

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>MET-PRO TECHNOLOGIES LLC CONSOLIDATED PENSION PLAN</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>MET-PRO TECHNOLOGIES LLC</u> <u>4625 RED BANK ROAD</u> <u>SUITE 200</u> <u>CINCINNATI, OH 45227</u>	1b Three-digit plan number (PN) ▶ <u>001</u>	
	1c Effective date of plan <u>09/01/1968</u>	
	2b Employer Identification Number (EIN) <u>46-2630972</u>	
	2c Plan Sponsor's telephone number <u>513-458-2690</u>	
	2d Business code (see instructions) <u>339900</u>	

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/17/2022	PAUL GOHR
	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
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	561
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)	37
a(2) Total number of active participants at the end of the plan year		6a(2)	35
b Retired or separated participants receiving benefits.....		6b	308
c Other retired or separated participants entitled to future benefits		6c	129
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	472
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	81
f Total. Add lines 6d and 6e		6f	553
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			
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>MET-PRO TECHNOLOGIES LLC CONSOLIDATED PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>MET-PRO TECHNOLOGIES LLC</u>	D Employer Identification Number (EIN) <u>46-2630972</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>28543975</u>
b Actuarial value	2b <u>28543975</u>
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment.....	(1) Number of participants <u>378</u> (2) Vested Funding Target <u>20469143</u> (3) Total Funding Target <u>20469143</u>
b For terminated vested participants.....	<u>149</u> <u>5071757</u> <u>5071757</u>
c For active participants	<u>37</u> <u>1615542</u> <u>1615542</u>
d Total.....	<u>564</u> <u>27156442</u> <u>27156442</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>5.51</u> %
6 Target normal cost.....	
a Present value of current plan year accruals.....	6a <u>360000</u>
b Expected plan-related expenses	6b <u>0</u>
c Total (line 6a + line 6b)	6c <u>360000</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>10/05/2022</u> Date
Signature of actuary		<u>20-06971</u> Most recent enrollment number
<u>DAVID B. REID</u> Type or print name of actuary		<u>215-587-0700</u> Telephone number (including area code)
<u>CBIZ</u> Firm name		
<u>1845 WALNUT STREET, 10TH FLOOR</u> <u>PHILADELPHIA, PA 19103</u> Address of the firm		

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

For Paperwork Reduction Act Notice, 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	0
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	0
10 Interest on line 9 using prior year's actual return of <u>7.33</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.29</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	105.10 %
15 Adjusted funding target attainment percentage	15	105.10 %
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	101.11 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

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

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
4.75 %2nd segment:
5.36 %3rd segment:
6.11 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

4

22 Weighted average retirement age**22**

63

23 Mortality table(s) (see instructions) ☐ Prescribed - combined☒ Prescribed - separate☐ Substitute**Part VI Miscellaneous Items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment. **27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) **29** 0**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0**Part VIII Minimum Required Contribution For Current Year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6c) **31a** 360000**b** Excess assets, if applicable, but not greater than line 31a **31b** 360000**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 MET-PRO TECHNOLOGIES LLC CONSOLIDATED PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 MET-PRO TECHNOLOGIES LLC	D Employer Identification Number (EIN) 46-2630972	

Part I	Service Provider Information (see instructions)
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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)

CBIZ

1845 WALNUT STREET, 10TH FLOOR
PHILADELPHIA, PA 19103

31-1582098

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17 50 70	NONE	85050	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

UBS FINANCIAL SERVICES INC.

1285 AVENUE OF THE AMERICAS
NEW YORK, NY 10019

13-2638166

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 51	NONE	60613	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

COMERICA BANK

411 W. LAFAYETTE AVE.
DETROIT, MI 48226

42-1741646

(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?
18 19 21 28 37 38 49 59 60 62 64 72 99	NONE	29036	Yes ☒ No ☐	Yes ☒ No ☐	0	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)

CASSADY SCHILLER & ASSOCIATES, INC.

4555 LAKE FOREST DR., SUITE 400
CINCINNATI, OH 45242

31-1311065

(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	18250	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

LPL FINANCIAL LLC

P.O. BOX 502533
SAN DIEGO, CA 92150-2533

95-2834236

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 51	NONE	13227	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WASHINGTON CROSSING FINANCIAL GROUP

1120 TAYLORSVILLE ROAD
WASHINGTON CROSSING, PA 18977

85-4111293

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 51	NONE	12346	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
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(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2021 This Form is Open to Public Inspection
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For calendar plan year 2021 or fiscal plan year beginning <u>01/01/2021</u> and ending <u>12/31/2021</u>		
A Name of plan <u>MET-PRO TECHNOLOGIES LLC CONSOLIDATED PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MET-PRO TECHNOLOGIES LLC</u>	D Employer Identification Number (EIN) <u>46-2630972</u>	

Part I	Asset and Liability Statement
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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	20934	90
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions.....	1b(2)		
(3) Other	1b(3)	118434	10644
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1964079	197231
(2) U.S. Government securities	1c(2)	2905734	698
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	2992199	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	10679900	0
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	9982311	29264996
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
e	Buildings and other property used in plan operation	1e	
f	Total assets (add all amounts in lines 1a through 1e)	1f	28663591 29473659
Liabilities			
g	Benefit claims payable	1g	
h	Operating payables	1h	
i	Acquisition indebtedness.....	1i	
j	Other liabilities.....	1j	131175 20673
k	Total liabilities (add all amounts in lines 1g through 1j)	1k	131175 20673
Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	28532416 29452986

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.

		(a) Amount	(b) Total
a	Contributions:		
(1)	Received or receivable in cash from: (A) Employers	2a(1)(A)	
	(B) Participants	2a(1)(B)	
	(C) Others (including rollovers).....	2a(1)(C)	
(2)	Noncash contributions.....	2a(2)	
(3)	Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)	0
b	Earnings on investments:		
(1)	Interest:		
	(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	77211
	(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)	77211
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)	
	(B) Common stock	2b(2)(B)	1136326
	(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)	
	(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)	1136326
(3)	Rents	2b(3)	
(4)	Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	6493436
	(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)	6493436
(5)	Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	
	(B) Other	2b(5)(B)	-4217749
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)	-4217749

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		-37329
d Total income. Add all income amounts in column (b) and enter total.....	2d		3451895
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	2075561	
(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)		2075561
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)	132356	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	69726	
(4) Other.....	2i(4)	253682	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		455764
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2531325
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d.....	2k		920570
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: CASSADY SCHILLER CPAS & ADVISORS

(2) EIN: 31-1311065

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		5000000
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>434648</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 MET-PRO TECHNOLOGIES LLC CONSOLIDATED PENSION PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 MET-PRO TECHNOLOGIES LLC	D Employer Identification Number (EIN) 46-2630972

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 42-1741646		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	0

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

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

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

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

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

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

Schedule R (Form 5500) 2021
v. 201209

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

14a

b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14b

c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

14c

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

a The corresponding number for the plan year immediately preceding the current plan year.....

15a

b The corresponding number for the second preceding plan year.....

15b

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

a Enter the number of employers who withdrew during the preceding plan year.....

16a

b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....

16b

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

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

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

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

a Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

**MET-PRO TECHNOLOGIES LLC
CONSOLIDATED PENSION PLAN**

Financial Statements

December 31, 2021 and 2020

Independent Auditor's Report

**MET-PRO TECHNOLOGIES LLC CONSOLIDATED PENSION PLAN
FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020**

TABLE OF CONTENTS

Independent Auditor's Report.....	1-3
Audited Financial Statements:	
Statement of Net Assets Available for Benefits.....	4
Statement of Changes in Net Assets Available for Benefits	5
Notes to Financial Statements	6-13
Supplemental Schedules:	
Schedule of Assets (Held at End of Year).....	15
Schedule of Reportable Transactions	16-17

Independent Auditor's Report

To the Plan Administrator and Participants
Met-Pro Technologies LLC Consolidated Pension Plan

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

We were engaged to audit the accompanying financial statements of the Met-Pro Technologies LLC Consolidated Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statement of net assets available for benefits as of December 31, 2021, the related statement of changes in net assets available for benefits for the year then ended, and the related notes to the financial statements (2021 Financial Statements).

Management, having determined it is permissible in the circumstances, has elected to have the audit of the 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 Rules and Regulations for Reporting and Disclosures 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 Department of Labor'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 Auditor's Responsibilities for the Audit of the 2021 Financial Statements section:

- The amounts and disclosures in the accompanying 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 accompanying 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 Auditor's 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 within one year after the date the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the 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 auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgement made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgement 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 judgement, 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 Matters

2021 Supplemental Schedules Required by ERISA

The supplemental schedule of assets (held at year end) as of December 31, 2021 and the supplemental 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

In forming our opinion on the supplemental schedules, we evaluated whether the supplemental schedules, other than the information agreed to or derived from the certified investment information, including their form and content, are presented in conformity with the Department of Labor'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, is presented, in all material respects, in conformity with the Department of Labor'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).

Auditor's Report on the 2020 Financial Statements

We were engaged to audit the 2020 financial statements of the Plan. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information certified by a qualified institution. In our report dated October 15, 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Cassidy Schiller & Associates, Inc.

Cincinnati, Ohio
October 17, 2022

MET-PRO TECHNOLOGIES LLC CONSOLIDATED PENSION PLAN
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2021 AND 2020

	<u>2021</u>	<u>2020</u>
ASSETS		
Cash and cash equivalents	\$ 90	\$ 446,331
Investments, at fair value:		
Corporate bonds	-	2,782,421
Corporate stocks	-	10,381,321
Foreign bonds	-	209,778
Money market funds	197,231	1,538,682
Mutual funds	29,264,996	9,982,311
Real estate investment trusts	-	298,579
U.S. government securities	698	2,905,734
	<u>29,462,925</u>	<u>28,098,826</u>
Total investments, at fair value		
Receivables:		
Accrued income	10,644	50,507
Due from brokers	-	67,927
	<u>10,644</u>	<u>118,434</u>
Total receivables		
Total assets	29,473,659	28,663,591
LIABILITIES		
Accrued expenses	20,673	131,175
NET ASSETS AVAILABLE FOR BENEFITS	\$ <u>29,452,986</u>	\$ <u>28,532,416</u>

**MET-PRO TECHNOLOGIES LLC CONSOLIDATED PENSION PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2021**

ADDITIONS

Additions to net assets attributed to:

Investment income:

Net appreciation in fair value of investments	\$ 2,275,687
Dividends and interest	<u>1,213,537</u>

Net investment income	3,489,224
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Company contribution	<u>-</u>
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Total additions	3,489,224
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DEDUCTIONS

Benefits paid to participants	2,075,561
Administrative expenses	455,764
Other expense	<u>37,329</u>

Total deductions	<u>2,568,654</u>
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Net increase in net assets	920,570
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Net assets available for benefits, beginning of year	<u>28,532,416</u>
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Net assets available for benefits, end of year	<u><u>\$ 29,452,986</u></u>
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MET-PRO TECHNOLOGIES LLC CONSOLIDATED PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2021 AND 2020

1. Plan description

The following description of the Met-Pro Technologies LLC Consolidated Pension Plan (the Plan) provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined benefit plan covering substantially all salary and hourly employees of Met-Pro Technologies LLC (Met-Pro), ultimately a wholly-owned subsidiary of CECO Environmental Corp. (the Company), who were hired before April 15, 2006 and former employees of The Kirk & Blum Manufacturing Co. (Kirk & Blum), a wholly-owned subsidiary of the Company, who were members of Sheet Metal Workers International Association, Local Union 183. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

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. For the year ended December 31, 2021, the Company did not make a contribution. The Company's minimum funding requirements of ERISA were previously met.

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

Met-Pro Employees

Effective December 31, 2006, the Plan was frozen for salary and non-bargaining hourly employees of Met-Pro. Effective December 31, 2008, the Plan was frozen for union hourly employees of Met-Pro. A participant's credited service, compensation and average monthly earnings were determined as of each freeze date. Participant accrued benefits were based on provisions of the Plan in effect at the freeze date and calculated as if participants had terminated employment as of the freeze date.

As of the freeze date, for a salary participant who was hired on or before December 15, 1982 and whose past service date was prior to September 1, 1986, the accrued monthly pension benefit was equal to the greater of (a), (b), (c) or (d) below. For other salary participants, the accrued monthly pension benefit was equal to the greater of (b), (c) or (d), as follows:

- (a) One-twelfth of the sum of (i), (ii) and (iii):
 - (i) 0.75% of the participant's base wage or salary on initial anniversary date, up to \$7,800, plus 1.20% of compensation in excess of \$7,800, multiplied by credited service on initial anniversary date
 - (ii) For each plan year beginning with the plan year commencing on the participant's initial anniversary date and ending with the plan year beginning September 1, 1988, 0.75% of the participant's base wage or salary, up to \$7,800, plus 1.75% of compensation in excess of \$7,800, multiplied by credited service earned during the plan year
 - (iii) For each plan year beginning with the plan year commencing September 1, 1989, 1.65% of participant's compensation multiplied by credited service earned during the plan year

- (b) 1% of average monthly compensation multiplied by completed months of credited service
- (c) \$22 multiplied by completed months of credited service
- (d) \$62.50 per month

As of the freeze dates, the monthly benefit for hourly participants was based on a specified amount multiplied by the participant's years and completed months of credited service as defined by the agreement. For non-bargaining hourly participants, the accrued monthly pension was \$24 for each year of credited service. For union employees, the accrued monthly pension was \$25 for each year of credited service.

Years of service continue to be counted under the Plan on and after the freeze date solely for purposes of vesting in the benefit accrued as of the freeze date and for determining eligibility for early retirement as to benefits accrued as of the freeze date, but not for any other purpose under the Plan.

A participant may be eligible for pension benefits (early retirement) at any time up to ten years prior to normal retirement date (the first day of the calendar month coincident with or next following the date on which a participant reaches the age of 65) provided that three years of service have been completed. Upon early retirement, a participant may select a benefit equal to the full accrued benefit with payment commencing at his normal retirement date or a reduced benefit commencing at any time from the date of retirement to the normal retirement date.

Kirk & Blum Employees

During 2014, all remaining active employees of Kirk & Blum participating in the Kirk & Blum Manufacturing Co. Sheet Metal Workers Local Union 183 Pension Plan were terminated. At that time, all participants became fully vested and participant accrued benefits were calculated as of the termination date. Normal retirement benefits are calculated by multiplying pension credits (calculated based on hours worked during each year of employment) by a set factor for each specific year worked.

Participants or their beneficiaries are entitled to receive benefits upon the earlier of their retirement, disability or death. Normal retirement age is the latter of age 65 or the fifth anniversary of plan participation; however, retirement may be postponed or early retirement elected at age 62 with certain limitations.

All Employees

In general, benefits are paid in the form of a life annuity, a qualified joint and survivor annuity, or a life annuity with term certain. Accrued benefits of \$5,000 or less are paid in a lump sum.

Death benefits

Salary Met-Pro Employees

A participant's beneficiary, should the option have been elected by the participant, shall receive a life annuity equal to the present value of a deceased participant's vested accrued benefit at the time of death. If an active, vested participant dies prior to retirement, the spouse is eligible for a life annuity.

Hourly Met-Pro Employees

A participant's beneficiary, should the option have been elected by the participant, shall receive a life annuity equal to the amount the participant would have received upon retirement under a joint and 50% survivor pension. If an active, vested participant dies prior to retirement, the spouse is eligible for a life annuity.

Kirk & Blum Employees

A participant's beneficiary, should the option have been elected by the participant, shall receive a life annuity equal to the amount the participant would have received upon retirement under a joint and 50% or 75% survivor pension. If an active, vested participant dies prior to retirement, the spouse is eligible for a life annuity.

Vesting

Met-Pro Employees

A participant becomes 20% vested after three years of credited service. Such vesting increases 20% each year thereafter until reaching 100% after seven years of credited service. All participants are fully vested as of December 31, 2021.

Kirk & Blum Employees

A participant becomes 100% vested upon the completion of three years of service with no vesting occurring prior to that time, or upon total and permanent disability. All participants are fully vested as of December 31, 2021.

Administrative expenses

The Plan pays certain administrative expenses. The Company provides other administrative services at no cost to the Plan, which are excluded from these financial statements. Investment income is stated net of investment fees.

2. Summary of accounting policies

Basis of accounting

The financial statements of the Plan are prepared under the accrual method of accounting in accordance with accounting principles generally accepted in the United States of America.

Use of estimates

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

Cash and cash equivalents

The Plan considers all highly liquid investments with a maturity of three months or less to be cash equivalents. The Plan places its cash deposits and temporary cash investments with financial institutions that, at times, may be uninsured or in deposit accounts that exceed the Federal Deposit Insurance Corporation insurance limit.

Investment valuation and income recognition

Investments are reported at fair value. Fair value of a financial instrument 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 Retirement Committee determines the Plan's valuation policies utilizing information provided by the investment advisor and trustee. See Note 5 for 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 in the fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Risks and uncertainties

The Plan utilizes various investment instruments, including money market funds, mutual funds, and U.S. government securities. Investment securities, in general, are exposed to various risks such as interest rate, credit and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the Statement of Net Assets Available for Benefits.

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

In March 2020, the World Health Organization characterized COVID-19 as a pandemic. As of December 31, 2021, the virus, including new emerging variants, continues to spread and has had a significant impact on worldwide economic activity and on macroeconomic conditions. It is uncertain as to the full magnitude or lasting impact that the pandemic will have on the Plan's net assets available for benefits, contributions, and actuarial present value of accumulated plan benefits.

Benefits

Benefit payments to participants are recorded when distributed.

3. Transactions with related parties

Certain plan investments are managed by Comerica Bank (Comerica). Comerica is the trustee and record keeper for the Plan and, therefore, these transactions qualify as party-in-interest transactions.

Fees paid by the Plan to parties-in-interest, including Comerica, and the Plan's investment advisor, independent actuary and auditor, are included in administrative expenses and amounted to the following for the year ended December 31, 2021:

Actuarial fees	\$	85,050
Investment management fees		43,866
Custodial fees		29,403
Audit fees		13,750

4. Tax status

The IRS has determined and informed the Company by a letter dated March 8, 2013, that the Plan and related trust were designed in accordance with the applicable requirements of the Internal Revenue Code (IRC). Although the Plan has been amended since that date, the plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified, and the related trust is tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) 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. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2018.

5. Fair value measurements

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

- Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2: Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in methodologies used at December 31, 2021 and 2020.

<i>Money market funds:</i>	Valued at the net asset value (NAV) of shares held by the Plan at year end, a quoted price in an active market.
<i>Mutual funds:</i>	Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan include open-end and closed-end mutual funds that are registered with the Securities Exchange Commission. These funds are required to publish their daily NAV and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.
<i>U.S. government securities:</i>	Valued at the closing price reported on the active market on which the individual securities are traded.
<i>Corporate bonds and stocks:</i>	Valued at the closing price reported on the active market on which the individual securities are traded. When quoted prices are not available for identical bonds, the bond is valued at the closing price of similar investments reported on the active market on which the individual bonds are traded.
<i>Foreign bonds:</i>	Valued at the closing price of similar investments reported on the active market on which the individual securities are traded.
<i>Real estate investment trusts:</i>	Valued at the closing price reported on the active market on which the individual securities are traded.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2021 and 2020. Classification within the fair value hierarchy table is based on the lowest level of any input that is significant to the fair value measurement.

Assets at Fair Value as of December 31, 2021				
	Level 1	Level 2	Level 3	Total
Money market funds	\$ 197,231	\$ -	\$ -	\$ 197,231
Mutual funds	29,264,996	-	-	29,264,996
U.S. government securities	698	-	-	698
Investments at fair value	<u>\$ 29,462,925</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 29,462,925</u>

Assets at Fair Value as of December 31, 2020				
	Level 1	Level 2	Level 3	Total
Corporate bonds	\$ 2,640,830	\$ 141,591	\$ -	\$ 2,782,421
Corporate stocks	10,381,321	-	-	10,381,321
Foreign bonds	-	209,778	-	209,778
Money market funds	1,538,682	-	-	1,538,682
Mutual funds	9,982,311	-	-	9,982,311
Real estate investment trusts	298,579	-	-	298,579
U.S. government securities	2,905,734	-	-	2,905,734
Investments at fair value	<u>\$ 27,747,457</u>	<u>\$ 351,369</u>	<u>\$ -</u>	<u>\$ 28,098,826</u>

For years ended December 31 2021 and 2020, there were no significant transfers between Levels 1 and 2 and no transfers in or out of Level 3.

6. Actuarial present value of accumulated plan benefits

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the services employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries.

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

The significant actuarial assumptions used in the valuation as of December 31, 2021 were: (a) life expectancy of participants (for healthy participants, the Pri-2012 Amount Weighted Total Dataset Mortality Tables projected generationally from 2012 using Scale MP-2021, for disabled participants, the Pri-2012 Disabled Retiree Mortality Tables projected generationally from 2012 using Scale MP-2021), (b) retirement age assumptions (variable probability between ages 55 and 66), and (c) discount rate of 5.50%.

The actuarial assumptions referenced above represent changes from the prior valuation. The significant actuarial assumptions used in the valuation as of December 31, 2020 were: (a) life expectancy of participants (for healthy participants, the Pri-2012 Amount Weighted Total Dataset Mortality Tables projected generationally from 2012 using Scale MP-2020, for disabled participants, the Pri-2012 Disabled Retiree Mortality Tables projected generationally from 2012 using Scale MP-2020), (b) retirement age assumptions (variable probability between ages 55 and 66), and (c) discount rate of 5.50%.

The foregoing actuarial assumptions are based on the assumption that the Plan will continue. If the Plan were to be terminated, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2022 and 2021. Had the valuations been performed as of December 31, there would be no material differences.

Accumulated plan benefits are summarized as follows at December 31:

	2021	2020
Actuarial present value of accumulated plan benefits		
Vested:		
Retirees and beneficiaries	\$ 20,198,512	\$ 19,980,614
Terminated participants with deferred benefits	4,583,297	5,218,553
Participating employees	1,793,910	1,644,359
	<u>26,575,719</u>	<u>26,843,526</u>
Non-vested	<u>-</u>	<u>-</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 26,575,719</u>	<u>\$ 26,843,526</u>
Actuarial present value of accumulated plan benefits at beginning of year	\$ 26,843,526	
Increases (decreases) during plan year due to:		
Interest due to decrease in the discount period	1,419,316	
Benefits paid	(2,075,561)	
Benefits accumulated and gains and losses	319,161	
Change of assumptions	<u>69,277</u>	
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 26,575,719</u>	

7. Plan termination

In the event that 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:

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

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

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

8. Information certified by the Plan's trustee

The plan administrator has elected the method of annual reporting compliance as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Comerica Bank, the trustee of the Plan, has certified that the following information included in the accompanying financial statements and supplemental schedules is complete and accurate:

- Cash and cash equivalents, investments, accrued income, and due from brokers, as shown in the Statement of Net Assets Available for Benefits as of December 31, 2021 and 2020
- Net investment income, as shown in the Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2021
- Schedule H, Line 4(i) – Schedule of Assets (Held at End of Year) as of December 31, 2021
- Schedule H, Line 4(j) – Schedule of Reportable Transactions for the year ended December 31, 2021

The Plan's independent accountants did not perform auditing procedures with respect to this information, except for comparing such information included in the financial statements and supplemental schedules.

9. Fidelity bonding requirements

The Plan was covered by a \$5,000,000 fidelity bond during 2021 and 2020.

10. Subsequent events

The plan administrator has evaluated subsequent events through October 17, 2022, the date the financial statements were available to be issued. The plan administrator is not aware of any subsequent events that would require recognition or disclosure in the Plan's financial statements.

SUPPLEMENTAL SCHEDULES

MET-PRO TECHNOLOGIES LLC CONSOLIDATED PENSION PLAN
SCHEDULE H, LINE 4(i) – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2021

EIN: 46-2630972

PLAN NUMBER: 001

(a)	(b) Identity of issue, borrower lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, and par or maturity value	(d) Cost	(e) Current value
	MONEY MARKET FUNDS			
*	COMERICA SHORT TERM FUND	MONEY MARKET FUND	\$ 197,231	\$ 197,231
	MUTUAL FUNDS			
	VANGUARD GROWTH INDEX FUND	MUTUAL FUND	3,079,785	3,623,282
	VANGUARD VALUE INDEX FUND	MUTUAL FUND	2,728,963	2,921,605
	MORGAN STANLEY CAPITAL GROWTH PORTFOLIO	MUTUAL FUND	3,466,543	2,871,248
	FIRST TRUST VALUE LINE DIVIDEND INDEX FUND	MUTUAL FUND	2,587,316	2,790,929
	VANGUARD MID-CAP GROWTH FUND	MUTUAL FUND	1,898,610	2,188,204
	VANGUARD MID-CAP VALUE FUND	MUTUAL FUND	1,947,977	2,058,769
	PIMCO INCOME FUND	MUTUAL FUND	1,589,621	1,573,904
	ISHARES MSCI INDEX FUND	MUTUAL FUND	1,508,344	1,475,958
	ISHARES MSCI MINIMUM VOLATILITY INDEX FUND	MUTUAL FUND	1,403,802	1,438,670
	PIMCO TOTAL RETURN FUND	MUTUAL FUND	1,390,828	1,386,772
	PIMCO ENHANCED SHORT MATURITY	MUTUAL FUND	1,390,431	1,384,161
	PIMCO ENHANCED SHORT MATURITY ACTIVE	MUTUAL FUND	1,390,137	1,382,684
	PIMCO ENHANCED LOW DURATION	MUTUAL FUND	1,391,612	1,372,651
	ISHARES RUSSELL 2000	MUTUAL FUND	1,067,863	1,054,635
	VIRTUS KAR SMALL-CAP CORE FUND	MUTUAL FUND	929,808	891,045
	ISHARES IBXX CORPORATE BOND FUND	MUTUAL FUND	556,292	554,254
	MILLER OPPORTUNITY TRUST INFINITY Q DIVERSIFIED ALPHA FUND	MUTUAL FUND	278,931	296,225
			<u>28,606,863</u>	<u>29,264,996</u>
	U.S. GOVERNMENT SECURITIES			
	FEDERAL HOME LOAN MTG CORP PARTN C GROUP NBR A8-8896	MORTGAGE BACKED SECURITY	674	698
	GOLD POOL 5.5% 09/01/2039			
			<u>\$ 28,804,768</u>	<u>\$ 29,462,925</u>

* Party-in-interest

MET-PRO TECHNOLOGIES LLC CONSOLIDATED PENSION PLAN
SCHEDULE H, LINE 4(j) – SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED DECEMBER 31, 2021

EIN: 46-2630972

PLAN NUMBER: 001

(a) Identity of party involved	(b) Description of asset	Number of purchase transactions	(c) Purchase price	Number of sales transactions	(d) Selling price	(f) Expense incurred with transaction	(g) Cost of assets	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Category (i)—A single transaction in excess of 5% of plan assets									
Buffalo Discovery Fund	Mutual Fund	-	\$ -	1	\$ 1,773,935	\$ -	\$ 1,270,984	\$ 1,773,935	\$ 502,951
* Comerica Short Term Fund	Money Market Fund	1	28,365,975	-	-	-	28,365,975	28,365,975	-
* Comerica Short Term Fund	Money Market Fund	-	-	1	4,611,600	-	4,611,600	4,611,600	-
* Comerica Short Term Fund	Money Market Fund	-	-	1	2,998,762	-	2,998,762	2,998,762	-
* Comerica Short Term Fund	Money Market Fund	-	-	1	2,748,200	-	2,748,200	2,748,200	-
* Comerica Short Term Fund	Money Market Fund	-	-	1	2,605,470	-	2,605,470	2,605,470	-
* Comerica Short Term Fund	Money Market Fund	-	-	1	2,521,712	-	2,521,712	2,521,712	-
* Comerica Short Term Fund	Money Market Fund	-	-	1	2,986,940	-	2,986,940	2,986,940	-
* Comerica Short Term Fund	Money Market Fund	-	-	1	2,932,339	-	2,932,339	2,932,339	-
* Comerica Short Term Fund	Money Market Fund	-	-	1	2,802,106	-	2,802,106	2,802,106	-
* Comerica Short Term Fund	Money Market Fund	-	-	1	2,957,083	-	2,957,083	2,957,083	-
First Trust Value Line Dividend Index Fund	Mutual Fund	1	2,602,205	-	-	3,265	2,605,470	2,605,470	-
iShares MCSI Index Fund	Mutual Fund	1	1,517,462	-	-	1,337	1,518,799	1,518,799	-
Morgan Stanley Cap Growth Portfolio	Mutual Fund	1	3,046,400	-	-	-	3,046,400	3,046,400	-
PIMCO Income Fund	Mutual Fund	1	1,565,200	-	-	-	1,565,200	1,565,200	-
Vanguard Mid-Cap Value Fund	Mutual Fund	1	1,960,662	-	-	827	1,961,490	1,961,490	-
Vanguard Mid-Cap Growth Fund	Mutual Fund	1	1,668,080	-	-	604	1,668,684	1,668,684	-
Vanguard Growth Index Fund	Mutual Fund	1	2,998,104	-	-	658	2,998,762	2,998,762	-
Vanguard Value Index Fund	Mutual Fund	-	-	1	2,782,468	14	2,297,803	2,782,468	484,651
Vanguard Value Index Fund	Mutual Fund	1	2,747,200	-	-	1,000	2,748,200	2,748,200	-

See independent auditor's report.

MET-PRO TECHNOLOGIES LLC CONSOLIDATED PENSION PLAN
SCHEDULE H, LINE 4(j) – SCHEDULE OF REPORTABLE TRANSACTIONS (CONTINUED)
YEAR ENDED DECEMBER 31, 2021

EIN: 46-2630972

PLAN NUMBER: 001

(a) Identity of party involved	(b) Description of asset	Number of purchase transactions	(c) Purchase price	Number of sales transactions	(d) Selling price	(f) Expense incurred with transaction	(g) Cost of assets	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Category (iii)—Series of transactions in excess of 5% of plan assets									
Buffalo Discovery Fund	Mutual Fund	-	\$ -	1	\$ 1,773,935	\$ -	\$ 1,270,984	\$ 1,773,935	\$ 502,951
* Comerica Short Term Fund	Money Market Fund	83	29,045,303	-	-	-	29,045,303	29,045,303	-
* Comerica Short Term Fund	Money Market Fund	-	-	42	30,386,754	-	30,386,754	30,386,754	-
First Trust Value Line Dividend Index Fund	Mutual Fund	1	2,602,205	-	-	3,265	2,605,470	2,605,470	-
First Trust Value Line Dividend Index Fund	Mutual Fund	-	-	1	18,983	285	18,155	18,983	543
iShares MCSI Index Fund	Mutual Fund	1	1,517,462	-	-	1,337	1,518,799	1,518,799	-
iShares MCSI Index Fund	Mutual Fund	-	-	2	1,280,630	161	1,064,486	1,280,630	215,983
iShares MSCI Minimum Volatility Index Fund	Mutual Fund	1	1,412,408	-	-	1,132	1,413,540	1,413,540	-
iShares MSCI Minimum Volatility Index Fund	Mutual Fund	-	-	2	1,119,711	155	1,057,350	1,119,711	62,206
Morgan Stanley Cap Growth Portfolio	Mutual Fund	3	3,609,165	-	-	-	3,609,165	3,609,165	-
Morgan Stanley Cap Growth Portfolio	Mutual Fund	-	-	2	162,500	-	142,623	162,500	19,877
PIMCO Income Fund	Mutual Fund	8	1,600,787	-	-	-	1,600,787	1,600,787	-
PIMCO Income Fund	Mutual Fund	-	-	1	11,000	-	11,166	11,000	(166)
Vanguard Mid-Cap Value Fund	Mutual Fund	1	1,960,662	-	-	827	1,961,490	1,961,490	-
Vanguard Mid-Cap Value Fund	Mutual Fund	-	-	1	14,103	212	13,513	14,103	378
Vanguard Mid-Cap Growth Fund	Mutual Fund	6	1,910,952	-	-	692	1,911,644	1,911,644	-
Vanguard Mid-Cap Growth Fund	Mutual Fund	-	-	1	14,943	224	13,034	14,943	1,685
Vanguard Growth Index Fund	Mutual Fund	3	3,154,919	-	-	694	3,155,613	3,155,613	-
Vanguard Growth Index Fund	Mutual Fund	-	-	2	84,711	1,181	75,829	84,711	7,701
Vanguard Value Index Fund	Mutual Fund	1	2,747,200	-	-	1,000	2,748,200	2,748,200	-
Vanguard Value Index Fund	Mutual Fund	-	-	2	2,802,505	315	2,317,040	2,802,505	485,150
* UBS	Various	210	1,281,841	-	-	-	1,281,841	1,281,841	-
* UBS	Various	-	-	492	29,485,011	98	23,016,768	29,485,011	6,468,145
* Linsco/Private Ledger	Various	20	22,539,426	-	-	13,186	22,552,612	22,552,612	-
* Linsco/Private Ledger	Various	-	-	14	223,485	3,264	208,654	223,485	11,567

There were no category (ii) or (iv) transactions during 2021.

Column for "Lease rental" is not applicable.

* Party-in-interest

See independent auditor's report.

SCHEDULE SB ATTACHMENT
Line 26 - Schedule of Active Participant Data

Plan Name: Met-Pro Technologies LLC Consolidated Pension

Plan EIN/PN: 46-2630972/001

Valuation Date: January 1, 2021

Age	Years of Credited Service										Total
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & Over	
Under 25	-	-	-	-	-	-	-	-	-	-	-
25 to 29	-	-	-	-	-	-	-	-	-	-	-
30 to 34	-	-	-	-	-	-	-	-	-	-	-
35 to 39	-	-	-	-	-	-	-	-	-	-	-
40 to 44	1	-	-	-	-	-	-	-	-	-	1
45 to 49	1	2	2	2	1	-	-	-	-	-	8
50 to 54	-	1	-	-	1	-	-	-	-	-	2
55 to 59	-	1	1	2	5	2	-	-	-	-	11
60 to 64	-	3	1	2	-	1	1	-	-	-	8
65 to 69	1	-	-	1	1	-	3	-	-	-	6
70 & Over	-	-	-	1	-	-	-	-	-	-	1
Total	3	7	4	8	8	3	4	-	-	-	37

SUMMARY OF ASSUMPTIONS

Funding Discount Rates IRS-Prescribed Three-Segment Rates, for the fourth month prior to the valuation date (September).

	Non-Stabilized	Limited to 25-Year Corridor
Segment 1:	2.22%	4.75%
Segment 2:	3.38%	5.36%
Segment 3:	3.92%	6.11%

The "Limited to 25 Year Corridor" rates are adjusted by the applicable maximum and applicable minimum percentages of the 25-year average segment rates, as set forth in the Highway and Transportation Funding Act of 2014 ('HATFA-14') for use in Minimum Required Contribution calculations. The IRS Maximum Deductible Limit Calculations use the rates from the "Non-Stabilized" column above.

The interest rates used to value the Target Liability for determining the minimum and maximum contributions are prescribed by law and based on elections made by the Plan Sponsor.

Effective Interest Rate The Effective Interest Rate (EIR) for the current Plan Year is 5.51%. For the prior Plan Year, the EIR was 5.29%.

The EIR is the single rate of interest which, if used to determine the Funding Target, would result in the same Funding Target determined using the Plan Sponsor's above-elected discount rates. The EIR is used to discount contributions for minimum funding requirements and to accumulate excess contributions to the end of the year.

Funding Expected Return on Assets Not applicable for funding calculation purposes. A smoothing method is not used to calculate the Actuarial Value of Assets; therefore, the Expected Return on Assets is not used.

The Expected Return on Assets assumption for the calculation of Actuarial Value of Assets is based on input by the Plan's investment advisors and reflects their view of the long-term rate of return on assets, based on current and target asset allocations at each valuation date.

Funding Administrative Expenses

Administrative expenses of \$360,000 were estimated to be paid from the trust in the current Plan Year and were included in the Normal Cost.

Expenses paid from the plan trust are estimated by reviewing historical fees paid from the trust and adjusting for PBGC premiums and other expenditures expected to be paid in this Plan Year, rounded up to the next \$5,000.

Salary Scale

None.

An experience analysis with respect to salary scale was not performed. As a result, the current assumption has been selected based on observations of recent compensation, the actuary's experience with plans of a similar size, plan design, workforce composition, and discussions with the Plan Sponsor.

Inflation

None.

Funding Mortality

§430(h) Static Separate Annuitant/Non-Annuitant Mortality Tables for the Current Plan Year.

The mortality assumptions used to value the Target Liability for determining the minimum and maximum contributions are prescribed by law and based on elections made by the Plan Sponsor.

Withdrawal Rates

Participants are assumed to terminate employment for reason other than death, disability, or retirement in accordance with annual rates varying by age. The sample rates are as follows:

Attained Age	Turnover Rates	
	Salaried Plan	Hourly Plan
20	15.00%	15.00%
25	15.00%	14.40%
30	13.80%	11.40%
35	10.80%	8.60%
40	8.20%	6.60%
45	6.20%	4.60%
50	4.20%	1.50%
60+	0.00%	0.00%

An experience analysis with respect to termination was not performed. As a result, the current assumption has been selected based on observations of recent terminations, the actuary's experience with plans of a similar size, plan design, workforce composition, and discussions with the Plan Sponsor.

Disability Incidence

None.

Retirement Rates**Active Participants**

Annual retirement rates which vary by age were assumed as follows: (Weighted Average Retirement Age is 63.)

Age	Rates
55	2.00%
56	1.00%
57	1.00%
58	1.00%
59	1.00%
60	5.00%
61	10.00%
62	25.00%
63	20.00%
64	20.00%
65	50.00%
66	20.00%
67+	100.00%

Terminated Vested Participants

Age 65, or age on valuation date if greater.

Age 62, or age on valuation date if greater for former Kirk and Blum participants.

An experience analysis with respect to retirement was not performed. As a result, the current assumption has been selected based on observations of recent retirements, the actuary's experience with plans of a similar size, plan design, workforce composition, and discussions with the Plan Sponsor.

Spousal Assumptions

80% of males and 80% of females are assumed to be married.

Wives are assumed to be three years younger than their husbands.

An experience analysis with respect to spousal information was not performed. As a result, the current assumption has been selected based on observations of recent spousal information, the actuary's experience with plans of a similar size, plan design, workforce composition, and discussions with the Plan Sponsor.

Form of Payment

Upon retirement, 80% of married participants are assumed to elect the optional joint and 50% survivor form of payment. It was assumed that one-half of the remaining participants elect the ten-year certain form of benefit and one-half elect the single life annuity form of benefit.

An experience analysis with respect to form of payment was not performed. As a result, the current assumption has been selected based on observations of recent form of payment elections, the actuary's experience with plans of a similar size, plan design, workforce composition, and discussions with the Plan Sponsor.

Changes in non-required funding assumptions since the prior valuation

None.

SUMMARY OF METHODS

Actuarial Cost Method

The Pension Protection Act (PPA) requires the calculation of the Target Liability and Target Normal Cost. The Target Liability represents the present value of benefits accumulated as of the valuation date. The present value is calculated by projecting future payments of the accrued benefit, adjusting for probability of receipt according to demographic assumptions, and discounting the payments back to the valuation date using the segment interest rates. Payments expected within five years of the valuation date are discounted using the first segment rate, payments expected at least five but within 20 years of the valuation date are discounted using the second segment rate, and payments expected at least 20 years from the valuation date are discounted using the third segment rate. The calculation of the Target Normal Cost is identical, except that the future payment stream is based on the benefit expected to accrue during the plan year.

Asset Method

We used financial data submitted by the trustee as of the valuation date without further audit. We have reviewed the information for internal consistency, and we have no reason to doubt its substantial accuracy.

Funding Actuarial Value of Assets Method

Actuarial Value of Assets is equal to the Market Value of Assets.

Accrued contributions are discounted back to the valuation date at the prior year's effective interest rate.

Changes in methods since the prior valuation

None.

MET-PRO TECHNOLOGIES LLC CONSOLIDATED PENSION PLAN
SCHEDULE H, LINE 4(j) – SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED DECEMBER 31, 2021

EIN: 46-2630972

PLAN NUMBER: 001

(a) Identity of party involved	(b) Description of asset	Number of purchase transactions	(c) Purchase price	Number of sales transactions	(d) Selling price	(f) Expense incurred with transaction	(g) Cost of assets	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Category (i)—A single transaction in excess of 5% of plan assets									
Buffalo Discovery Fund	Mutual Fund	-	\$ -	1	\$ 1,773,935	\$ -	\$ 1,270,984	\$ 1,773,935	\$ 502,951
* Comerica Short Term Fund	Money Market Fund	1	28,365,975	-	-	-	28,365,975	28,365,975	-
* Comerica Short Term Fund	Money Market Fund	-	-	1	4,611,600	-	4,611,600	4,611,600	-
* Comerica Short Term Fund	Money Market Fund	-	-	1	2,998,762	-	2,998,762	2,998,762	-
* Comerica Short Term Fund	Money Market Fund	-	-	1	2,748,200	-	2,748,200	2,748,200	-
* Comerica Short Term Fund	Money Market Fund	-	-	1	2,605,470	-	2,605,470	2,605,470	-
* Comerica Short Term Fund	Money Market Fund	-	-	1	2,521,712	-	2,521,712	2,521,712	-
* Comerica Short Term Fund	Money Market Fund	-	-	1	2,986,940	-	2,986,940	2,986,940	-
* Comerica Short Term Fund	Money Market Fund	-	-	1	2,932,339	-	2,932,339	2,932,339	-
* Comerica Short Term Fund	Money Market Fund	-	-	1	2,802,106	-	2,802,106	2,802,106	-
* Comerica Short Term Fund	Money Market Fund	-	-	1	2,957,083	-	2,957,083	2,957,083	-
First Trust Value Line Dividend Index Fund	Mutual Fund	1	2,602,205	-	-	3,265	2,605,470	2,605,470	-
iShares MCSI Index Fund	Mutual Fund	1	1,517,462	-	-	1,337	1,518,799	1,518,799	-
Morgan Stanley Cap Growth Portfolio	Mutual Fund	1	3,046,400	-	-	-	3,046,400	3,046,400	-
PIMCO Income Fund	Mutual Fund	1	1,565,200	-	-	-	1,565,200	1,565,200	-
Vanguard Mid-Cap Value Fund	Mutual Fund	1	1,960,662	-	-	827	1,961,490	1,961,490	-
Vanguard Mid-Cap Growth Fund	Mutual Fund	1	1,668,080	-	-	604	1,668,684	1,668,684	-
Vanguard Growth Index Fund	Mutual Fund	1	2,998,104	-	-	658	2,998,762	2,998,762	-
Vanguard Value Index Fund	Mutual Fund	-	-	1	2,782,468	14	2,297,803	2,782,468	484,651
Vanguard Value Index Fund	Mutual Fund	1	2,747,200	-	-	1,000	2,748,200	2,748,200	-

See independent auditor's report.

MET-PRO TECHNOLOGIES LLC CONSOLIDATED PENSION PLAN
SCHEDULE H, LINE 4(j) – SCHEDULE OF REPORTABLE TRANSACTIONS (CONTINUED)
YEAR ENDED DECEMBER 31, 2021

EIN: 46-2630972

PLAN NUMBER: 001

(a) Identity of party involved	(b) Description of asset	Number of purchase transactions	(c) Purchase price	Number of sales transactions	(d) Selling price	(f) Expense incurred with transaction	(g) Cost of assets	(h) Current value of asset on transaction date	(i) Net gain or (loss)
Category (iii)—Series of transactions in excess of 5% of plan assets									
Buffalo Discovery Fund	Mutual Fund	-	\$ -	1	\$ 1,773,935	\$ -	\$ 1,270,984	\$ 1,773,935	\$ 502,951
* Comerica Short Term Fund	Money Market Fund	83	29,045,303	-	-	-	29,045,303	29,045,303	-
* Comerica Short Term Fund	Money Market Fund	-	-	42	30,386,754	-	30,386,754	30,386,754	-
First Trust Value Line Dividend Index Fund	Mutual Fund	1	2,602,205	-	-	3,265	2,605,470	2,605,470	-
First Trust Value Line Dividend Index Fund	Mutual Fund	-	-	1	18,983	285	18,155	18,983	543
iShares MCSI Index Fund	Mutual Fund	1	1,517,462	-	-	1,337	1,518,799	1,518,799	-
iShares MCSI Index Fund	Mutual Fund	-	-	2	1,280,630	161	1,064,486	1,280,630	215,983
iShares MSCI Minimum Volatility Index Fund	Mutual Fund	1	1,412,408	-	-	1,132	1,413,540	1,413,540	-
iShares MSCI Minimum Volatility Index Fund	Mutual Fund	-	-	2	1,119,711	155	1,057,350	1,119,711	62,206
Morgan Stanley Cap Growth Portfolio	Mutual Fund	3	3,609,165	-	-	-	3,609,165	3,609,165	-
Morgan Stanley Cap Growth Portfolio	Mutual Fund	-	-	2	162,500	-	142,623	162,500	19,877
PIMCO Income Fund	Mutual Fund	8	1,600,787	-	-	-	1,600,787	1,600,787	-
PIMCO Income Fund	Mutual Fund	-	-	1	11,000	-	11,166	11,000	(166)
Vanguard Mid-Cap Value Fund	Mutual Fund	1	1,960,662	-	-	827	1,961,490	1,961,490	-
Vanguard Mid-Cap Value Fund	Mutual Fund	-	-	1	14,103	212	13,513	14,103	378
Vanguard Mid-Cap Growth Fund	Mutual Fund	6	1,910,952	-	-	692	1,911,644	1,911,644	-
Vanguard Mid-Cap Growth Fund	Mutual Fund	-	-	1	14,943	224	13,034	14,943	1,685
Vanguard Growth Index Fund	Mutual Fund	3	3,154,919	-	-	694	3,155,613	3,155,613	-
Vanguard Growth Index Fund	Mutual Fund	-	-	2	84,711	1,181	75,829	84,711	7,701
Vanguard Value Index Fund	Mutual Fund	1	2,747,200	-	-	1,000	2,748,200	2,748,200	-
Vanguard Value Index Fund	Mutual Fund	-	-	2	2,802,505	315	2,317,040	2,802,505	485,150
* UBS	Various	210	1,281,841	-	-	-	1,281,841	1,281,841	-
* UBS	Various	-	-	492	29,485,011	98	23,016,768	29,485,011	6,468,145
* Linsco/Private Ledger	Various	20	22,539,426	-	-	13,186	22,552,612	22,552,612	-
* Linsco/Private Ledger	Various	-	-	14	223,485	3,264	208,654	223,485	11,567

There were no category (ii) or (iv) transactions during 2021.

Column for "Lease rental" is not applicable.

* Party-in-interest

See independent auditor's report.

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 <u>01/01/2021</u> and ending <u>12/31/2021</u>	
► Round off amounts to nearest dollar.	
► Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan MET-PRO TECHNOLOGIES LLC CONSOLIDATED PENSION PLAN	B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF MET-PRO TECHNOLOGIES LLC	D Employer Identification Number (EIN) 46-2630972
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information		
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2021</u>		
2	Assets:		
a Market value	2a	28,543,975	
b Actuarial value	2b	28,543,975	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
a For retired participants and beneficiaries receiving payment.....		378	20,469,143
b For terminated vested participants.....		149	5,071,757
c For active participants		37	1,615,542
d Total.....		564	27,156,442
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐		
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b		
5	Effective interest rate	5	5.51%
6	Target normal cost.....		
a Present value of current plan year accruals.....	6a	360,000	
b Expected plan-related expenses	6b	0	
c Total (line 6a + line 6b)	6c	360,000	

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	David B. Reid <i>DBR</i> _____ Signature of actuary	10/05/2022 _____ Date
	David B. Reid _____ Type or print name of actuary	2006971 _____ Most recent enrollment number
	CBIZ _____ Firm name	215-587-0700 _____ Telephone number (including area code)
	1845 Walnut Street, 10th Floor Philadelphia PA 19103 _____ Address of the firm	

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
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	0
10 Interest on line 9 using prior year's actual return of <u>7.33%</u>	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.29%</u>		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	105.10%
15 Adjusted funding target attainment percentage	15	105.10%
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	101.11%
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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ►			18(b)	0	18(c)
0					
19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:					
a Contributions allocated toward unpaid minimum required contributions from prior years				19a	0
b Contributions made to avoid restrictions adjusted to valuation date				19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date				19c	0
20 Quarterly contributions and liquidity shortfalls:					
a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No					
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No					
c If line 20a is "Yes," see instructions and complete the following table as applicable:					
Liquidity shortfall as of end of quarter of this plan year					
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th		

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.36 %	3rd segment: 6.11 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c).....	31a	360,000	
b Excess assets, if applicable, but not greater than line 31a	31b	360,000	
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

Met-Pro Technologies LLC Consolidated Pension Plan
EIN: 46-2630972 Plan: 001
Attachment to the 2021 Form 5500 Schedule SB

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

Age	Rate of Retirement	Percent not Retiring	Percent Retiring	Weighted Average
55	2.00%	98.00%	2.00%	1.10
56	1.00%	97.02%	0.98%	0.55
57	1.00%	96.05%	0.97%	0.55
58	1.00%	95.09%	0.96%	0.56
59	1.00%	94.14%	0.95%	0.56
60	5.00%	89.43%	4.71%	2.82
61	10.00%	80.49%	8.94%	5.46
62	25.00%	60.37%	20.12%	12.48
63	20.00%	48.30%	12.07%	7.61
64	20.00%	38.64%	9.66%	6.18
65	50.00%	19.32%	19.32%	12.56
66	20.00%	15.46%	3.86%	2.55
67	100.00%	0.00%	15.46%	10.36
				63.34

Average retirement age is rounded to 63.

SUMMARY OF PRINCIPAL PLAN PROVISIONS

Legacy Salaried Plan

Type of Plan	The Plan is a defined benefit plan.
Effective Date	September 1, 1968. The Plan was most recently amended effective January 1, 2016 and restated effective February 1, 2012.
Eligibility for Participation	Any salaried employee of Met-Pro Technologies LLC who is not covered by a collective bargaining agreement becomes eligible to participate on date of hire. Employees hired on or after April 15, 2006 are not eligible to participate.
Credited Service	An employee's benefits under the Plan are based on credited service which is equal to the sum of Past Service and Future Credited Service. Past Service is equal to the employee's years of service since his date of hire and before his Past Service Date. However, service before January 1, 1970 for employees of System (Oxy) Division; before August 1, 1970 for employees of Stiles-Kem Division; before July 1, 1977 for employees of Sethco Division; before October 1, 1985 for employees of Dean Pump Division; before July 1, 1988 for employees of Duall Division; before July 1, 1993 for employees of Mefiag Division; before February 1, 1997 for employees of Strobic Air; before November 1, 1998 for employees of Flex Kleen Division; and before June 1, 2002 for employees of Pristine Hydrochemical is not used in calculating credited service. Past Service Dates are as follows:

Division	Past Service
Corporation	September 1, 1975
Systems (Non-oxy)	September 1, 1975
Fybroc	September 1, 1975
Keystone Filter	September 1, 1975
Setcho	September 1, 1977
Stiles-Kem	September 1, 1977
Systems (Oxy)	September 1, 1979
Dean Pump	September 1, 1986
Duall	September 1, 1990
Mefiag	September 1, 1993
Strobic Air	February 1, 1997
Flex Kleen	November 1, 1998
Pristine Hydro chemical	June 1, 2002

**Credited Service
(continued)**

Future Credited Service shall equal one year for each full Plan Year for which the Eligible Employee has 1,000 or more hours of service. For any Plan Year in which the employee is an Eligible Employee for less than the full Plan Year, he shall accrue one-twelfth of a year of Future Credited Service for each month in which he has completed at least 83 1/3 hours of service. Credited service was frozen as of December 31, 2006.

Initial Anniversary Date

<u>Division</u>	<u>Past Service</u>
Corporation	September 1, 1968
Systems (Non-oxy)	September 1, 1968
Fybroc	September 1, 1975
Keystone	September 1, 1975
Setcho	September 1, 1977
Stiles-Kem	September 1, 1977
Systems (Oxy)	September 1, 1979

Compensation

Gross salary, commissions, and bonuses paid to employees during the calendar year, with a \$200,000 (as indexed in accordance with IRC Section 401(a)(17)) limit on compensation.

Normal Retirement Date

First day of the month coincident with or next following the participant's 65th birthday.

**Normal Retirement
Pension**

The normal form of pension for a Participant who is not married is a single life annuity. The normal form of pension for a Participant who is married on the date his pension commences is a lifetime pension with 50 percent of such pension continued to the spouse if the spouse survives the Participant. The amount of the lifetime pension shall be equal to the Actuarial Equivalent of the pension amount he would have received if he had been single.

Accrued Monthly Pension For a participant who was hired on or before December 15, 1982 and whose Past Service Date is prior to September 1, 1986, the Accrued Monthly Pension is equal to the greater of (1) or (2) or (3) or (4). For other participants, the Accrued Monthly Pension is equal to the greater of (2) or (3) or (4).

1) Is $1/12$ of the sum of (a), (b), and (c):

- a) 0.75% of the participant's base wage or salary on his Initial Anniversary Date, up to \$7,800, plus 1.20% of base wage or salary in excess of \$7,800, multiplied by Credited Service on his Initial Anniversary Date.
- b) For each Plan Year beginning with the Plan Year commencing on the participant's Initial Anniversary Date and ending with the Plan Year beginning on September 1, 1988, 0.75% of the Participant's base wage or salary at the beginning of the Plan Year, up to \$7,800, plus 1.75% of such base wage or salary in excess of \$7,800, multiplied by Credited Service earned during the Plan Year.
- c) For each Plan Year beginning with the Plan Year commencing on September 1, 1989, 1.65% of the Participant's Compensation.

2) 1% of Average Monthly Compensation, multiplied by Credited Service. Average Monthly Compensation is equal to $1/60$ of the Participant's Compensation for the five full calendar years preceding termination of employment.

3) \$22.00 multiplied by Credited Service.

4) \$62.50 per month.

Benefit accruals were frozen at December 31, 2006.

Normal Retirement Benefit Accrued Monthly Pension payable on Normal Retirement Date.

Early Retirement Benefit **Eligibility:** Retirement before Normal Retirement Date and on or after attaining age 55 and completing three years of service.

Benefit: Vested Portion of Monthly Accrued Pension determined as of early retirement date, reduced by $5/9$ percent for each of the first 60 months, and $5/18$ percent for each of the next 60 months by which his pension commences before his Normal Retirement Date.

Late Retirement Benefit **Eligibility:** Retirement after Normal Retirement Date.

Benefit: The greater of (a) and (b):

- a) Accrued Monthly Pension at age 65, actuarially increased to Retirement Age.
- b) Accrued Monthly Pension at age of Retirement.

Vested Benefit **Eligibility:** Employee terminates employment with three or more years of service and is not eligible for Normal or Early Retirement.

Benefit: Vested Portion of Monthly Accrued Pension payable at Normal Retirement Date or a reduced benefit beginning as early as age 55. The reduction is equal to 5/9 percent for each of the first 60 months, and 5/18 percent for each of the next 60 months by which his pension commences before his Normal Retirement Date. The vested portion of the benefit is as follows:

<u>Completed Years of Service</u>	<u>Vesting Percent</u>
Less than 3	0%
3	20%
4	40%
5	60%
6	80%
7 or more	100%

Monthly Pre-Retirement Survivor Benefit Upon the death of a vested employee or former employee, his designated beneficiary will receive a single life pension equal in value to the present value of the employee's vested Monthly Accrued Pension. This benefit will start on the earliest date which the Participant could have begun to receive benefits if he had survived (the first day of the month following the Participant's death if the Participant had been eligible at the time of his death to begin receiving benefits).

Changes since the Prior Valuation None.

Legacy Hourly Plan

Type of Plan	The Plan is a defined benefit plan.
Effective Date	September 1, 1977. The Plan was most recently amended effective January 1, 2016 and restated effective February 1, 2012.
Eligibility for Participation	Any hourly-rate employee of Met-Pro Technologies LLC who is not covered by a collective bargaining agreement (unless the agreement specifies participation) becomes eligible to participate on the September 1 st coincident with or next following the date on which he has completed at least six months of service. Employees hired on or after April 15, 2006 are not eligible to participate in the Plan.
Credited Service	An employee's benefits under the Plan are based on credited service which is equal to the sum of Past Service and Future Credited Service. Past Service is equal to the employee's years of service since his date of hire and before his Past Service Date. However, service before October 1, 1985 for employees of Dean Pump Division; before July 1, 1988 for employees of Duall Division; before July 1, 1993 for employees of Mefiag Division; before July 1, 1977 for employees of Sethco Division; before August 1, 1970 for employees of Stiles-Kem Division; before January 1, 1970 for employees of System (Oxy) Division; before February 1, 1997 for employees of Strobic Air; before November 1, 1998 for employees of Flex Kleen Division; and before June 1, 2002 for employees of Pristine Hydrochemical is not used in calculating credited service. Past Service Dates are as follows:

Division	Past Service
Corporation	September 1, 1975
Systems (Non-oxy)	September 1, 1975
Fybroc	September 1, 1975
Keystone Filter	September 1, 1975
Setcho	September 1, 1977
Stiles-Kem	September 1, 1977
Systems (Oxy)	September 1, 1979
Dean Pump	September 1, 1986
Duall	September 1, 1990
Mefiag	September 1, 1993
Strobic Air	February 1, 1997
Flex Kleen	November 1, 1998
Pristine Hydrochemical	June 1, 2002

Credited Service (continued)	Future Credited Service shall equal one year for each full Plan Year for which the Eligible Employee has 1,000 or more hours of service. For any Plan Year in which the employee is an Eligible Employee for less than the full Plan Year, he shall accrue one-twelfth of a year of Future Credited Service for each month in which he has completed at least 83 1/3 hours of service. Credited Service for those participants not employed at Fybroc was frozen as of December 31, 2006. Credited Service for those participants employed at Fybroc was frozen as of December 31, 2008.
Normal Retirement Date	First day of the month coincident with or next following the participant's 65th birthday.
Normal Form of Pension	The normal form of pension for a Participant who is not married is a single life annuity. The normal form of pension for a Participant who is married on the date his pension commences is a lifetime pension with 50 percent of such pension continued to the spouse if the spouse survives the Participant. The amount of the lifetime pension shall be equal to the Actuarial Equivalent of the pension amount he would have received if he had been single.
Accrued Monthly Pension	For Participants not employed at Fybroc: Effective January 1, 2005, the Accrued Monthly Pension is \$24.00 for each year of Credited Service. Benefit accruals were frozen at December 31, 2006. For Participants employed at Fybroc: Effective January 1, 2008, the Accrued Monthly Pension is \$25.00 for each year of Credited Service. Benefit accruals were frozen at December 31, 2008.
Normal Retirement Benefit	Accrued Monthly Pension payable on Normal Retirement Date.
Early Retirement Benefit	Eligibility: Retirement before Normal Retirement Date and on or after attaining age 55 and completing three years of service. Benefit: Vested Portion of Monthly Accrued Pension determined as of early retirement date, reduced by 5/9 percent for each of the first 60 months, and 5/18 percent for each of the next 60 months by which his pension commences before his Normal Retirement Date.
Late Retirement Benefit	Eligibility: Retirement after Normal Retirement Date. Benefit: The greater of (a) and (b): a) Accrued Monthly Pension at age 65, actuarially increased to Retirement Age. b) Accrued Monthly Pension at age of Retirement.

Vested Benefit

Eligibility: Employee terminates employment with three or more years of service and is not eligible for Normal or Early Retirement.

Benefit: Vested Portion of Monthly Accrued Pension payable at Normal Retirement Date or a reduced benefit beginning as early as age 55. The reduction is equal to 5/9 percent for each of the first 60 months, and 5/18 percent for each of the next 60 months by which his pension commences before his Normal Retirement Date. The vested portion of the benefit is as follows:

Completed Years of Service	Vesting Percent
Less than 3	0%
3	20%
4	40%
5	60%
6	80%
7 or more	100%

Monthly Pre-Retirement Spouse Benefit

Upon the death of a vested employee or former employee, his spouse will receive a single life pension. If the Participant was eligible for early retirement, his spouse will receive the same benefit she would have received if the Participant had retired the day before his death and had chosen the normal form of benefit. If the Participant was not eligible for early retirement, his spouse will receive a lifetime benefit commencing on the first day the employee would have been eligible to receive a benefit. The amount of the benefit will be the same as if the employee had terminated employment on the date of his death, survived to age 55, retired under the Joint and 50% survivor form of pension, and then died. In the case of the death of a former employee, the amount of the benefit would be the same as if he had survived to age 55, retired under Joint and 50% survivor form of pension, and then died.

Changes since the Prior Valuation

None.

Kirk & Blum Plan

Type of Plan	The Plan is a defined benefit plan.
Effective Date	December 31, 1958. The Plan was most recently amended effective January 1, 2016 and restated effective January 1, 2012.
Eligibility for Participation	All employees of the Kirk & Blum Manufacturing Company become eligible to participate on the 1 st of the month following membership in the Sheet Metal Workers Local International, Local Union 183.
Years of Service	One Year of Service is granted if 1,000 Hours of Service is performed during the Plan Year.
Normal Retirement Date	The first day of the month coinciding with or next following the later of the Participant's 65 th birthday or the 5 th anniversary of the date on which participation in the Plan commenced.
Pension Credit	Pension Credits shall mean the sum of units earned by a Participant for hours actually worked by the Participant for the Employer and hours for which such Participant is compensated by the Employer but for which no work is performed including but not limited to vacation time, paid holidays, sick leave, etc. The Pension Credits with which a Participant is to be credited for any one Plan Year shall be determined as follows:

Hours of Service	Pension Credit
Less than 100	0.0
100 - 199	0.2
200 - 399	0.3
400 - 599	0.4
600 - 799	0.5
800 - 999	0.6
1,000 - 1,199	0.7
1,200 - 1,399	0.8
1,400 - 1,599	0.9
More than 1,600	1.0

Accrued Monthly Pension Sum of the Pension Credits earned in a given time period times the benefit rate in effect for that period.

Time Period	Benefit Rate
Before 09/01/63	\$1.50
09/01/63 - 03/21/72	\$1.75
03/21/72 - 03/01/75	\$5.00
03/01/75 - 03/31/87	\$9.00
04/01/87 - 03/31/88	\$11.00
04/01/88 - 03/31/89	\$13.00
04/01/89 - 03/31/90	\$14.00
04/01/90 - 03/31/91	\$16.00
04/01/91 - 03/31/92	\$18.00
04/01/92 - 03/31/93	\$19.00
04/01/93 - 03/31/94	\$21.00
04/01/94 - 03/31/95	\$23.00
04/01/95 - 03/31/96	\$25.00
04/01/96 - 03/31/97	\$28.00
04/01/97 - 03/31/98	\$30.00
04/01/98 - 03/31/99	\$32.00
04/01/99 - 03/31/00	\$34.00
04/01/00 - 03/31/01	\$36.00
04/01/01 - 03/31/03	\$38.00
04/01/03 - 03/31/04	\$39.00
04/01/04 - 03/31/08	\$40.00
04/01/08 and after	\$41.00

Normal Retirement Benefit Accrued Monthly Pension payable on Normal Retirement Date.

Early Retirement Benefit **Eligibility:** The first day of the month coinciding with or next following the later of the Participant's 62nd birthday or 5 Years of Service.

Benefit: Calculated as for Normal Retirement without reduction for early commencement.

Disability Benefit **Eligibility:** Total and Permanent Disability as determined under the Social Security Act.

Benefit: Calculated as for Normal Retirement payable immediately without reduction for early commencement.

Late Retirement Benefit **Eligibility:** Retirement after Normal Retirement Date.

Benefit: The greater of (a) and (b):

- a) Accrued Monthly Pension at age 65, actuarially increased to Retirement Age.
- b) Accrued Monthly Pension at age of Retirement.

Vested Benefit

Eligibility: Employee terminates employment with three or more years of service and is not eligible for Normal or Early Retirement.

Benefit: Calculated as for Normal Retirement payable at Normal Retirement Date. Participant may elect to receive benefit calculated as for Early Retirement.

Completed Years of Service	Vesting Percent
Less than 3	0%
3	100%

Monthly Pre-Retirement Spouse Benefit

Eligibility: Married and 3 Years of Service.

Benefit: Upon the death of a vested employee or former employee, his spouse will receive a single life pension. If the Participant was eligible for early retirement, his spouse will receive the same benefit she would have received if the Participant had retired the day before his death and had chosen the normal form of benefit. If the Participant was not eligible for early retirement, his spouse will receive a lifetime benefit commencing on the first day the employee would have been eligible to receive a benefit. The amount of the benefit will be the same as if the employee had terminated employment on the date of his death, survived to the earliest retirement date, retired under the Joint and 50% survivor form of pension, and then died.

Normal Form of Pension

The normal form of pension for a Participant who is not married is a single life annuity. The normal form of pension for a Participant who is married on the date his pension commences is a lifetime pension with 50 percent of such pension continued to the spouse if the spouse survives the Participant. The amount of the lifetime pension shall be equal to the Actuarial Equivalent of the pension amount he would have received if he had been single.

Optional Forms of Pension

Life Annuity
Five or Ten Year Certain and Life
75% or 100% Joint & Survivor Annuity

Changes since the Prior Valuation

None.

MET-PRO TECHNOLOGIES LLC CONSOLIDATED PENSION PLAN
SCHEDULE H, LINE 4(i) – SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2021

EIN: 46-2630972

PLAN NUMBER: 001

(a)	(b) Identity of issue, borrower lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, and par or maturity value	(d) Cost	(e) Current value
	MONEY MARKET FUNDS			
*	COMERICA SHORT TERM FUND	MONEY MARKET FUND	\$ 197,231	\$ 197,231
	MUTUAL FUNDS			
	VANGUARD GROWTH INDEX FUND	MUTUAL FUND	3,079,785	3,623,282
	VANGUARD VALUE INDEX FUND	MUTUAL FUND	2,728,963	2,921,605
	MORGAN STANLEY CAPITAL GROWTH PORTFOLIO	MUTUAL FUND	3,466,543	2,871,248
	FIRST TRUST VALUE LINE DIVIDEND INDEX FUND	MUTUAL FUND	2,587,316	2,790,929
	VANGUARD MID-CAP GROWTH FUND	MUTUAL FUND	1,898,610	2,188,204
	VANGUARD MID-CAP VALUE FUND	MUTUAL FUND	1,947,977	2,058,769
	PIMCO INCOME FUND	MUTUAL FUND	1,589,621	1,573,904
	ISHARES MSCI INDEX FUND	MUTUAL FUND	1,508,344	1,475,958
	ISHARES MSCI MINIMUM VOLATILITY INDEX FUND	MUTUAL FUND	1,403,802	1,438,670
	PIMCO TOTAL RETURN FUND	MUTUAL FUND	1,390,828	1,386,772
	PIMCO ENHANCED SHORT MATURITY	MUTUAL FUND	1,390,431	1,384,161
	PIMCO ENHANCED SHORT MATURITY ACTIVE	MUTUAL FUND	1,390,137	1,382,684
	PIMCO ENHANCED LOW DURATION	MUTUAL FUND	1,391,612	1,372,651
	ISHARES RUSSELL 2000	MUTUAL FUND	1,067,863	1,054,635
	VIRTUS KAR SMALL-CAP CORE FUND	MUTUAL FUND	929,808	891,045
	ISHARES IBXX CORPORATE BOND FUND	MUTUAL FUND	556,292	554,254
	MILLER OPPORTUNITY TRUST INFINITY Q DIVERSIFIED ALPHA FUND	MUTUAL FUND	278,931	296,225
			<u>28,606,863</u>	<u>29,264,996</u>
	U.S. GOVERNMENT SECURITIES			
	FEDERAL HOME LOAN MTG CORP PARTN C GROUP NBR A8-8896	MORTGAGE BACKED SECURITY	674	698
	GOLD POOL 5.5% 09/01/2039			
			<u>\$ 28,804,768</u>	<u>\$ 29,462,925</u>

* Party-in-interest

See independent auditor's report.