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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                                                                                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                           |
| For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u> |                                                                                                                                                                                                                                                                                                                                           |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) ____ |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                     |
| <b>C</b> If the plan is a collectively-bargained plan, check here. ....                                  | ▶ <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                     |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                    |
| <b>E</b> If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ....   | ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                |

|                                                                                                                                                                                                                                                                                                                                                                                     |                                          |            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------|
| <b>Part II Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                                                              |                                          |            |
| <b>1a</b> Name of plan<br><u>WEIR FLOWAY, INC. PENSION PLAN DBPP</u>                                                                                                                                                                                                                                                                                                                | <b>1b</b> Three-digit plan number (PN) ▶ | <u>002</u> |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>TRILLIUM PUMPS USA, INC.</u><br><br><u>945 BUNKER HILL ROAD</u><br><u>SUITE 250</u><br><u>HOUSTON, TX 77024</u> |                                          |            |
| <b>1c</b> Effective date of plan<br><u>01/17/1992</u>                                                                                                                                                                                                                                                                                                                               |                                          |            |
| <b>2b</b> Employer Identification Number (EIN)<br><u>77-0298303</u>                                                                                                                                                                                                                                                                                                                 |                                          |            |
| <b>2c</b> Plan Sponsor's telephone number<br><u>559-442-4000</u>                                                                                                                                                                                                                                                                                                                    |                                          |            |
| <b>2d</b> Business code (see instructions)<br><u>333200</u>                                                                                                                                                                                                                                                                                                                         |                                          |            |

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

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

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/13/2023 | SUSAN BURTON                                                 |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2022)  
v. 220413

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |    |              |    |           |     |           |    |           |     |           |    |           |     |           |  |           |   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----|--------------|----|-----------|-----|-----------|----|-----------|-----|-----------|----|-----------|-----|-----------|--|-----------|---|
| <b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor<br><br>TRILLIUM FLOW TECHNOLOGIES RETIREMENT PLANS COMMITTEE<br><br>945 BUNKER HILL ROAD<br>SUITE 250<br>HOUSTON, TX 77024                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>3b</b> Administrator's EIN<br>77-0298303<br><br><b>3c</b> Administrator's telephone number<br>559-442-4000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |              |    |              |    |           |     |           |    |           |     |           |    |           |     |           |  |           |   |
| <b>4</b> 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |              |    |              |    |           |     |           |    |           |     |           |    |           |     |           |  |           |   |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>5</b> 215                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |              |    |              |    |           |     |           |    |           |     |           |    |           |     |           |  |           |   |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits.....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....<br><br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 15%;"><b>6a(1)</b></td><td style="text-align: right;">28</td></tr> <tr><td><b>6a(2)</b></td><td style="text-align: right;">25</td></tr> <tr><td><b>6b</b></td><td style="text-align: right;">107</td></tr> <tr><td><b>6c</b></td><td style="text-align: right;">43</td></tr> <tr><td><b>6d</b></td><td style="text-align: right;">175</td></tr> <tr><td><b>6e</b></td><td style="text-align: right;">32</td></tr> <tr><td><b>6f</b></td><td style="text-align: right;">207</td></tr> <tr><td><b>6g</b></td><td></td></tr> <tr><td><b>6h</b></td><td style="text-align: right;">0</td></tr> </table> | <b>6a(1)</b> | 28 | <b>6a(2)</b> | 25 | <b>6b</b> | 107 | <b>6c</b> | 43 | <b>6d</b> | 175 | <b>6e</b> | 32 | <b>6f</b> | 207 | <b>6g</b> |  | <b>6h</b> | 0 |
| <b>6a(1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 28                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |    |              |    |           |     |           |    |           |     |           |    |           |     |           |  |           |   |
| <b>6a(2)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |    |              |    |           |     |           |    |           |     |           |    |           |     |           |  |           |   |
| <b>6b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 107                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |    |              |    |           |     |           |    |           |     |           |    |           |     |           |  |           |   |
| <b>6c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 43                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |    |              |    |           |     |           |    |           |     |           |    |           |     |           |  |           |   |
| <b>6d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 175                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |    |              |    |           |     |           |    |           |     |           |    |           |     |           |  |           |   |
| <b>6e</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 32                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |              |    |              |    |           |     |           |    |           |     |           |    |           |     |           |  |           |   |
| <b>6f</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 207                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |              |    |              |    |           |     |           |    |           |     |           |    |           |     |           |  |           |   |
| <b>6g</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |    |              |    |           |     |           |    |           |     |           |    |           |     |           |  |           |   |
| <b>6h</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |              |    |              |    |           |     |           |    |           |     |           |    |           |     |           |  |           |   |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |    |              |    |           |     |           |    |           |     |           |    |           |     |           |  |           |   |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>1A 1I 3H<br><br><b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |    |              |    |           |     |           |    |           |     |           |    |           |     |           |  |           |   |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                                                                                                                                                                                                |              |    |              |    |           |     |           |    |           |     |           |    |           |     |           |  |           |   |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |              |    |              |    |           |     |           |    |           |     |           |    |           |     |           |  |           |   |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>0 A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 \_\_\_\_\_

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection</b> |
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For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

▶ **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.

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>WEIR FLOWAY, INC. PENSION PLAN DBPP</u>                                                                       | <b>B</b> Three-digit plan number (PN) ▶ <u>002</u>                                                                                                      |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>TRILLIUM PUMPS USA, INC.</u>                               | <b>D</b> Employer Identification Number (EIN)<br><u>77-0298303</u>                                                                                      |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |

|                                                                                                                                                                                                                 |                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                                                                                                                                   | <b>Basic Information</b>                                                      |
| <b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2022</u>                                                                                                                               |                                                                               |
| <b>2</b> Assets:                                                                                                                                                                                                |                                                                               |
| <b>a</b> Market value.....                                                                                                                                                                                      | <b>2a</b> <u>18624103</u>                                                     |
| <b>b</b> Actuarial value .....                                                                                                                                                                                  | <b>2b</b> <u>18624103</u>                                                     |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                             | (1) Number of participants (2) Vested Funding Target (3) Total Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment .....                                                                                                                                     | <u>135</u> <u>13091242</u> <u>13091242</u>                                    |
| <b>b</b> For terminated vested participants.....                                                                                                                                                                | <u>52</u> <u>1808211</u> <u>1808211</u>                                       |
| <b>c</b> For active participants.....                                                                                                                                                                           | <u>28</u> <u>1906108</u> <u>1918467</u>                                       |
| <b>d</b> Total .....                                                                                                                                                                                            | <u>215</u> <u>16805561</u> <u>16817920</u>                                    |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                           |                                                                               |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions.....                                                                                                                                        | <b>4a</b>                                                                     |
| <b>b</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 ..... | <b>4b</b>                                                                     |
| <b>5</b> Effective interest rate.....                                                                                                                                                                           | <b>5</b> <u>5.29 %</u>                                                        |
| <b>6</b> Target normal cost .....                                                                                                                                                                               |                                                                               |
| <b>a</b> Present value of current plan year accruals.....                                                                                                                                                       | <b>6a</b> <u>0</u>                                                            |
| <b>b</b> Expected plan-related expenses .....                                                                                                                                                                   | <b>6b</b> <u>400000</u>                                                       |
| <b>c</b> Total (line 6a + line 6b) .....                                                                                                                                                                        | <b>6c</b> <u>400000</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.

|                                                                                    |                               |                                        |
|------------------------------------------------------------------------------------|-------------------------------|----------------------------------------|
| <b>SIGN HERE</b>                                                                   |                               | <u>09/21/2023</u>                      |
|                                                                                    | Signature of actuary          | Date                                   |
| <u>DANIEL ETEL</u>                                                                 | Type or print name of actuary | <u>23-09036</u>                        |
|                                                                                    |                               | Most recent enrollment number          |
| <u>GALLAGHER BENEFIT SERVICES INC.</u>                                             | Firm name                     | <u>651-788-2909</u>                    |
|                                                                                    |                               | Telephone number (including area code) |
| <u>3600 AMERICAN BLVD WEST</u><br><u>SUITE 500</u><br><u>BLOOMINGTON, MN 55431</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) 2022  
v. 220413

| Part II Beginning of Year Carryover and Prefunding Balances                                                                                                         |                       |                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
|                                                                                                                                                                     | (a) Carryover balance | (b) Prefunding balance |
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....                                                             | 0                     | 117495                 |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                         | 0                     | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                               | 0                     | 117495                 |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>7.71</u> % .....                                                                                | 0                     | 9059                   |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                      |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year).....                                                                                      |                       | 0                      |
| <b>b(1)</b> 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>5.49</u> %..... |                       | 0                      |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance.....                                                                        |                       | 0                      |
| <b>d</b> Portion of (c) to be added to prefunding balance.....                                                                                                      |                       |                        |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                   | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....                                                                         | 0                     | 126554                 |

| Part III Funding Percentages                                                                                                                                              |           |          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                      | <b>14</b> | 109.98 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                             | <b>15</b> | 110.41 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement..... | <b>16</b> | 111.62 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. ....                                       | <b>17</b> | %        |

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

|                                                                                                                                                                            |            |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|---------|
| <b>19</b> Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:                                       |            |         |
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years.....                                                                        | <b>19a</b> | 0       |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date. ....                                                                                         | <b>19b</b> | 0       |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date. ....                                                    | <b>19c</b> | 0       |
| <b>20</b> Quarterly contributions and liquidity shortfalls:                                                                                                                |            |         |
| <b>a</b> Did the plan have a "funding shortfall" for the prior year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                   |            |         |
| <b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? <input type="checkbox"/> Yes <input type="checkbox"/> No |            |         |
| <b>c</b> 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 |
|                                                                                                                                                                            |            |         |
|                                                                                                                                                                            |            |         |
|                                                                                                                                                                            |            |         |

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

|                                                                                                                                                                                              |                        |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                        |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>4.75 % | 2nd segment:<br>5.18 % | 3rd segment:<br>5.92 %                              |
|                                                                                                                                                                                              |                        |                        | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....                                                                                                                                                  |                        |                        | <b>21b</b> 0                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                        |                        | <b>22</b> 65                                        |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                                                     |

**Part VI Miscellaneous Items**

|                                                                                                                                                                        |  |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....                                      |  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>26</b> Demographic and benefit information                                                                                                                          |  |                                                                     |
| <b>a</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....                             |  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>b</b> Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ...                       |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment .....                                   |  | <b>27</b>                                                           |

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

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

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                      |                   |                     |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                   |                     |               |
| <b>a</b> Target normal cost (line 6c).....                                                                                                                                           |                   | <b>31a</b>          | 400000        |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           |                   | <b>31b</b>          | 400000        |
| <b>32</b> Amortization installments:                                                                                                                                                 |                   | Outstanding Balance | Installment   |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                |                   | 0                   | 0             |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       |                   | 0                   | 0             |
| <b>33</b> 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 ..... |                   | <b>33</b>           |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....                                                           |                   | <b>34</b>           | 0             |
|                                                                                                                                                                                      | Carryover balance | Prefunding balance  | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement.....                                                                                                                |                   |                     | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  |                   | <b>36</b>           | 0             |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....                                                   |                   | <b>37</b>           | 0             |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                   |                     |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36)                                                                                                                             |                   | <b>38a</b>          | 0             |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                |                   | <b>38b</b>          |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      |                   | <b>39</b>           | 0             |
| <b>40</b> Unpaid minimum required contributions for all years.....                                                                                                                   |                   | <b>40</b>           | 0             |

**Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)**

|                                                                                                                                                                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>41</b> If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2022                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022 |                                                      |     |
| A Name of plan<br>WEIR FLOWAY, INC. PENSION PLAN DBPP                                      | B Three-digit plan number (PN) ▶                     | 002 |
|                                                                                            |                                                      |     |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>TRILLIUM PUMPS USA, INC.         | D Employer Identification Number (EIN)<br>77-0298303 |     |

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

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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**(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

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**(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

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**(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

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**(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

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

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

AON CONSULTING

22-2232264

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11 15 16 50            | NONE                                                                                              | 196552                                                                 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

THE BANK OF NEW YORK MELLON

13-5160382

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 21 26 28 50 51 62      | NONE                                                                                              | 40304                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

BAKER TILLY US, LLP

39-0859910

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 10 50                  | NONE                                                                                              | 10200                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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<br>(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<br>(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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

|                    |                                                             |                     |              |
|--------------------|-------------------------------------------------------------|---------------------|--------------|
| <b>a</b> Name:     | WENDY W. HOM                                                | <b>b</b> EIN:       | 22-2232264   |
| <b>c</b> Position: | SIGNING ACTUARY                                             |                     |              |
| <b>d</b> Address:  | AON CONSULTING, INC.<br>P.O. BOX 6718<br>SOMERSET, NJ 08875 | <b>e</b> Telephone: | 973-463-6139 |

Explanation: WENDY W. HOM FROM AON CONSULTING, INC. IS NO LONGER THE ENROLLED ACTUARY FOR THIS PLAN. AN ENROLLED ACTUARY FROM GALLAGHER BENEFIT SERVICES, INC. WAS ASSIGNED TO BE THE ENROLLED ACTUARY FOR THIS PLAN.

|                    |  |                     |  |
|--------------------|--|---------------------|--|
| <b>a</b> Name:     |  | <b>b</b> EIN:       |  |
| <b>c</b> Position: |  |                     |  |
| <b>d</b> Address:  |  | <b>e</b> Telephone: |  |

Explanation:

|                    |  |                     |  |
|--------------------|--|---------------------|--|
| <b>a</b> Name:     |  | <b>b</b> EIN:       |  |
| <b>c</b> Position: |  |                     |  |
| <b>d</b> Address:  |  | <b>e</b> Telephone: |  |

Explanation:

|                    |  |                     |  |
|--------------------|--|---------------------|--|
| <b>a</b> Name:     |  | <b>b</b> EIN:       |  |
| <b>c</b> Position: |  |                     |  |
| <b>d</b> Address:  |  | <b>e</b> Telephone: |  |

Explanation:

|                    |  |                     |  |
|--------------------|--|---------------------|--|
| <b>a</b> Name:     |  | <b>b</b> EIN:       |  |
| <b>c</b> Position: |  |                     |  |
| <b>d</b> Address:  |  | <b>e</b> Telephone: |  |

Explanation:

|                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><div style="text-align: center; font-size: 1.2em; font-weight: bold;">2022</div><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                |                                                                                               |                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|---------------------------------------|
| For calendar plan year 2022 or fiscal plan year beginning <span style="color: blue;">01/01/2022</span> and ending <span style="color: blue;">12/31/2022</span> |                                                                                               |                                       |
| <b>A</b> Name of plan<br><span style="color: blue;">WEIR FLOWAY, INC. PENSION PLAN DBPP</span>                                                                 | <b>B</b> Three-digit plan number (PN) <span style="color: blue;">►</span>                     | <span style="color: blue;">002</span> |
|                                                                                                                                                                |                                                                                               |                                       |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><span style="color: blue;">TRILLIUM PUMPS USA, INC.</span>                             | <b>D</b> Employer Identification Number (EIN)<br><span style="color: blue;">77-0298303</span> |                                       |

|                                                                                                                      |                                                                                                                                                                           |                                                                                                                                              |  |
|----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|--|
| Part I                                                                                                               | Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)<br>(Complete as many entries as needed to report all interests in DFEs) |                                                                                                                                              |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">EB TEMPORARY INVESTMENT FUND</span>        |                                                                                                                                                                           |                                                                                                                                              |  |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">MELLON BANK, N.A.</span>                |                                                                                                                                                                           |                                                                                                                                              |  |
| <b>c</b> EIN-PN <span style="color: blue;">25-6078093-023</span>                                                     | <b>d</b> Entity code <span style="color: blue;">C</span>                                                                                                                  | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="color: blue;">368999</span> |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">INTERNATIONAL EQUITY MULTI-STRATEGY</span> |                                                                                                                                                                           |                                                                                                                                              |  |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">MELLON BANK, N.A.</span>                |                                                                                                                                                                           |                                                                                                                                              |  |
| <b>c</b> EIN-PN <span style="color: blue;">25-6078093-102</span>                                                     | <b>d</b> Entity code <span style="color: blue;">C</span>                                                                                                                  | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="color: blue;">0</span>      |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">EB US INVEST. GRADE CORP LONG FUND</span>  |                                                                                                                                                                           |                                                                                                                                              |  |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">MELLON BANK, N.A.</span>                |                                                                                                                                                                           |                                                                                                                                              |  |
| <b>c</b> EIN-PN <span style="color: blue;">25-6078093-220</span>                                                     | <b>d</b> Entity code <span style="color: blue;">C</span>                                                                                                                  | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="color: blue;">0</span>      |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">EB DV STOCK INDEX FUND</span>              |                                                                                                                                                                           |                                                                                                                                              |  |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">MELLON BANK, N.A.</span>                |                                                                                                                                                                           |                                                                                                                                              |  |
| <b>c</b> EIN-PN <span style="color: blue;">25-6078093-010</span>                                                     | <b>d</b> Entity code <span style="color: blue;">C</span>                                                                                                                  | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="color: blue;">0</span>      |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">DB SL INTERNATIONAL STOCK INDEX FD</span>  |                                                                                                                                                                           |                                                                                                                                              |  |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">MELLON BANK, N.A.</span>                |                                                                                                                                                                           |                                                                                                                                              |  |
| <b>c</b> EIN-PN <span style="color: blue;">25-6078093-034</span>                                                     | <b>d</b> Entity code <span style="color: blue;">C</span>                                                                                                                  | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="color: blue;">0</span>      |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">BNY MELLON LONG DURATION</span>            |                                                                                                                                                                           |                                                                                                                                              |  |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">MELLON BANK, N.A.</span>                |                                                                                                                                                                           |                                                                                                                                              |  |
| <b>c</b> EIN-PN <span style="color: blue;">25-6078093-138</span>                                                     | <b>d</b> Entity code <span style="color: blue;">C</span>                                                                                                                  | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="color: blue;">0</span>      |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <span style="color: blue;">BNY MELLON MID CAP CORE FUND</span>        |                                                                                                                                                                           |                                                                                                                                              |  |
| <b>b</b> Name of sponsor of entity listed in (a): <span style="color: blue;">MELLON BANK, N.A.</span>                |                                                                                                                                                                           |                                                                                                                                              |  |
| <b>c</b> EIN-PN <span style="color: blue;">25-6078093-025</span>                                                     | <b>d</b> Entity code <span style="color: blue;">C</span>                                                                                                                  | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="color: blue;">0</span>      |  |

|                                                                                   |                        |                                                                                                             |
|-----------------------------------------------------------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: US SM CAP OPPORTUNISTIC VALUE FUND |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): MELLON BANK, N.A.               |                        |                                                                                                             |
| <b>c</b> EIN-PN 25-6078093-303                                                    | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0       |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAP EQUITY FUND              |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC           |                        |                                                                                                             |
| <b>c</b> EIN-PN 37-6543784-002                                                    | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1860002 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL REAL ESTATE FUND            |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC           |                        |                                                                                                             |
| <b>c</b> EIN-PN 37-6543784-006                                                    | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 40801   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: HIGH YIELD PLUS FUND               |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC           |                        |                                                                                                             |
| <b>c</b> EIN-PN 37-6543784-007                                                    | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23486   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: 20+ YEAR U.S. TREASURY STRIPS FUND |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC           |                        |                                                                                                             |
| <b>c</b> EIN-PN 37-6543784-036                                                    | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 205784  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: CORE REAL ESTATE FUND              |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC           |                        |                                                                                                             |
| <b>c</b> EIN-PN 37-6543784-037                                                    | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1517309 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: LONG CREDIT BOND FUND              |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC           |                        |                                                                                                             |
| <b>c</b> EIN-PN 37-6543784-040                                                    | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6513989 |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: MULTI-ASSET CREDIT FUND            |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC           |                        |                                                                                                             |
| <b>c</b> EIN-PN 37-6543784-041                                                    | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0       |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: US LONG GOVERNMENT BOND INDEX FUND |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC           |                        |                                                                                                             |
| <b>c</b> EIN-PN 37-6543784-042                                                    | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 41310   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: US INTERMEDIATE GOVERNMENT BOND    |                        |                                                                                                             |
| <b>b</b> Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC           |                        |                                                                                                             |
| <b>c</b> EIN-PN 37-6543784-043                                                    | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 222333  |

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

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

|                                       |                               |                                                                                                                    |
|---------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <b>37-6543784-044</b> | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>1292682</b> |
|---------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------------|

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

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

|                                       |                               |                                                                                                                   |
|---------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <b>37-6543784-045</b> | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>348156</b> |
|---------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: **AON INTERMEDIATE CREDIT BOND FUND**

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

|                                       |                               |                                                                                                                   |
|---------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN <b>37-6543784-038</b> | <b>d</b> Entity code <b>C</b> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>360546</b> |
|---------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------|

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part II** **Information on Participating Plans (to be completed by DFEs)**

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

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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                            |                                                                                           |                                                                    |            |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|--|--|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b>                                               | OMB No. 1210-0110<br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection</b> |                                                                    |            |  |  |
| For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                            |                                                                                           |                                                                    |            |  |  |
| <b>A</b> Name of plan<br><u>WEIR FLOWAY, INC. PENSION PLAN DBPP</u>                                                                                                                                                                                                      | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;"> <b>B</b> Three-digit plan number (PN) ►             </td> <td style="width: 20%; padding: 5px; text-align: center;"> <u>002</u> </td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> </table> |                                                                                           | <b>B</b> Three-digit plan number (PN) ►                            | <u>002</u> |  |  |
| <b>B</b> Three-digit plan number (PN) ►                                                                                                                                                                                                                                  | <u>002</u>                                                                                                                                                                                                                                                                                                                 |                                                                                           |                                                                    |            |  |  |
|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                            |                                                                                           |                                                                    |            |  |  |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>TRILLIUM PUMPS USA, INC.</u>                                                                                                                                                                         | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;"> <b>D</b> Employer Identification Number (EIN)<br/> <u>77-0298303</u> </td> <td style="width: 20%;"></td> </tr> </table>                                                                                     |                                                                                           | <b>D</b> Employer Identification Number (EIN)<br><u>77-0298303</u> |            |  |  |
| <b>D</b> Employer Identification Number (EIN)<br><u>77-0298303</u>                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                            |                                                                                           |                                                                    |            |  |  |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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   |
| <b>a</b> Total noninterest-bearing cash.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>1a</b>                                    |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                              |
| <b>(1)</b> Employer contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(1)</b> <u>0</u> <u>0</u>               |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>                                 |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>1b(3)</b> <u>10203</u> <u>586904</u>      |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                              |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(1)</b>                                 |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>                                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                              |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b>                              |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(B)</b>                              |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                              |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b>                              |
| <b>(B)</b> Common.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(4)(B)</b>                              |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>                                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>                                 |
| <b>(7)</b> Loans (other than to participants).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(7)</b>                                 |
| <b>(8)</b> Participant loans.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(8)</b>                                 |
| <b>(9)</b> Value of interest in common/collective trusts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1c(9)</b> <u>18613900</u> <u>12795396</u> |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>                                |
| <b>(11)</b> Value of interest in master trust investment accounts.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(11)</b>                                |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>                                |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(13)</b> <u>0</u> <u>0</u>              |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>                                |
| <b>(15)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(15)</b>                                |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 18624103              | 13382300        |

**Liabilities**

|                                                                           |           |   |   |
|---------------------------------------------------------------------------|-----------|---|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |   |   |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |   |   |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |   |   |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> | 0 | 0 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                           |           |          |          |
|-----------------------------------------------------------|-----------|----------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 18624103 | 13382300 |
|-----------------------------------------------------------|-----------|----------|----------|

**Part II Income and Expense Statement**

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

**Income**

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

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | 2b(6)  |            | -3122771  |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | 2b(8)  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities.....                             | 2b(9)  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | 2b(10) |            |           |
| c Other income .....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | -3122771  |
| <b>Expenses</b>                                                                                 |        |            |           |
| e Benefit payment and payments to provide benefits:                                             |        |            |           |
| (1) Directly to participants or beneficiaries, including direct rollovers .....                 | 2e(1)  | 1724486    |           |
| (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)  |            | 1724486   |
| 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)  | 247056     |           |
| (2) Contract administrator fees .....                                                           | 2i(2)  |            |           |
| (3) Investment advisory and management fees .....                                               | 2i(3)  |            |           |
| (4) Other .....                                                                                 | 2i(4)  | 147490     |           |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                            | 2i(5)  |            | 394546    |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....            | 2j     |            | 2119032   |
| <b>Net Income and Reconciliation</b>                                                            |        |            |           |
| k Net income (loss). Subtract line 2j from line 2d .....                                        | 2k     |            | -5241803  |
| l Transfers of assets:                                                                          |        |            |           |
| (1) To this plan .....                                                                          | 2l(1)  |            |           |
| (2) From this plan .....                                                                        | 2l(2)  |            |           |

**Part III Accountant's Opinion**

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

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

(1) ☒ Unmodified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

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

(1) ☒ DOL Regulation 2520.103-8 (2) ☐ DOL Regulation 2520.103-12(d) (3) ☐ neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: **BAKER TILLY US, LLP**

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

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

|           | Yes | No | Amount |
|-----------|-----|----|--------|
| <b>4a</b> |     | X  |        |

|                                                                                                                                                                                                                                                                                                            | Yes | No | Amount |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| <b>b</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.) |     |    |        |
| <b>4b</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>c</b> 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.)                                                                                                                             |     |    |        |
| <b>4c</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>d</b> 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.)                                                                                                                  |     |    |        |
| <b>4d</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>e</b> Was this plan covered by a fidelity bond?                                                                                                                                                                                                                                                         | X   |    | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?                                                                                                                                                                          |     | X  |        |
| <b>4f</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>g</b> 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?                                                                                                                                       |     |    |        |
| <b>4g</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>h</b> 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?                                                                                                                             |     |    |        |
| <b>4h</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)                                                                                                                                                   | X   |    |        |
| <b>4i</b>                                                                                                                                                                                                                                                                                                  | X   |    |        |
| <b>j</b> 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   |    |        |
| <b>4j</b>                                                                                                                                                                                                                                                                                                  | X   |    |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?                                                                                                                                              |     | X  |        |
| <b>4k</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?                                                                                                                                                                                                                               |     | X  |        |
| <b>4l</b>                                                                                                                                                                                                                                                                                                  |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)                                                                                                                                                                                     |     |    |        |
| <b>4m</b>                                                                                                                                                                                                                                                                                                  |     |    |        |
| <b>n</b> 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.                                                                                                                        |     |    |        |
| <b>4n</b>                                                                                                                                                                                                                                                                                                  |     |    |        |

**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 504614.

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                             |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>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).<br><br>► <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

|                                                                                                  |                                                                    |
|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>WEIR FLOWAY, INC. PENSION PLAN DBPP</u>                              | <b>B</b> Three-digit plan number (PN) ►<br><u>002</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>TRILLIUM PUMPS USA, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>77-0298303</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                    |          |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                              | <b>1</b> | <u>0</u> |
| <b>2</b> 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):<br><br>EIN(s): <u>13-5160382</u> |          |          |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                   |          |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                    | <b>3</b> | <u>8</u> |

|                |                                                                                                                                                                               |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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.) |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                    |                                         |                             |                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------|-----------------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....                                                                                                                                                                                                                                               | <input type="checkbox"/> Yes            | <input type="checkbox"/> No | <input checked="" type="checkbox"/> N/A |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                               |                                         |                             |                                         |
| <b>5</b> 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. <b>Date:</b> Month _____ Day _____ Year _____<br>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. |                                         |                             |                                         |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....                                                                                                                                                                                                                      | <b>6a</b>                               |                             |                                         |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year.....                                                                                                                                                                                                                                                                          | <b>6b</b>                               |                             |                                         |
| <b>c</b> 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).....                                                                                                                                                                                                                    | <b>6c</b>                               |                             |                                         |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                                      |                                         |                             |                                         |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Yes            | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <b>8</b> 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? .....                                                                                        | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A            |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                            |                                   |                                   |                               |                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|
| <b>9</b> 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..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input checked="" type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                             |                              |                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock?.....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.)..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market?.....                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

Schedule R (Form 5500) 2022  
v. 220413

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (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): \_\_\_\_\_

|           |                                                                                                                                                                                                                                                                                                                                 |            |  |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>14</b> | 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:                                                                                                                      |            |  |
|           | <b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment)..... | <b>14a</b> |  |
|           | <b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....                                                                                                | <b>14b</b> |  |
|           | <b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....                                                                                                                           | <b>14c</b> |  |
| <b>15</b> | 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:                                                                                                                                                    |            |  |
|           | <b>a</b> The corresponding number for the plan year immediately preceding the current plan year.....                                                                                                                                                                                                                            | <b>15a</b> |  |
|           | <b>b</b> The corresponding number for the second preceding plan year.....                                                                                                                                                                                                                                                       | <b>15b</b> |  |
| <b>16</b> | Information with respect to any employers who withdrew from the plan during the preceding plan year:                                                                                                                                                                                                                            |            |  |
|           | <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                                                                                                                                                                                        | <b>16a</b> |  |
|           | <b>b</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.....                                                                                                                                                           | <b>16b</b> |  |
| <b>17</b> | 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 ..... <input type="checkbox"/>                                                                            |            |  |

|                |                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------|
| <b>Part VI</b> | <b>Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans</b> |
|----------------|---------------------------------------------------------------------------------------------------|

|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>18</b> | 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 ..... <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>19</b> | <p>If the total number of participants is 1,000 or more, complete lines (a) through (c)</p> <p><b>a</b> Enter the percentage of plan assets held as:<br/> Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%</p> <p><b>b</b> Provide the average duration of the combined investment-grade and high-yield debt:<br/> <input type="checkbox"/> 0-3 years <input type="checkbox"/> 3-6 years <input type="checkbox"/> 6-9 years <input type="checkbox"/> 9-12 years <input type="checkbox"/> 12-15 years <input type="checkbox"/> 15-18 years <input type="checkbox"/> 18-21 years <input type="checkbox"/> 21 years or more</p> <p><b>c</b> What duration measure was used to calculate line 19(b)?<br/> <input type="checkbox"/> Effective duration <input type="checkbox"/> Macaulay duration <input type="checkbox"/> Modified duration <input type="checkbox"/> Other (specify): _____</p>                                                                                                                                                                                      |
| <b>20</b> | <p><b>PBGC missed contribution reporting requirements.</b> If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.</p> <p><b>a</b> Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><b>b</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:</p> <p><input type="checkbox"/> Yes.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> 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.</p> <p><input type="checkbox"/> No. Other. Provide explanation _____</p> |

# **Weir Floway, Inc. Pension Plan**

Financial Statements and  
Supplementary Information

December 31, 2022 and 2021

## **Weir Floway, Inc. Pension Plan**

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December 31, 2022 and 2021

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## **Independent Auditors' Report**

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

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

We have performed audits of the financial statements of Weir Floway, Inc. Pension (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of December 31, 2022 and 2021, and the related statements of changes in net assets available for benefits for the years ended December 31, 2022 and 2021, and the related notes to the financial statements.

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

Management has obtained certifications from qualified institution as of December 31, 2022 and 2021, and for the years ended December 31, 2022 and 2021, stating that the certified investment information, as described in Note 8 to the financial statements, is complete and accurate.

### **Opinion**

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

- The amounts and disclosures in the 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 financial statements related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

### **Basis for Opinion**

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

## **Responsibilities of Management for the Financial Statements**

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

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

## **Auditors' Responsibilities for the Audit of the Financial Statements**

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

In performing an audit in accordance with GAAS, we:

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

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

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

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

### **Other Matter - Supplemental Schedules Required by ERISA**

The supplemental schedules, Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2022, and Schedule H, Line 4(j) - Schedule of Reportable Transactions for the year ended December 31, 2022, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The 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).

*Baker Tilly US, LLP*

Plano, Texas  
October 12, 2023

## **Weir Floway, Inc. Pension Plan**

Statements of Net Assets Available for Benefits

December 31, 2022 and 2021

|                                    | <b>2022</b>          | <b>2021</b>          |
|------------------------------------|----------------------|----------------------|
| <b>Assets</b>                      |                      |                      |
| Investments at fair value:         |                      |                      |
| Common/collective trusts           | \$ 12,426,397        | \$ 18,329,766        |
| Commingled funds                   | 368,999              | 284,134              |
|                                    | <u>12,795,396</u>    | <u>18,613,900</u>    |
| Total investments                  |                      |                      |
| Receivables:                       |                      |                      |
| Interest and dividends receivable  | 954                  | 3                    |
| Refunds of administrative expenses | -                    | 10,200               |
| Due from broker                    | 585,950              | -                    |
|                                    | <u>586,904</u>       | <u>10,203</u>        |
| Total receivables                  |                      |                      |
| Total assets                       | <u>13,382,300</u>    | <u>18,624,103</u>    |
| Net assets available for benefits  | <u>\$ 13,382,300</u> | <u>\$ 18,624,103</u> |

See notes to financial statements

## Weir Floway, Inc. Pension Plan

Statements of Changes in Net Assets Available for Benefits  
Years Ended December 31, 2022 and 2021

|                                                              | <u>2022</u>          | <u>2021</u>          |
|--------------------------------------------------------------|----------------------|----------------------|
| <b>Additions</b>                                             |                      |                      |
| Investment (loss) income:                                    |                      |                      |
| Net appreciation (depreciation) in fair value of investments | \$ (3,122,674)       | \$ 1,383,974         |
| Interest and dividends                                       | <u>(98)</u>          | <u>575</u>           |
| Total investment (loss) income                               | <u>(3,122,772)</u>   | <u>1,384,549</u>     |
| Total additions                                              | <u>(3,122,772)</u>   | <u>1,384,549</u>     |
| <b>Deductions</b>                                            |                      |                      |
| Benefits paid to participants                                | 1,724,486            | 1,561,278            |
| Administrative expenses                                      | <u>394,545</u>       | <u>386,919</u>       |
| Total deductions                                             | <u>2,119,031</u>     | <u>1,948,197</u>     |
| Net decrease                                                 | (5,241,803)          | (563,648)            |
| <b>Net Assets Available for Benefits</b>                     |                      |                      |
| Beginning of year                                            | <u>18,624,103</u>    | <u>19,187,751</u>    |
| End of year                                                  | <u>\$ 13,382,300</u> | <u>\$ 18,624,103</u> |

See notes to financial statements

# Weir Floway, Inc. Pension Plan

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Notes to Financial Statements  
December 31, 2022 and 2021

## 1. Description of the Plan

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

### General

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

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

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

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

### Funding Policy

The Plan's funding policy is for the Company to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. No participant contributions are permitted. The minimum funding requirements of ERISA were met for 2022 and 2021.

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

### Pension Benefits

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

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

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

### Death and Disability Benefits

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

## **Weir Floway, Inc. Pension Plan**

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Notes to Financial Statements

December 31, 2022 and 2021

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

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

## **2. Summary of Significant Accounting Policies**

### **Basis of Accounting**

The financial statements of the Plan are prepared on the accrual basis of accounting.

### **Use of Estimates**

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

### **Payment of Benefits**

Benefit payments to participants are recorded upon distribution.

### **Administrative Expenses**

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

### **Investment Valuation and Income Recognition**

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's Committee determines the Plan's valuation policies utilizing information provided by the investment advisors and trustee. See Note 3 for a discussion of fair value measurements.

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

## Weir Floway, Inc. Pension Plan

Notes to Financial Statements  
December 31, 2022 and 2021

### Actuarial Present Value of Accumulated Plan Benefits

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

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

The actuarial present value of the accumulated plan benefits and changes therein were prepared as of January 1, 2022. Had the valuation been prepared as of December 31, 2021, there would be no material change to the presentation.

The actuarial present value of accumulated plan benefits as of December 31, 2021 is as follows:

|                                                             |                      |
|-------------------------------------------------------------|----------------------|
| Vested benefits:                                            |                      |
| Participants and beneficiaries currently receiving payments | \$ 13,149,491        |
| Other participants                                          | <u>4,066,843</u>     |
| Total vested benefits                                       | 17,216,334           |
| Nonvested benefits                                          | <u>25,761</u>        |
| Total actuarial present value of accumulated plan benefits  | <u>\$ 17,242,095</u> |

The changes in the actuarial present value of the accumulated plan benefits for the year ended December 31, 2021 are summarized as follows:

|                                                                            |                      |
|----------------------------------------------------------------------------|----------------------|
| Actuarial present value of accumulated plan benefits, at beginning of year | \$ 17,046,050        |
| Increase (decrease) during the year attributable to:                       |                      |
| Interest accumulation                                                      | 893,416              |
| Other operational changes                                                  | 191,988              |
| Benefits paid                                                              | (1,561,278)          |
| Change in actuarial assumption                                             | <u>671,919</u>       |
| Actuarial present value of accumulated plan benefits, at end of year       | <u>\$ 17,242,095</u> |

## Weir Floway, Inc. Pension Plan

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Notes to Financial Statements  
December 31, 2022 and 2021

Significant assumptions underlying the actuarial computations at December 31, 2021, are as follows:

|                                       |                                                                                                                                   |
|---------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| Actuarial cost method                 | - Standard unit credit cost method                                                                                                |
| Assumed rate of return on investments | - 5.05%                                                                                                                           |
| Retirement age                        | - Weighted average retirement age of 65                                                                                           |
| Mortality (healthy)                   | - Amounts-weighted aggregate rates from the Pri-2012 mortality study projected generationally from 2012 with Scale MP-2021        |
| Mortality (disabled)                  | - Amounts-weighted disabled retiree rates from the Pri-2012 mortality study projected generationally from 2012 with Scale MP-2021 |

The actuarial loss in 2022 and 2021 was primarily due to the change in interest rates and change in mortality assumptions.

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

### Subsequent Events

The Plan has evaluated subsequent events for recognition or disclosure through October 12, 2023, the date the financial statements were available to be issued.

### 3. Fair Value Measurements

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

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

Level 2 - Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, such as:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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.

## Weir Floway, Inc. Pension Plan

Notes to Financial Statements  
December 31, 2022 and 2021

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

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2022 and 2021.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value as of December 31, 2022 and 2021:

| Investments at Fair Value as of December 31, 2022 |         |         |         |               |
|---------------------------------------------------|---------|---------|---------|---------------|
|                                                   | Level 1 | Level 2 | Level 3 | Total         |
| Total investments in the fair value hierarchy     | \$ -    | \$ -    | \$ -    | \$ -          |
| Investments measured at net asset value (a)       |         |         |         | 12,795,396    |
| Total investments at fair value                   |         |         |         | \$ 12,795,396 |

  

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

(a) In accordance with Subtopic 820-10, certain investments that were measured at net asset value practical expedient (or its equivalent) have not been classified in the fair value hierarchy. The fair value amounts presented in this table are intended to permit reconciliation of the fair value hierarchy to the line items presented in the Statements of Net Assets Available for Benefits.

## Weir Floway, Inc. Pension Plan

Notes to Financial Statements  
December 31, 2022 and 2021

### Investments Measured Using NAV per Share Practical Expedient

The following table summarizes investments measured at fair value based on NAV per share as the practical expedient as of December 31, 2022 and 2021.

|                                                       | December 31, 2022 |                      |                                              |                          |
|-------------------------------------------------------|-------------------|----------------------|----------------------------------------------|--------------------------|
|                                                       | Fair Value        | Unfunded Commitments | Redemption Frequency (if currently eligible) | Redemption Notice Period |
| Aon 20+ Year U.S. Treasury STRIPS Fund                | \$ 205,784        | \$ -                 | Daily                                        | T-0                      |
| Aon Global Real Estate Fund                           | 40,801            | -                    | Daily                                        | T-2                      |
| Aon High Yield Plus Fund                              | 23,486            | -                    | Daily                                        | T-2                      |
| Aon Large Cap Equity Index Fund                       | 1,860,002         | -                    | Daily                                        | T-2                      |
| Aon Non-U.S. Equity Fund                              | 1,292,682         | -                    | Daily                                        | T-2                      |
| Aon Small Cap Equity Index Fund                       | 348,156           | -                    | Daily                                        | T-2                      |
| Aon U.S. Intermediate Government Bond Index Fund      | 222,333           | -                    | Daily                                        | T-2                      |
| Aon Long Government Bond Index Fund                   | 41,310            | -                    | Daily                                        | T-2                      |
| Aon Core Real Estate Fund                             | 1,517,309         | -                    | Quarterly                                    | 105 Business Days        |
| EB Temp Investment Fund 1.147% 12/31/2049 DD 11/01/01 | 368,999           | -                    | Daily                                        | T-2                      |
| Aon Long Credit Bond                                  | 6,513,989         | -                    | Daily                                        | T-2                      |
| Aon Intermediate Credit Bond                          | 360,546           | -                    | Daily                                        | T-2                      |

## Weir Floway, Inc. Pension Plan

Notes to Financial Statements  
December 31, 2022 and 2021

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

#### 4. Plan Termination

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

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

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

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

## **Weir Floway, Inc. Pension Plan**

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Notes to Financial Statements  
December 31, 2022 and 2021

### **5. Related-Party and Party in Interest Transactions**

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

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

### **6. Tax Status**

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

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

### **7. Risks and Uncertainties**

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

As of December 31, 2022 and 2021, the Plan had investments of \$11,183,981 and \$15,231,381, respectively, that were concentrated in four funds.

In addition, the Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

### **8. Information Certified by the Trustee**

The plan administrator has elected the method of compliance as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for 2022 and 2021. Accordingly, Bank of New York Mellon/BNY Mellon, N.A., the Trustee of the Plan has certified to the completeness and accuracy of all investments reported in the accompanying Statements of Net Assets Available for Benefits as of December 31, 2022 and 2021 and the supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2022, the related investment activity reported in the Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2022 and 2021 and the information reported in the supplemental Schedule H, Line 4(j) - Schedule of Reportable Transactions for the year ended December 31, 2022.

## **Weir Floway, Inc. Pension Plan**

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Notes to Financial Statements  
December 31, 2022 and 2021

### **9. Reconciliation of Financial Statements to Form 5500**

There are no reconciling items necessary to agree the net assets available for benefits per the financial statements to the Form 5500 at December 31, 2022 and 2021, or to agree the net decrease in net assets available for benefits per the financial statements to the Form 5500 for the year ended December 31, 2022.

# Weir Floway, Inc. Pension Plan

EIN#: 77-0298303      PLAN#: 002

Schedule SB, line 26

## Schedule of Active Participant Data

|          | Years of Credited Service |     |     |       |       |       |       |       |       |     |       |
|----------|---------------------------|-----|-----|-------|-------|-------|-------|-------|-------|-----|-------|
| Age      | 0-1                       | 1-4 | 5-9 | 10-14 | 15-19 | 20-24 | 25-29 | 30-34 | 35-39 | 40+ | Total |
| Under 25 | -                         | -   | -   | -     | -     | -     | -     | -     | -     | -   | -     |
| 25-29    | -                         | -   | -   | -     | -     | -     | -     | -     | -     | -   | -     |
| 30-34    | -                         | -   | -   | -     | -     | -     | -     | -     | -     | -   | -     |
| 35-39    | -                         | -   | -   | -     | -     | -     | -     | -     | -     | -   | -     |
| 40-44    | -                         | 3   | -   | 1     | -     | -     | -     | -     | -     | -   | 4     |
| 45-49    | -                         | -   | -   | 1     | -     | -     | -     | -     | -     | -   | 1     |
| 50-54    | -                         | -   | -   | 1     | -     | 1     | -     | -     | -     | -   | 2     |
| 55-59    | -                         | -   | 2   | 4     | 1     | 5     | -     | -     | -     | -   | 12    |
| 60-64    | -                         | -   | -   | 2     | 1     | 3     | 1     | 1     | -     | -   | 8     |
| 65-69    | -                         | -   | -   | -     | -     | 1     | -     | -     | -     | -   | 1     |
| 70+      | -                         | -   | -   | -     | -     | -     | -     | -     | -     | -   | -     |
| Total    | -                         | 3   | 2   | 9     | 2     | 10    | 1     | 1     | -     | -   | 28    |

# Weir Floway, Inc. Pension Plan

EIN#: 77-0298303      PLAN#: 002

## Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

### Actuarial Assumptions

#### Funding Interest Rates

|           |                                                                             |
|-----------|-----------------------------------------------------------------------------|
|           | Adjusted Segment Rates (reflecting American Rescue Plan Act funding relief) |
| Segment 1 | 4.75%                                                                       |
| Segment 2 | 5.18%                                                                       |
| Segment 3 | 5.92%                                                                       |
|           | Unadjusted Segment Rates – January 2022                                     |
| Segment 1 | 0.88%                                                                       |
| Segment 2 | 2.61%                                                                       |
| Segment 3 | 3.27%                                                                       |

#### Retirement Age

|         |            |             |
|---------|------------|-------------|
| Actives | <b>Age</b> | <b>Rate</b> |
|         | 60-61      | 0.0%        |
|         | 62-69      | 20.0%       |
|         | 70+        | 100.0%      |

Terminated Vested Participants: Age 65

#### Mortality

Healthy: 2022 static mortality table for annuitants and non-annuitants  
per section 1.430(h)(3)-1(a)(3) and IRS Notice 2020-85  
Disabled: Revenue Ruling 96-7 mortality table

#### Withdrawal Rates

| <b>Age</b> | <b>Male</b> | <b>Female</b> |
|------------|-------------|---------------|
| <20        | 7.9384%     | 7.9384%       |
| 25         | 7.7242%     | 7.9384%       |
| 30         | 7.2219%     | 7.7242%       |
| 35         | 6.2764%     | 7.2219%       |
| 40         | 5.1504%     | 6.2764%       |
| 45         | 3.9753%     | 5.1504%       |
| 50         | 2.5627%     | 3.9753%       |
| 55         | 0.9394%     | 2.5627%       |
| 60         | 0.0901%     | 0.9394%       |
| 63+        | 0.0000%     | 0.3024%       |

**Weir Floway, Inc. Pension Plan**

**EIN#: 77-0298303**

**PLAN#: 002**

**Schedule SB, Part V – Statement of Actuarial Assumptions/Methods**

| <b><u>Disability Rates</u></b>        | <b><u>Age</u></b>                                                                           | <b><u>Rate</u></b> |
|---------------------------------------|---------------------------------------------------------------------------------------------|--------------------|
|                                       | 20                                                                                          | 0.0790%            |
|                                       | 25                                                                                          | 0.1010%            |
|                                       | 30                                                                                          | 0.1135%            |
|                                       | 35                                                                                          | 0.1315%            |
|                                       | 40                                                                                          | 0.1685%            |
|                                       | 45                                                                                          | 0.2285%            |
|                                       | 50                                                                                          | 0.3710%            |
|                                       | 55                                                                                          | 0.7750%            |
|                                       | 60                                                                                          | 1.3395%            |
|                                       | 64+                                                                                         | 2.5530%            |
| <b><u>Decrement Timing</u></b>        | Middle of year decrements, with 100% retirement occurring at beginning of year              |                    |
| <b><u>Optional Form Election</u></b>  | Lump Sum: 50%                                                                               |                    |
| <b><u>Percentage</u></b>              | Single Life Annuity: 50%                                                                    |                    |
| <b><u>Percent Married</u></b>         | Males: 90%                                                                                  |                    |
|                                       | Females: 60%                                                                                |                    |
| <b><u>Age Difference</u></b>          | Husbands are assumed to be 3 years older than their wives                                   |                    |
| <b><u>Benefit Limits</u></b>          | Projected benefits are limited by the current IRC section 415 maximum benefit of \$245,000. |                    |
| <b><u>Market Value of Assets</u></b>  | Fair Value of Assets                                                                        |                    |
| <b><u>Administrative Expenses</u></b> | \$400,000                                                                                   |                    |
| <b><u>Actuarial Cost Method</u></b>   | Standard Unit Credit Cost Method                                                            |                    |
| <b><u>Valuation Date</u></b>          | January 1, 2022                                                                             |                    |
| <b><u>Census Data</u></b>             | January 1, 2022                                                                             |                    |

**Weir Floway, Inc. Pension Plan**

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

EIN: 77-0298303 Plan Number: 002

Year Ended December 31, 2022

| Identity of Party (a)      | Description of Asset (b)                         | Purchase Price (c) | Selling Price (d) | Lease Rental (e) | Expenses (f) | Cost (g)   | Current Value (h) | Net Gain/ (Loss) (i) |
|----------------------------|--------------------------------------------------|--------------------|-------------------|------------------|--------------|------------|-------------------|----------------------|
| <b>Single Transactions</b> |                                                  |                    |                   |                  |              |            |                   |                      |
| * Aon Trust Company LLC    | Aon Long Credit Bond                             | \$ 985,000         | \$ -              | \$ -             | \$ -         | \$ 985,000 | \$ 985,000        | \$ -                 |
| * Aon Trust Company LLC    | Aon US Intermediate Government                   | -                  | 1,000,000         | -                | -            | 1,042,582  | -                 | (42,582)             |
| <b>Series Transactions</b> |                                                  |                    |                   |                  |              |            |                   |                      |
| * BNY Mellon, N.A.         | EB Temporary Investment Fund                     | 2,289,594          | -                 | -                | -            | 2,289,594  | 2,289,594         | -                    |
| * BNY Mellon, N.A.         | EB Temporary Investment Fund                     | -                  | 2,204,729         | -                | -            | 2,204,729  | -                 | -                    |
| * Aon Trust Company LLC    | Aon Long Credit Bond                             | 1,234,999          | -                 | -                | -            | 1,234,999  | 1,234,999         | -                    |
| * Aon Trust Company LLC    | Aon Long Credit Bond                             | -                  | 650,000           | -                | -            | 767,859    | -                 | (117,859)            |
| * Aon Trust Company LLC    | Aon Intermediate Credit Bond                     | 940,001            | -                 | -                | -            | 940,001    | 940,001           | -                    |
| * Aon Trust Company LLC    | Aon Intermediate Credit Bond                     | -                  | 550,000           | -                | -            | 565,017    | -                 | (15,017)             |
| * Aon Trust Company LLC    | Aon U.S. Intermediate Government Bond Index Fund | 450,000            | -                 | -                | -            | 940,001    | 940,001           | -                    |
| * Aon Trust Company LLC    | Aon U.S. Intermediate Government Bond Index Fund | -                  | 2,050,000         | -                | -            | 2,170,979  | -                 | (120,979)            |

\* A party in interest as defined by ERISA.

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2022</b><br><br><b>This Form is Open to Public Inspection</b> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022                                                |                                                                                                                                                         |
| ▶ <b>Round off amounts to nearest dollar.</b>                                                                                             |                                                                                                                                                         |
| ▶ <b>Caution:</b> A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.            |                                                                                                                                                         |
| <b>A</b> Name of plan<br>WEIR FLOWAY, INC. PENSION PLAN DBPP                                                                              | <b>B</b> Three-digit plan number (PN) ▶ 002                                                                                                             |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>TRILLIUM PUMPS USA, INC.                                      | <b>D</b> Employer Identification Number (EIN)<br>77-0298303                                                                                             |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |

|                                                                                                                                                                                                                 |                            |                           |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| <b>Part I Basic Information</b>                                                                                                                                                                                 |                            |                           |                          |
| <b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2022</u>                                                                                                                               |                            |                           |                          |
| <b>2</b> Assets:                                                                                                                                                                                                |                            |                           |                          |
| <b>a</b> Market value .....                                                                                                                                                                                     |                            | <b>2a</b>                 | 18,624,103               |
| <b>b</b> Actuarial value .....                                                                                                                                                                                  |                            | <b>2b</b>                 | 18,624,103               |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                             | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment.....                                                                                                                                      | 135                        | 13,091,242                | 13,091,242               |
| <b>b</b> For terminated vested participants.....                                                                                                                                                                | 52                         | 1,808,211                 | 1,808,211                |
| <b>c</b> For active participants .....                                                                                                                                                                          | 28                         | 1,906,108                 | 1,918,467                |
| <b>d</b> Total.....                                                                                                                                                                                             | 215                        | 16,805,561                | 16,817,920               |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                           |                            |                           |                          |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                       |                            | <b>4a</b>                 |                          |
| <b>b</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 ..... |                            | <b>4b</b>                 |                          |
| <b>5</b> Effective interest rate .....                                                                                                                                                                          | <b>5</b>                   |                           | 5.29%                    |
| <b>6</b> Target normal cost.....                                                                                                                                                                                | <b>6a</b>                  |                           | 0                        |
| <b>a</b> Present value of current plan year accruals.....                                                                                                                                                       | <b>6b</b>                  |                           | 400,000                  |
| <b>b</b> Expected plan-related expenses .....                                                                                                                                                                   | <b>6c</b>                  |                           | 400,000                  |
| <b>c</b> Total (line 6a + line 6b) .....                                                                                                                                                                        |                            |                           |                          |

**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.

|                                                              |                        |                                        |
|--------------------------------------------------------------|------------------------|----------------------------------------|
| <b>SIGN HERE</b>                                             | Daniel Ettel <i>DE</i> | 9/21/2023 09/21/2023                   |
| Signature of actuary                                         |                        | Date                                   |
| Daniel Ettel                                                 |                        | 2309036                                |
| Type or print name of actuary                                |                        | Most recent enrollment number          |
| Gallagher Benefit Services Inc.                              |                        | 651-788-2909                           |
| Firm name                                                    |                        | Telephone number (including area code) |
| 3600 American Blvd West<br>Suite 500<br>Bloomington MN 55431 |                        |                                        |
| Address of the firm                                          |                        |                                        |

**Part II Beginning of Year Carryover and Prefunding Balances**

|                                                                                                                                                                      | (a) Carryover balance | (b) Prefunding balance |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                             | 0                     | 117,495                |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                          | 0                     | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                                | 0                     | 117,495                |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>7.71</u> % .....                                                                                 | 0                     | 9,059                  |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                       |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                      |                       | 0                      |
| <b>b(1)</b> 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>5.49</u> % ..... |                       | 0                      |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                       | 0                      |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                       |                        |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                    | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) .....                                                                         | 0                     | 126,554                |

**Part III Funding Percentages**

|                                                                                                                                                                            |           |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 109.98 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 110.41 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 111.62 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %        |

**Part IV Contributions and Liquidity Shortfalls**

| <b>18</b> Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                 |                          |                                   |                                 |
|------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| (a) Date<br>(MM-DD-YYYY)                                                                 | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>                                                                          |                                   |                                 | <b>18(b)</b>             | 0                                 | <b>18(c)</b> 0                  |

|                                                                                                                                      |                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>19</b> Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: |                                                                     |
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....                                 | <b>19a</b> 0                                                        |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                                   | <b>19b</b> 0                                                        |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....              | <b>19c</b> 0                                                        |
| <b>20</b> Quarterly contributions and liquidity shortfalls:                                                                          |                                                                     |
| <b>a</b> Did the plan have a "funding shortfall" for the prior year? .....                                                           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....              | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| <b>c</b> 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:  
5.18 %3rd segment:  
5.92 %☐ N/A, full yield curve used**b** Applicable month (enter code) .....**21b**

0

**22** Weighted average retirement age .....**22**

65

**23** Mortality table(s) (see instructions)☐

Prescribed - combined

☒

Prescribed - separate

☐

Substitute

**Part VI Miscellaneous Items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment .....☐

Yes

☒

No

**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment .....☒

Yes

☐

No

**26** Demographic and benefit information**a** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment .....☒

Yes

☐

No

**b** Is the plan required to provide a projection of expected benefit payments? 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**

400,000

**b** Excess assets, if applicable, but not greater than line 31a .....**31b**

400,000

**32** Amortization installments:**a** Net shortfall amortization installment .....

Outstanding Balance

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

**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****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 the American Rescue Plan Act of 2021 (See Instructions)****41** If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. ☐ 2019 ☐ 2020 ☒ 2021

# **Weir Floway, Inc. Pension Plan**

EIN#: 77-0298303

PLAN#: 002

Schedule SB, line 22

## **Description of Weighted Average Retirement Age**

### **Retirement Age:**

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

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

**Weir Floway, Inc. Pension Plan**

EIN#: 77-0298303      PLAN#: 002

Schedule SB, line 15

AFTAP

110.41% is the 2022 AFTAP as provided to Gallagher Benefit Services, Inc. by the plan administrator. It was certified by the prior actuary on September 27, 2022.

## **Weir Floway, Inc. Pension Plan**

**EIN#: 77-0298303      PLAN#: 002**

### **Schedule SB, Part V – Summary of Plan Provisions**

***For Participants who were members of the Weir Floway, Inc. Pension Plan in 2013:***

|                                         |                                                                                                                                                                                                                                                                                                                              |
|-----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b><u>Effective Date</u></b>            | January 17, 1992.<br><br>Amended October 1, 2015.                                                                                                                                                                                                                                                                            |
| <b><u>Plan Year</u></b>                 | January 1 to December 31.                                                                                                                                                                                                                                                                                                    |
| <b><u>Eligibility</u></b>               | The first of the month coincident with or next following the one-year anniversary with the company provided the employee has worked 1,000 hours during that 12-month period. The plan is frozen effective December 31, 2002 and therefore not open to new participants.                                                      |
| <b><u>Eligibility Service</u></b>       | Each hour of service worked plus vacations, holidays, sick days, layoff, jury duty and military duty.                                                                                                                                                                                                                        |
| <b><u>Vesting Service</u></b>           | Full years and months from date of employment with the company (or any participating company under the Pullman Company Retirement Plan) to termination date.                                                                                                                                                                 |
| <b><u>Credited Service</u></b>          | Full and partial years of service in order to determine the accrued benefit. Participants are credited with their years of service under The Pullman Plan. Credited service will no longer be accrued effective December 31, 2002 due to the plan freeze.                                                                    |
| <b><u>Normal Retirement Date</u></b>    | First of month coincident with or next following the attainment of age 65.                                                                                                                                                                                                                                                   |
| <b><u>Normal Retirement Benefit</u></b> | Accrued benefit as of the participant's normal retirement date.                                                                                                                                                                                                                                                              |
| <b><u>Late Retirement Benefit</u></b>   | A participant may continue in the employment after his normal retirement date. In such event, he will receive at actual retirement a benefit based on service and compensation as of actual retirement date.                                                                                                                 |
| <b><u>Early Retirement Benefit</u></b>  | Upon the completion of five years of vesting service and the attainment of age 55, a participant may elect to retire and may receive an immediate benefit equal to the normal retirement benefit based on service at early retirement and appropriately reduced for early retirement.                                        |
| <b><u>Compensation</u></b>              | Total compensation, including overtime, shift premiums, commissions, bonuses and pre-tax contributions to company-sponsored plans up to the IRC compensation limit, but not including reimbursement or other expense allowances. Compensation after December 31, 2002 is not considered in the computation of plan benefits. |

## **Weir Floway, Inc. Pension Plan**

**EIN#: 77-0298303**

**PLAN#: 002**

### **Schedule SB, Part V – Summary of Plan Provisions**

**Final Average Compensation** Average of the highest five consecutive full calendar years out of the 10 most recent full calendar years. Compensation for the year of termination will be included as if it were for a full calendar year only if it produces a higher final average compensation.

**Covered Compensation** The average of the Social Security wage base for the 35-year period ending with the year an individual attains Social Security retirement age.

**Accrued Benefit** The sum of (a) 1% of final average compensation up to covered compensation and (b) 1.35% of final average compensation in excess of covered compensation, multiplied by years of credited service (to a maximum of 40 years) as of the given date. The accrued benefit is payable as a life annuity as of the participant's normal retirement date.

**Minimum Accrued Benefit** A participant's accrued benefit shall not be less than the accrued benefit under The Pullman Plan immediately prior to the effective date.

**Disability Benefit Eligibility** Total disability as determined by the committee following completion of 10 years of vesting service.

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

**Death Benefit Eligibility** Spouses of vested participants who die before retirement.

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

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

| <b><u>Years of Service</u></b> | <b><u>Vested Percent</u></b> |
|--------------------------------|------------------------------|
| Fewer than 5                   | 0%                           |
| 5 or more                      | 100%                         |

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

**Normal Form of Payment** Annuity paid in monthly installments for life.

## **Weir Floway, Inc. Pension Plan**

**EIN#: 77-0298303**

**PLAN#: 002**

### **Schedule SB, Part V – Summary of Plan Provisions**

#### **Optional Forms of Payment**

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

1. A reduced benefit to be paid during the participant's lifetime with 50% of the reduced benefit to be continued to his spouse for her lifetime after his death.
2. A reduced benefit to be paid during the participant's lifetime with 66 2/3% or 75% of the reduced benefit to be continued to his spouse for her lifetime after his death.
3. A reduced benefit to be paid during the participant's lifetime with 100% of the reduced benefit to be continued to his spouse for her lifetime after his death.
4. A reduced benefit to be paid for 120 months certain and thereafter for life.
5. Level income option.
6. A single lump sum payment (effective May 1, 2015).

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

#### **Additional Information**

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

## **Weir Floway, Inc. Pension Plan**

**EIN#: 77-0298303      PLAN#: 002**

### **Schedule SB, Part V – Summary of Plan Provisions**

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

|                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b><u>Effective Date</u></b>              | January 1, 1963; amended and restated effective October 1, 1997; amended effective October 1, 2005; amended and restated effective October 1, 2008.                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b><u>Plan Year</u></b>                   | October 1 to September 30.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b><u>Coverage</u></b>                    | The plan covers all employees who were hired prior to July 1, 2002 and were covered under a collective bargaining agreement between the employer and Local No. 279, Electrical, Radio and Machine Workers of America (UE).                                                                                                                                                                                                                                                                                                                                                                                  |
| <b><u>Eligibility</u></b>                 | An employee will become a participant on the first day of the month coincident with or next following the completion one year of eligibility service and attainment of age 21.                                                                                                                                                                                                                                                                                                                                                                                                                              |
| <b><u>Year of Eligibility Service</u></b> | A year of eligibility service is an elapsed period of 12 months.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b><u>Year of Service</u></b>             | One year of service is credited for each calendar year during which an employee completes 1,000 or more hours of service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b><u>Year of Credited Service</u></b>    | One year of credited service is credited for each calendar year during which an employee completes 1,600 or more hours of service. If fewer than 1,600 hours are completed, a partial year equal to the ratio of actual hours to 1,600, rounded up to the next tenth of a year is credited.                                                                                                                                                                                                                                                                                                                 |
| <b><u>Normal Retirement Date</u></b>      | First of month coincident with or next following the attainment of age 65.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b><u>Normal Retirement Benefit</u></b>   | <p>The monthly normal retirement benefit is equal to years of credited service multiplied by:</p> <ol style="list-style-type: none"><li>1. \$21.00 if normal retirement date occurs after February 3, 2005 and before February 11, 2006.</li><li>2. \$21.50 if normal retirement date occurs after February 10, 2006 and before February 11, 2007.</li><li>3. \$22.00 if normal retirement date occurs after February 10, 2007 and before February 11, 2008.</li><li>4. \$23.00 if normal retirement date occurs after February 10, 2008.</li></ol> <p>The Plan was frozen effective September 30, 2009</p> |
| <b><u>Normal Form of Payment</u></b>      | The normal form of payment is a life annuity. A participant who is married at time of benefit commencement will automatically receive a reduced 50% joint and contingent annuity unless he elects one of the optional forms of payment.                                                                                                                                                                                                                                                                                                                                                                     |

## **Weir Floway, Inc. Pension Plan**

**EIN#: 77-0298303      PLAN#: 002**

### **Schedule SB, Part V – Summary of Plan Provisions**

|                                           |                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b><u>Optional Forms of Payment</u></b>   | <p>A participant may elect (with spouse's consent, if required) any one of the following forms of payment:</p> <ol style="list-style-type: none"><li>1. Contingent annuitant option.</li><li>2. Social Security adjustment option.</li><li>3. Life annuity.</li><li>4. 10-year certain and life.</li><li>5. Lump sum.</li></ol>                                                                                           |
| <b><u>Early Retirement Date</u></b>       | <p>A participant may retire early upon attaining age 55 and completing at least 15 years of credited service.</p>                                                                                                                                                                                                                                                                                                         |
| <b><u>Early Retirement Benefit</u></b>    | <p>The benefit payable upon early retirement is the participant's accrued normal retirement benefit reduced 6% for each year that the payments begin prior to normal retirement date.</p>                                                                                                                                                                                                                                 |
| <b><u>Deferred Retirement Benefit</u></b> | <p>If a participant works past normal retirement date, the benefit payable on the deferred retirement date will be the greater of (a) the benefit calculated using years of credited service as of the participant's actual retirement date or (b) the actuarial equivalent of the participant's accrued benefit as of the later of the participant's normal retirement date or the close of the preceding plan year.</p> |
| <b><u>Vesting</u></b>                     | <p>Participants are 100% vested upon the earlier of (a) completion of five years of service or (b) attainment of normal retirement age.</p>                                                                                                                                                                                                                                                                               |
| <b><u>Vested Terminated Benefit</u></b>   | <p>The vested accrued benefit of a terminated participant is payable as a monthly pension at age 65. It may be payable as early as age 55. The benefit payable before age 65 will be the early retirement benefit.</p>                                                                                                                                                                                                    |
| <b><u>Preretirement Death</u></b>         | <p>A married vested participant who is active or has terminated but has not yet commenced receiving benefits is covered by a preretirement death benefit.</p>                                                                                                                                                                                                                                                             |
| <b><u>Preretirement Death Benefit</u></b> | <p>The amount of the preretirement death benefit is 50% of the participant's accrued benefit at death reduced for early commencement and the assumed election of a 50% joint and contingent annuity.</p>                                                                                                                                                                                                                  |
| <b><u>Disability Retirement</u></b>       | <p>A participant who is totally and permanently disabled and has completed at least 15 years of credited service may begin receiving an unreduced accrued benefit immediately.</p>                                                                                                                                                                                                                                        |
| <b><u>Funding</u></b>                     | <p>The company pays for the entire cost of the plan.</p>                                                                                                                                                                                                                                                                                                                                                                  |

## **Weir Floway, Inc. Pension Plan**

**EIN#: 77-0298303      PLAN#: 002**

### **Schedule SB, Part V – Summary of Plan Provisions**

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

|                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|-------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b><u>Effective Date</u></b>              | January 1, 1976; amended and restated effective October 1, 1997; amended and restated effective October 1, 2008.                                                                                                                                                                                                                                                                                                                                                                              |
| <b><u>Plan Year</u></b>                   | October 1 to September 30.                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b><u>Coverage</u></b>                    | The plan covers all employees who were hired prior to July 1, 2002 and were not accruing benefits under any other defined benefit pension plan maintained by the employer.                                                                                                                                                                                                                                                                                                                    |
| <b><u>Eligibility Requirements</u></b>    | An employee will become a participant on the first day of the month coincident with or next following the completion one year of eligibility service and attainment of age 21.                                                                                                                                                                                                                                                                                                                |
| <b><u>Year of Eligibility Service</u></b> | A year of eligibility service is credited for a 12-month period during which an employee completes 1,000 or more hours of service. If this is not achieved during the first year of employment, then the period will be a calendar year.                                                                                                                                                                                                                                                      |
| <b><u>Year of Service</u></b>             | One year of service is credited for each calendar year during which an employee completes 1,000 or more hours of service.                                                                                                                                                                                                                                                                                                                                                                     |
| <b><u>Year of Credited Service</u></b>    | One year of credited service is credited for each calendar year during which an employee completes 1,000 or more hours of service.                                                                                                                                                                                                                                                                                                                                                            |
| <b><u>Compensation</u></b>                | Compensation is defined as compensation paid by the employer excluding amounts received from nonqualified stock options, distributions to or from a deferred compensation plan and certain other compensation.                                                                                                                                                                                                                                                                                |
| <b><u>Average Annual Compensation</u></b> | Average annual compensation over the highest five consecutive calendar years out of the last 10 consecutive calendar years that produce the highest average.                                                                                                                                                                                                                                                                                                                                  |
| <b><u>Normal Retirement Date</u></b>      | First of month coincident with or following the later of (1) age 65 and (2) the fifth anniversary of the date of the participant first entered the plan.                                                                                                                                                                                                                                                                                                                                      |
| <b><u>Normal Retirement Benefit</u></b>   | <p>The annual normal retirement benefit is equal to [(1) + (2)] multiplied by (3):</p> <ol style="list-style-type: none"><li>1. 1.1% of average annual compensation.</li><li>2. 0.6% of average annual compensation in excess of covered compensation.</li><li>3. Years of credited service, not in excess of 30 years.</li></ol> <p>Certain participants are entitled to additional benefit from a prior plan as of December 31, 1975. The plan was frozen effective September 30, 2009.</p> |

## **Weir Floway, Inc. Pension Plan**

**EIN#: 77-0298303**

**PLAN#: 002**

### **Schedule SB, Part V – Summary of Plan Provisions**

|                                           |                                                                                                                                                                                                                                                                                                                                                                                                                    |
|-------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b><u>Normal Form of Payment</u></b>      | The normal form of payment is a life annuity. A participant who is married at time of benefit commencement will automatically receive a reduced 50% joint and contingent annuity unless he elects one of the optional forms of payment.                                                                                                                                                                            |
| <b><u>Optional Forms of Payment</u></b>   | <p>A participant may elect (with spouse's consent, if required) any one of the following forms of payment:</p> <ol style="list-style-type: none"><li>1. Contingent annuitant option with cash refund.</li><li>2. Social Security adjustment option with cash refund.</li><li>3. Life annuity with cash refund.</li><li>4. Life annuity.</li><li>5. 10-year certain and life.</li><li>6. Lump sum.</li></ol>        |
| <b><u>Early Retirement Date</u></b>       | A participant may retire early upon attaining age 55 and completing at least 10 years of credited service.                                                                                                                                                                                                                                                                                                         |
| <b><u>Early Retirement Benefit</u></b>    | The benefit payable upon early retirement is the participant's accrued normal retirement benefit reduced 6% for each year that the payments begin prior to normal retirement date.                                                                                                                                                                                                                                 |
| <b><u>Deferred Retirement Benefit</u></b> | If a participant works past normal retirement date, the benefit payable on the deferred retirement date will be the greater of (a) the benefit calculated using years of credited service as of the participant's actual retirement date or (b) the actuarial equivalent of the participant's accrued benefit as of the later of the participant's normal retirement date of the close of the preceding plan year. |
| <b><u>Vesting</u></b>                     | Participants are 100% vested upon the earlier of (a) completion of five years of service or (b) attainment of normal retirement age.                                                                                                                                                                                                                                                                               |
| <b><u>Vested Terminated Benefit</u></b>   | The vested accrued benefit of a terminated participant is payable as a monthly pension at age 65. It may be payable as early as age 55. The benefit payable before age 65 will be the early retirement benefit.                                                                                                                                                                                                    |
| <b><u>Preretirement Death</u></b>         | A married vested participant who is active or has terminated but has not yet commenced receiving benefits is covered by a preretirement death benefit.                                                                                                                                                                                                                                                             |
| <b><u>Preretirement Death Benefit</u></b> | The amount of the preretirement death benefit is 50% of the participant's accrued benefit at death reduced for early commencement and the assumed election of a 50% joint and contingent annuity.                                                                                                                                                                                                                  |
| <b><u>Disability Retirement</u></b>       | A participant who is totally and permanently disabled may begin receiving an unreduced accrued benefit immediately.                                                                                                                                                                                                                                                                                                |
| <b><u>Funding</u></b>                     | The company pays for the entire cost of the plan.                                                                                                                                                                                                                                                                                                                                                                  |

## **Weir Floway, Inc. Pension Plan**

**EIN#: 77-0298303      PLAN#: 002**

### **Schedule SB, Part V – Summary of Plan Provisions**

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

|                                           |                                                                                                                                                                                                                                                                                                                                          |
|-------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b><u>Effective Date</u></b>              | August 1, 1976; amended and restated effective October 1, 1997; amended and restated effective October 1, 2008.                                                                                                                                                                                                                          |
| <b><u>Plan Year</u></b>                   | October 1 to September 30.                                                                                                                                                                                                                                                                                                               |
| <b><u>Coverage</u></b>                    | The plan covers all employees who were hired on an hourly basis at the North Carolina Division prior to July 1, 2002.                                                                                                                                                                                                                    |
| <b><u>Eligibility</u></b>                 | An employee will become a participant on the first day of the month coincident with or next following the completion one year of eligibility service and attainment of age 21.                                                                                                                                                           |
| <b><u>Year of Eligibility Service</u></b> | A year of eligibility service is credited for a 12 month period during which an employee completes 1,000 or more hours of service.                                                                                                                                                                                                       |
| <b><u>Year of Service</u></b>             | One year of service is credited for each calendar year during which an employee completes 1,000 or more hours of service.                                                                                                                                                                                                                |
| <b><u>Year of Credited Service</u></b>    | One year of credited service is credited for each calendar year during which an employee completes 1,600 or more hours of service. If fewer than 1,600 hours are completed, a partial year equal to the ratio of actual hours to 1,600, rounded up to the next tenth of a year is credited, provided at least 1,000 hours are completed. |
| <b><u>Normal Retirement Date</u></b>      | First of month coincident with or next following the attainment of age 65.                                                                                                                                                                                                                                                               |
| <b><u>Normal Retirement Benefit</u></b>   | <p>The monthly normal retirement benefit is equal to years of credited service multiplied by \$16.50.</p> <p>The plan was frozen effective September 30, 2009.</p>                                                                                                                                                                       |
| <b><u>Normal Form of Payment</u></b>      | The normal form of payment is a life annuity. A participant who is married at time of benefit commencement will automatically receive a reduced 50% joint and contingent annuity unless he elects one of the optional forms of payment.                                                                                                  |
| <b><u>Optional Forms of Payment</u></b>   | <p>A participant may elect (with spouse's consent, if required) any one of the following forms of payment:</p> <ol style="list-style-type: none"><li>1. Contingent annuitant option.</li><li>2. Social Security adjustment option.</li><li>3. Life annuity.</li><li>4. 10-year certain and life.</li><li>5. Lump sum.</li></ol>          |

## **Weir Floway, Inc. Pension Plan**

**EIN#: 77-0298303**

**PLAN#: 002**

### **Schedule SB, Part V – Summary of Plan Provisions**

|                                           |                                                                                                                                                                                                                                                                                                                                                                                                                    |
|-------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b><u>Early Retirement Date</u></b>       | A participant may retire early upon attaining age 55 and completing at least 15 years of credited service.                                                                                                                                                                                                                                                                                                         |
| <b><u>Early Retirement Benefit</u></b>    | The benefit payable upon early retirement is the participant's accrued normal retirement benefit reduced 6% for each year that the payments begin prior to normal retirement date.                                                                                                                                                                                                                                 |
| <b><u>Deferred Retirement Benefit</u></b> | If a participant works past normal retirement date, the benefit payable on the deferred retirement date will be the greater of (a) the benefit calculated using years of credited service as of the participant's actual retirement date or (b) the actuarial equivalent of the participant's accrued benefit as of the later of the participant's normal retirement date of the close of the preceding plan year. |
| <b><u>Vesting</u></b>                     | Participants are 100% vested upon the earlier of (a) completion of five years of service or (b) attainment of normal retirement age.                                                                                                                                                                                                                                                                               |
| <b><u>Vested Terminated Benefit</u></b>   | The vested accrued benefit of a terminated participant is payable as a monthly pension at age 65. It may be payable as early as age 55. The benefit payable before age 65 will be the early retirement benefit.                                                                                                                                                                                                    |
| <b><u>Preretirement Death</u></b>         | A married vested participant who is active or has terminated but has not yet commenced receiving benefits is covered by a preretirement death benefit.                                                                                                                                                                                                                                                             |
| <b><u>Preretirement Death Benefit</u></b> | The amount of the preretirement death benefit is 50% of the participant's accrued benefit at death reduced for early commencement and the assumed election of a 50% joint and contingent annuity.                                                                                                                                                                                                                  |
| <b><u>Disability Retirement</u></b>       | A participant who is totally and permanently disabled and has completed at least 15 years of credited service may begin receiving an unreduced accrued benefit immediately.                                                                                                                                                                                                                                        |
| <b><u>Funding</u></b>                     | The company pays for the entire cost of the plan.                                                                                                                                                                                                                                                                                                                                                                  |

### **Changes in Plan Provisions since Prior Valuation:**

There have been no changes in the plan provisions which impact the valuation.

**Weir Floway, Inc. Pension Plan**

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

EIN: 77-0298303 Plan Number: 002

December 31, 2022

| (a)                             | (b)<br>Identity of Issue, Borrower,<br>Lessor or Similar Party | (c)<br>Description of Investment Including Maturity Date,<br>Rate of Interest, Collateral, Par or Maturity Value | (d)<br>Cost          | (e)<br>Current Value |
|---------------------------------|----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|----------------------|----------------------|
| <b>Common/Collective Trusts</b> |                                                                |                                                                                                                  |                      |                      |
| *                               | Aon Trust Company LLC                                          | Aon Long Credit Bond                                                                                             | \$ 7,967,250         | \$ 6,513,988         |
| *                               | Aon Trust Company LLC                                          | Aon Large Cap Equity Index                                                                                       | 1,877,968            | 1,860,002            |
| *                               | Aon Trust Company LLC                                          | Aon Core Real Estate Fund                                                                                        | 1,237,834            | 1,517,309            |
| *                               | Aon Trust Company LLC                                          | Aon Non-U.S. Equity Fund                                                                                         | 1,476,135            | 1,292,682            |
| *                               | Aon Trust Company LLC                                          | Aon Intermediate Credit Bond                                                                                     | 374,984              | 360,546              |
| *                               | Aon Trust Company LLC                                          | Aon Small Cap Equity Index                                                                                       | 444,143              | 348,156              |
| *                               | Aon Trust Company LLC                                          | Aon 20+ Year U.S. Treasury STRIPS Fund                                                                           | 230,565              | 205,784              |
| *                               | Aon Trust Company LLC                                          | Aon U.S. Intermediate Government Bond Index Fund                                                                 | 230,188              | 222,333              |
| *                               | Aon Trust Company LLC                                          | Aon Long Government Bond Index Fund                                                                              | 54,240               | 41,310               |
| *                               | Aon Trust Company LLC                                          | Aon Global Real Estate CL I                                                                                      | 45,873               | 40,801               |
| *                               | Aon Trust Company LLC                                          | Aon High Yield Plus CL I                                                                                         | 25,451               | 23,486               |
|                                 |                                                                | Total common/collective trusts                                                                                   | <u>13,964,631</u>    | <u>12,426,397</u>    |
| <b>Commingled Funds</b>         |                                                                |                                                                                                                  |                      |                      |
| *                               | Mellon Bank, N.A.                                              | EB Temporary Investment Fund                                                                                     | <u>368,999</u>       | <u>368,999</u>       |
|                                 |                                                                | Total commingled funds                                                                                           | <u>368,999</u>       | <u>368,999</u>       |
|                                 |                                                                | Total                                                                                                            | <u>\$ 14,333,631</u> | <u>\$ 12,795,396</u> |

\* A party in interest as defined by ERISA.

## **Weir Floway, Inc. Pension Plan**

EIN#: 77-0298303      PLAN#: 002

Schedule SB, line 25

Change in Method

Wendy W. Hom from Aon Consulting, Inc. is no longer the Enrolled Actuary for this Plan. An Enrolled Actuary from Gallagher Benefit Services, Inc. was assigned to be the Enrolled Actuary for this Plan. In addition, a new valuation software was used for the 2022 valuation results. Automatic approval for the change in valuation software is provided under IRS Revenue Procedure 2017-56.