainment of normal retirement age.

Vested Terminated Benefit

The vested accrued benefit of a terminated participant is payable as a monthly pension at age 65. It may be payable as early as age 55. The benefit payable before age 65 will be the early retirement benefit.

Preretirement Death

A married vested participant who is active or has terminated but has not yet commenced receiving benefits is covered by a preretirement death benefit.

Preretirement Death Benefit

The amount of the preretirement death benefit is 50% of the participant's accrued benefit at death reduced for early commencement and the assumed election of a 50% joint and contingent annuity.

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Disability Retirement

A participant who is totally and permanently disabled and has completed at least 15 years of credited service may begin receiving an unreduced accrued benefit immediately.

Funding

The company pays for the entire cost of the plan.

Plan Changes Since the Prior Year

The funding valuation does not reflect any plan changes.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Under the American Rescue Plan Act of 2021 (ARPA), the stabilized interest rates for certain purposes will be adjusted once the ARPA stabilization is applied. By default, this stabilization would have applied starting with the 2020 plan year.

This Schedule SB reflects stabilized 2021 minimum funding interest rates that are adjusted for ARPA. Via this filing, Trillium Flow Technologies will irrevocably commit the Weir Floway, Inc. Pension Plan to use of those rates for the 2021 plan year.

Change in Enrolled Actuary

As a result of termination of employment from Aon by the prior Enrolled Actuary, the Enrolled Actuary has changed.

Weir Floway, Inc. Pension Plan

Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)

EIN: 77-0298303 Plan Number: 002

December 31, 2021

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Common/Collective Trusts				
*	Aon Trust Company LLC	Aon Long Credit Bond	\$ 7,500,109	\$ 8,062,817
*	Aon Trust Company LLC	Aon Large Cap Equity Index Fund	2,440,675	2,957,090
*	Aon Trust Company LLC	Aon Non-U.S. Equity Fund	2,171,225	2,273,085
*	Aon Trust Company LLC	Aon U.S. Intermediate Government Bond Index Fund	1,951,167	1,938,389
*	Aon Trust Company LLC	Core Real Estate Fund	1,400,000	1,446,627
*	Aon Trust Company LLC	Aon Multi Asset Credit Fund	640,683	641,071
*	Aon Trust Company LLC	Aon Small Cap Equity Index Fund	481,529	505,870
*	Aon Trust Company LLC	Aon Global Real Estate Fund	162,657	196,386
*	Aon Trust Company LLC	Aon High Yield Plus Fund	122,694	126,987
*	Aon Trust Company LLC	Aon Long Government Bond Index Fund	104,321	112,790
*	Aon Trust Company LLC	Aon 20+ Year U.S. Treasury STRIPS Fund	59,354	68,654
Total common/collective trusts			17,034,415	18,329,766
Commingled Funds				
*	Mellon Bank, N.A.	EB Temp Investment Fund 1.147% 12/31/2049 DD 11/01/01	284,134	284,134
Total commingled funds			284,134	284,134
Total			\$ 17,318,549	\$ 18,613,900

* A party in interest as defined by ERISA.