

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2022 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.	☐

Part II Basic Plan Information —enter all requested information		
1a Name of plan <u>UTICA BOILERS, INC./ENVIROMASTER INTERNATIONAL CORPORATION DB PLAN</u>	1b Three-digit plan number (PN) ▶	<u>008</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, and ZIP or foreign postal code (if foreign, see instructions) <u>ECR INTERNATIONAL, INC.</u> <u>2201 DWYER AVENUE</u> <u>UTICA, NY 13501</u>	1c Effective date of plan <u>01/01/1989</u>	2b Employer Identification Number (EIN) <u>16-0414490</u>
2c Plan Sponsor's telephone number <u>315-797-1310</u>	2d Business code (see instructions) <u>333410</u>	

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/16/2023	DEBORAH DAM
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

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3a Plan administrator's name and address ☒ Same as Plan Sponsor		3b Administrator's EIN	
		3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name		4b EIN 4d PN	
5 Total number of participants at the beginning of the plan year		5	101
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).			
a(1) Total number of active participants at the beginning of the plan year		6a(1)	12
a(2) Total number of active participants at the end of the plan year		6a(2)	0
b Retired or separated participants receiving benefits		6b	0
c Other retired or separated participants entitled to future benefits.....		6c	0
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	0
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....		6g	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 3H 1I			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ 0 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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 _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
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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.

A Name of plan <u>UTICA BOILERS, INC./ENVIROMASTER INTERNATIONAL CORPORATION DB PLAN</u>	B Three-digit plan number (PN) ▶ <u>008</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>ECR INTERNATIONAL, INC.</u>	D Employer Identification Number (EIN) <u>16-0414490</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2022</u>	
2 Assets:	
a Market value.....	2a <u>5644050</u>
b Actuarial value	2b <u>5502833</u>
3 Funding target/participant count breakdown	(1) Number of participants (2) Vested Funding Target (3) Total Funding Target
a For retired participants and beneficiaries receiving payment	<u>53</u> <u>2583938</u> <u>2583938</u>
b For terminated vested participants.....	<u>37</u> <u>1024063</u> <u>1024063</u>
c For active participants.....	<u>12</u> <u>155381</u> <u>155381</u>
d Total	<u>102</u> <u>3763382</u> <u>3763382</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions.....	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate.....	5 <u>5.34 %</u>
6 Target normal cost	
a Present value of current plan year accruals.....	6a <u>0</u>
b Expected plan-related expenses	6b <u>48000</u>
c Total (line 6a + line 6b)	6c <u>48000</u>

Statement by Enrolled Actuary

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

SIGN HERE		<u>10/13/2023</u>
	Signature of actuary	Date
<u>THOMAS MIANO</u>	Type or print name of actuary	<u>23-04601</u>
		Most recent enrollment number
<u>OCTOBER THREE CONSULTING LLC</u>	Firm name	<u>312-878-2440</u>
		Telephone number (including area code)
<u>6191 N. STATE HIGHWAY 161</u> <u>SUITE 470</u> <u>IRVING, TX 75038</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
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Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	720585
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9 Amount remaining (line 7 minus line 8)	0	720585
10 Interest on line 9 using prior year's actual return of <u>7.31</u> %	0	52675
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year).....		107396
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.53</u> %.....		5939
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c Total available at beginning of current plan year to add to prefunding balance.....		113335
d Portion of (c) to be added to prefunding balance.....		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	773260

Part III Funding Percentages		
14 Funding target attainment percentage	14	125.67 %
15 Adjusted funding target attainment percentage	15	146.22 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	116.94 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

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

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

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**

1

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**

48000

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

48000

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

0

0

b Waiver amortization installment

0

0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount**33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....**34**

0

35 Balances elected for use to offset funding requirement.....

0

0

0

36 Additional cash requirement (line 34 minus line 35)**36**

0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)**37**

0

38 Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36)**38a**

0

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances**38b****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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 UTICA BOILERS, INC./ENVIROMASTER INTERNATIONAL CORPORATION DB PLAN	B Three-digit plan number (PN) ▶	008
C Plan sponsor's name as shown on line 2a of Form 5500 ECR INTERNATIONAL, INC.	D Employer Identification Number (EIN) 16-0414490	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

OCTOBER THREE CONSULTING LLC

27-1175487

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	52516	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MANUFACTURERS AND TRADERS TRUST CO.

16-0538020

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
25 27 50	NONE	19037	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MILLIMAN, INC.

91-0675641

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	1519	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	VICKI A. MAZZIE	b EIN:	91-0675641
c Position:	ENROLLED ACTUARY		
d Address:	3 WINNERS CIRCLE SUITE 300 ALBANY, NY 12205	e Telephone:	518-514-7100

Explanation: CHANGE IN OWNERSHIP OF COMPANY.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>		
A Name of plan <u>UTICA BOILERS, INC./ENVIROMASTER INTERNATIONAL CORPORATION DB PLAN</u>	B Three-digit plan number (PN) ►	<u>008</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ECR INTERNATIONAL, INC.</u>	D Employer Identification Number (EIN) <u>16-0414490</u>	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....		1a	10620
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....		1b(1)	1150000
(2) Participant contributions.....		1b(2)	
(3) Other.....		1b(3)	109671524
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....		1c(1)	3197630
(2) U.S. Government securities		1c(2)	12795510
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred		1c(3)(A)	
(B) All other		1c(3)(B)	7240560
(4) Corporate stocks (other than employer securities):			
(A) Preferred		1c(4)(A)	8072540
(B) Common.....		1c(4)(B)	
(5) Partnership/joint venture interests		1c(5)	
(6) Real estate (other than employer real property)		1c(6)	
(7) Loans (other than to participants).....		1c(7)	
(8) Participant loans.....		1c(8)	
(9) Value of interest in common/collective trusts.....		1c(9)	
(10) Value of interest in pooled separate accounts		1c(10)	
(11) Value of interest in master trust investment accounts.....		1c(11)	
(12) Value of interest in 103-12 investment entities		1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds).....		1c(13)	23880630
(14) Value of funds held in insurance company general account (unallocated contracts).....		1c(14)	
(15) Other		1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	5645716	1524

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	5645716	1524
---	-----------	---------	------

Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)	12009	
(C) Corporate debt instruments	2b(1)(C)	10064	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		22073
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	5818	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	34241	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		40059
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	2622100	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	3022121	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-400021
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(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)		-437545
c Other income	2c		31830
d Total income. Add all income amounts in column (b) and enter total	2d		-743604
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1087011	
(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)		1087011
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)	54035	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	3207692	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		3261727
j Total expenses. Add all expense amounts in column (b) and enter total	2j		4348738
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-5092342
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		551850

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: FUSTCHARLES LLP

(2) EIN: 16-1226221

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	

	Yes	No	Amount
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
4b		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
4d		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
4i		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	X		
4k	X		
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? ☒ Yes ☐ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year 0.

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)
ECR INTERNATIONAL, INC. 401(K) AND PROFIT SHARING PLAN	16-0414490	003

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 468296.

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 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 UTICA BOILERS, INC./ENVIROMASTER INTERNATIONAL CORPORATION DB PLAN		B Three-digit plan number (PN) ► 008
C Plan sponsor's name as shown on line 2a of Form 5500 ECR INTERNATIONAL, INC.		D Employer Identification Number (EIN) 16-0414490
Part I Distributions		
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 06-6379101 16-0538020		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3 39
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)		
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....		6a
b Enter the amount contributed by the employer to the plan for this plan year.....		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☒ Yes ☐ No ☐ N/A		
Part III Amendments		
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☒ Increase ☐ Decrease ☐ Both ☐ No		
Part IV ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.		
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock?..... ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 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): _____

14 Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:	14a		
a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....		14b	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)			14c
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)			
15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:	15a		
a The corresponding number for the plan year immediately preceding the current plan year.....		15b	
b The corresponding number for the second preceding plan year.....			
16 Information with respect to any employers who withdrew from the plan during the preceding plan year:	16a		
a Enter the number of employers who withdrew during the preceding plan year		16b	
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.....			
17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐			

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

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

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

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

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

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

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

☐ Yes.

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

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

☐ No. Other. Provide explanation _____

**UTICA BOILERS, INC./ENVIROMASTER
INTERNATIONAL CORPORATION
DEFINED BENEFIT PLAN**

Financial Statements and Supplemental Schedule

December 31, 2022 and 2021

**UTICA BOILERS, INC./ENVIROMASTER
INTERNATIONAL CORPORATION
DEFINED BENEFIT PLAN**

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of
Utica Boilers, Inc./Enviromaster International Corporation Defined Benefit Plan:

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

We have performed audits of the accompanying financial statements of Utica Boilers, Inc./Enviromaster International Corporation Defined Benefit 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 (in liquidation) and 2021 (ongoing), and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of Utica Boilers, Inc./Enviromaster International Corporation Defined Benefit 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 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of and for the years ended December 31, 2022 and 2021, stating that the certified investment information, as described in note 6 to the financial statements, is complete and accurate.

Opinion on the Financial Statements

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

- the amounts and disclosures in the financial statements referred to above, 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 referred to above 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).

(Continued)

Basis for Opinion on the Financial Statements

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Utica Boilers, Inc./Enviromaster International Corporation Defined Benefit 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.

Emphasis of Matter - Plan Termination and Liquidation Basis of Accounting

As described in note 1(a) to the financial statements, in July 2022 the plan sponsor resolved to terminated the Utica Boilers, Inc./Enviromaster International Corporation Defined Benefit Plan and purchased annuities to fund the remaining pension benefits associated with the Utica Boilers, Inc./Enviromaster International Corporation Defined Benefit Plan. Management determined that liquidation was imminent. Accordingly, the Plan changed its basis of accounting from the going concern basis of accounting used in presenting the 2021 financial statements to the liquidation basis of accounting used in presenting the 2022 financial statements. Our opinion is not modified with respect to this matter.

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 Utica Boilers, Inc./Enviromaster International Corporation Defined Benefit 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.

Auditor's Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Utica Boilers, Inc./Enviromaster International Corporation Defined Benefit 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 Utica Boilers, Inc./Enviromaster International Corporation Defined Benefit Plan's ability to continue as a going concern for a reasonable period of time.

(Continued)

Auditor's Responsibilities for the Audit of the Financial Statements, Continued

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.

Supplemental Schedule Required by ERISA

The supplemental Schedule H, Line 4(j) - Schedule of Reportable Transactions for the year ended December 31, 2022 is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedule, 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 schedule 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 schedule, we evaluated whether the supplemental schedule, other than the information agreed to or derived from the certified investment information, including its form and content, is presented in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

(Continued)

The Plan Administrator
Page 5 of 5

Supplemental Schedule Required by ERISA, Continued

In our opinion -

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

Syracuse, New York
October 13, 2023


FustCharles LLP

**UTICA BOILERS, INC./ENVIROMASTER
INTERNATIONAL CORPORATION
DEFINED BENEFIT PLAN**

Statements of Net Assets Available for Benefits

December 31, 2022 and 2021

	2022 <u>(Liquidation)</u>	2021 <u>(Ongoing)</u>
Assets:		
Cash	\$ -	1,062
Investments, at fair value	-	5,518,687
Accrued interest and dividends	1,524	10,967
Accrued employer contributions	<u>-</u>	<u>115,000</u>
Net assets available for benefits	<u>\$ 1,524</u>	<u>5,645,716</u>

See accompanying notes to the financial statements.

**UTICA BOILERS, INC./ENVIROMASTER
INTERNATIONAL CORPORATION
DEFINED BENEFIT PLAN**

Statements of Changes in Net Assets Available for Benefits

Years ended December 31, 2022 and 2021

	2022 <u>(Liquidation)</u>	2021 <u>(Ongoing)</u>
Investment income:		
Net appreciation in fair value of investments	\$ -	255,477
Interest and dividends	62,132	108,475
Employer contributions	<u>-</u>	<u>115,000</u>
Total additions	<u>62,132</u>	<u>478,952</u>
Net depreciation in fair value of investments	805,736	-
Benefit payments	1,087,011	273,426
Purchases of annuity contracts	3,188,657	-
Administrative expenses	<u>73,070</u>	<u>44,512</u>
Total deductions	<u>5,154,474</u>	<u>317,938</u>
Net increase (decrease)	(5,092,342)	161,014
Transfers to other plan	(551,850)	-
Net assets available for benefits:		
Beginning of year	<u>5,645,716</u>	<u>5,484,702</u>
End of year	<u><u>\$ 1,524</u></u>	<u><u>5,645,716</u></u>

See accompanying notes to the financial statements.

**UTICA BOILERS, INC./ENVIROMASTER
INTERNATIONAL CORPORATION
DEFINED BENEFIT PLAN**

Notes to Financial Statements

December 31, 2022 (Liquidation) and 2021

(1) Description of Plan

The following description of the Utica Boilers, Inc./Enviromaster International Corporation Defined Benefit Plan (Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

(a) General and Plan Termination

The Plan is a defined benefit pension plan for employees hired prior to December 31, 2000 of the Utica division of ECR International, Inc. (Company) and Enviromaster International Corporation not covered by a collective bargaining agreement. It is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

The Plan is administered by the Company's Pension Plan Committee (Committee), which is a committee of management members of the Company. The Committee has overall responsibility for the operation and administration of the Plan. The Committee determines the appropriateness of the Plan's investment offerings, monitors investment performance and reports to the Company's Board of Directors.

In July 2022, the Company resolved to terminate the Plan and purchased annuities totalling \$3,188,657 to fund the remaining pension benefits associated with the Plan. This is reflected as a deduction within purchases of annuity contracts in the accompanying statement of net assets available for benefits for the year ended December 31, 2022. The annuity contracts fully guarantees and pays each retirement or death benefit payable to participants or beneficiaries. As such, the Plan has no further obligation to make any retirement, death or other payment to these participants or beneficiaries.

(b) 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 requirements. During 2022, the Company made no contributions. During 2021, the Company made contributions of \$115,000, which exceeded the minimum funding requirements for 2021 of ERISA.

**UTICA BOILERS, INC./ENVIROMASTER
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Notes to Financial Statements

(1) Description of Plan, Continued

(c) Pension Benefits

Employees hired prior to July 1, 1999 who had attained the age of 21 and who had completed 1,000 hours of service, as defined, prior to June 30, 2000 are eligible to participate in the Plan. Participant benefits are calculated as 1% of the participant's average five highest consecutive years of annual compensation multiplied by their years of service up to a maximum of 35 years. However, the monthly benefit received is limited to \$4,500 per month. In December 2000, the Plan was amended to cease the accrual of benefits after December 31, 2000. Participants will continue to accrue service for determining eligibility to begin benefit payments while they remain employed by the Company after December 31, 2000. However, the accrued benefit under the Plan of any participant in the Plan who is employed after December 31, 2000 will be determined as if that person terminated employment on December 31, 2000 and remains terminated until retirement. All participants became 100% vested in their pension benefit on December 31, 2000.

Additionally, the Plan provides an early retirement option for participants who terminate their employment on or after turning age 55 and completion of ten years of service. Employees may elect to receive the value of their accumulated plan benefits as a straight life annuity; joint and 50%, joint and 75%, 100% survivor annuity or a 10 year certain life annuity payable monthly from retirement. Beginning in July 2022, the Plan offered lump sum benefit payments as a result of the Plan termination.

(d) Death and Disability Benefits

If a married participant dies, a death benefit equal to 50% of the amount that would have been paid in the form of a joint and 50% survivor annuity is paid to their spouse. Disability benefits are not provided under the Plan.

(2) Summary of Significant Accounting Policies

(a) Basis of Accounting

The Plan's financial statements for 2022 have been prepared using the liquidation basis of accounting. The Plan's 2021 financial statements are prepared on the going concern basis of accounting. There are no material differences using the liquidation basis of accounting compared with the going concern (accrual) basis of accounting.

**UTICA BOILERS, INC./ENVIROMASTER
INTERNATIONAL CORPORATION
DEFINED BENEFIT PLAN**

Notes to Financial Statements

(2) Summary of Significant Accounting Policies, Continued

(b) Use of Estimates

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

(c) 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 Committee determines the Plan's valuation policies utilizing information provided by its investment advisors and trustee. See note 5 for a discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

(d) Payment of Benefits

Benefit payments to participants are recorded upon distribution.

(e) Expenses

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

(f) Transfers to Other Plan

Amounts transferred to another plan maintained by the Company are included in transfers to other plans. During 2022, the Plan transferred \$551,850 to a defined contribution plan maintained by the Company.

**UTICA BOILERS, INC./ENVIROMASTER
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Notes to Financial Statements

(2) Summary of Significant Accounting Policies, Continued

(g) Subsequent Events

The Plan has evaluated subsequent events through October 13, 2023, the date the financial statements were available to be issued.

(3) 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 payable under all circumstances (retirement, death, disability and termination of employment) are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an independent actuary from October Three Consulting, LLC in 2022 and Milliman, Inc. (Milliman) in 2021 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 significant actuarial assumptions used in the valuations as of January 1, 2022 and 2021 were: (a) life expectancy of participants based upon the Pri-2012 mortality table with projection scale MP-2021 for 2022 and projection scale MP-2020 for 2021; (b) retirement age assumptions; (the assumed average retirement age was 65 or the 5th anniversary of participation); (c) and an investment return of 5.25% per annum. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2022 and 2021. Had the valuations been performed as of December 31, there would be no material differences.

The actuarial present value of accumulated plan benefits is as follows as of January 1:

	<u>2022</u>	<u>2021</u>
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving benefits	\$ 2,565,932	2,560,071
Participants not receiving benefits	<u>1,224,318</u>	<u>1,317,901</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 3,790,250</u>	<u>3,877,972</u>

**UTICA BOILERS, INC./ENVIROMASTER
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Notes to Financial Statements

(3) Actuarial Present Value of Accumulated Plan Benefits, Continued

Changes in actuarial present value of accumulated Plan benefits during the plan year is as follows:

	<u>2022</u>	<u>2021</u>
Actuarial present value of accumulated plan benefits at the beginning of the year	\$ <u>3,877,972</u>	<u>3,815,623</u>
Increase (decrease) during the year attributable to:		
Reduction in the discount period	196,508	202,731
Benefit payments	(273,426)	(262,722)
Assumption changes	10,041	65,718
Actuarial (gain) loss	<u>(20,845)</u>	<u>56,622</u>
Net increase (decrease)	<u>(87,722)</u>	<u>62,349</u>
Actuarial present value of accumulated plan benefits at the end of the year	\$ <u><u>3,790,250</u></u>	<u><u>3,877,972</u></u>

Had the 2022 valuation been performed as of December 31, 2022, the actuarial preset value of accumulated plan benefits would be reduced to \$0 to reflect the plan termination.

(4) Plan Termination

As discussed in note 1(a), in July 2022, the Company resolved to terminate the Plan and purchased annuities to fund the remaining pension benefits associated with the Plan. The net assets of the Plan were 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 the PBGC).
- (d) All nonvested benefits.

**UTICA BOILERS, INC./ENVIROMASTER
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Notes to Financial Statements

(4) Plan Termination, Continued

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 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.

(5) Fair Value Measurements

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

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

Level 2 Inputs to the valuation methodology include:

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

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

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

The asset's 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 observable inputs and minimize the use of unobservable inputs.

**UTICA BOILERS, INC./ENVIROMASTER
INTERNATIONAL CORPORATION
DEFINED BENEFIT PLAN**

Notes to Financial Statements

(5) Fair Value Measurements, Continued

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:

Money market, mutual and exchange traded funds: Valued at the net asset value of shares held by the Plan at year end.

Common stocks and U.S. government securities: Valued at the closing price reported in the active market in which the individual security is traded.

Corporate and foreign bonds and asset-backed securities: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks or a broker quote if available.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2021:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Money market fund	\$ 319,764	-	-	319,764
Mutual funds	1,212,509	-	-	1,212,509
Exchange traded funds	1,175,553	-	-	1,175,553
U.S. government securities	742,749	-	-	742,749
Asset-backed securities	-	536,802	-	536,802
Corporate and foreign bonds	-	724,056	-	724,056
Common stocks	<u>807,254</u>	<u>-</u>	<u>-</u>	<u>807,254</u>
Total assets at fair value	<u>\$ 4,257,829</u>	<u>1,260,858</u>	<u>-</u>	<u>5,518,687</u>

**UTICA BOILERS, INC./ENVIROMASTER
INTERNATIONAL CORPORATION
DEFINED BENEFIT PLAN**

Notes to Financial Statements

(6) Certified Investment Information

Certain information disclosed in the accompanying financial statements and ERISA - required supplementary schedule, including cash, investments held and accrued interest and dividends at December 31, 2022 and 2021, and net appreciation (depreciation) in fair value of investments, and interest and dividends for the years then, was obtained by management and agreed to or derived from information certified as complete and accurate by Wilmington Trust, the trustee of the Plan.

(7) Tax Status

The Internal Revenue Service has determined and informed the Company by a letter dated April 11, 2017, that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations prior to 2019.

(8) Risk and Uncertainties

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

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the 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.

(9) Parties-In-Interest

Certain Plan investments are managed by the trustee or their affiliates. Wilmington Trust is the trustee and October Three Consulting, LLC and Milliman are the actuaries as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees charged to the Plan for investment management, and actuarial services amounted to \$73,070 and \$44,512 in 2022 and 2021, respectively.

**UTICA BOILERS, INC./ENVIROMASTER
INTERNATIONAL CORPORATION
DEFINED BENEFIT PLAN**

Employer Identification No. 16-0414490

Plan No. 008

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

Year ended December 31, 2022

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
<u>Single Security Transactions in Excess of 5% of Plan Assets</u>								
Metwest	Metwest Total Return Bond FD CL I	\$ -	565,199	-	-	656,690	565,199	(91,491)
* Wilmington Trust	Wilmington US Govt. Money Market	933,763	-	-	-	933,763	933,763	-
* Wilmington Trust	Wilmington US Govt. Money Market	-	907,471	-	-	907,471	907,471	-
* Wilmington Trust	Wilmington US Govt. Money Market	362,035	-	-	-	362,035	362,035	-
* Wilmington Trust	Wilmington US Govt. Money Market	-	547,584	-	-	547,584	547,584	-
* Wilmington Trust	Wilmington US Govt. Money Market	1,020,935	-	-	-	1,020,935	1,020,935	-
* Wilmington Trust	Wilmington US Govt. Money Market	616,568	-	-	-	616,568	616,568	-
* Wilmington Trust	Wilmington US Govt. Money Market	-	1,800,412	-	-	1,800,412	1,800,412	-
* Wilmington Trust	Wilmington US Govt. Money Market	620,435	-	-	-	620,435	620,435	-
* Wilmington Trust	Wilmington US Govt. Money Market	-	679,966	-	-	679,966	679,966	-
* Wilmington Trust	Wilmington US Govt. Money Market	1,400,015	-	-	-	1,400,015	1,400,015	-
* Wilmington Trust	Wilmington US Govt. Money Market	554,553	-	-	-	554,553	554,553	-
* Wilmington Trust	Wilmington US Govt. Money Market	-	2,004,077	-	-	2,004,077	2,004,077	-

Series of Security Transactions in Excess of 5% of Plan Assets

* Wilmington Trust	Wilmington US Govt. Money Market	5,996,079	6,315,331	-	-	12,311,410	12,311,410	-
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* Represents a party-in-interest as defined by ERISA.

See accompanying independent auditor's report.

Utica Boilers, Inc./Enviromaster International Corporation DB Plan
 EIN / PN 16-0414490 / 008
 Schedule SB, Line 26 - Schedule of Active Participant Data

Attained age	Completed years of credited service as of January 1, 2022										Total
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & over	
Under 25	-	-	-	-	-	-	-	-	-	-	-
25 to 29	-	-	-	-	-	-	-	-	-	-	-
30 to 34	-	-	-	-	-	-	-	-	-	-	-
35 to 39	-	-	-	-	-	-	-	-	-	-	-
40 to 44	-	-	-	-	-	-	-	-	-	-	-
45 to 49	-	2	1	-	-	-	-	-	-	-	3
50 to 54	-	-	1	-	-	-	-	-	-	-	1
55 to 59	-	1	1	1	-	-	-	-	-	-	3
60 to 64	-	2	3	-	-	-	-	-	-	-	5
65 to 69	-	-	-	-	-	-	-	-	-	-	-
70 & over	-	-	-	-	-	-	-	-	-	-	-
Total	-	5	6	1	-	-	-	-	-	-	12

Utica Boilers, Inc./Enviromaster International Corporation DB Plan
EIN / PN 16-0414490 / 008
Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Plan Sponsor Elections

Yield curve election: The plan sponsor did not elect to use the full yield curve under IRC section 430(h)(2)(D)(ii).

Applicable month: The plan sponsor elected to base the segment rates on the rates published in the month containing the valuation date.

Economic Assumptions

	Funding Target		PBGC Funding Target
	with stabilization	without stabilization	
First segment rate (years 0 to 4):	4.75%	0.92%	1.16%
Second segment rate (years 5 to 19):	5.18%	2.62%	2.72%
Third segment rate (years 20 and after):	5.92%	3.29%	3.10%
Effective interest rate (current year):	5.34%	2.75%	N/A

Long-term rate of return on assets (2020):	5.50%
Long-term rate of return on assets (2021):	5.25%
ASC 960 discount rate (current year):	5.25%
Consumer Price Index:	2.20%

The interest rates listed above are compounded annually.

RATIONALE FOR MINIMUM FUNDING RATES ASSUMPTION

This is a prescribed assumption set by the IRC Section 430. The plan sponsor has elected to utilize a one-month lookback with rates averaged over 24-month period, limited to applicable minimum and maximum values in accordance with segment rate stabilization. These rates are utilized for purposes of calculating the Plan's Funding Target and Target Normal Cost for minimum funding purposes under ERISA and related tax codes.

RATIONALE FOR ESTIMATED MAXIMUM DEDUCTIBLE CONTRIBUTION RATES ASSUMPTION

This is a prescribed assumption set by the IRC Section 430. The plan sponsor has elected to utilize a one-month lookback with rates averaged over 24-month period. These rates are utilized for purposes of calculating the Plan's estimated maximum deductible contribution.

RATIONALE FOR LONG-TERM RATE OF RETURN ON ASSETS ASSUMPTION

The Long-term rate of return on assets is assumed to be the long-term rate of return on assets net of investment expenses.

RATIONALE FOR ASC 960 DISCOUNT RATE ASSUMPTION

The ASC 960 discount rate is assumed to be the long-term rate of return on assets net of investment expenses.

Demographic Assumptions

WEIGHTED AVERAGE RETIREMENT AGE

The weighted average retirement age rounded to the nearest whole age is 65.

RETIREMENT

Participants are assumed to retire at Normal Retirement Age.

Rationale: This assumption was developed based on Plan's historical experience, analyzed by the prior actuary,, analyzed by the prior actuary, and anticipated future experience. In addition, sponsor input and economic conditions that might have influenced prior experience or may impact future experience were considered.

WITHDRAWAL

None.

Rationale: The plan does not have a significant number of participants who would be subject to a withdrawal; therefore we have assumed no withdrawal decrements.

DISABILITY

None.

Rationale: The plan does not have a significant number of participants who would be subject to a disability; therefore we have assumed no disability decrements.

MORTALITY AND MORTALITY IMPROVEMENT

The mortality follows the IRS 2022 Generational Mortality Table. For ASC 960, the Pri-2012 mortality table adjusted with mortality improvement scale MP-2021 was used for healthy annuitants, the Pri-2012 Contingent Survivor mortality table adjusted with mortality improvement scale MP-2021 was used for beneficiaries and the Pri-2012 disabled mortality table adjusted with mortality improvement scale MP-2021 was used for disabled annuitants.

Rationale: This is prescribed assumption set by the Internal Revenue Code Section 430. The plan sponsor elected to utilize generational mortality for funding purposes. For ASC 960, the latest tables issued by the Society of Actuaries.

MARITAL STATUS

80% of employees are assumed to be married; husbands are assumed to be three years older than wives.

Rationale: The plan does not have a significant number of active participants who would be subject this assumption; an industry standard assumption was used.

DECREMENT TIMING

Decrement are assumed to occur as of the beginning of the year.

Utica Boilers, Inc./Enviromaster International Corporation DB Plan
EIN / PN 16-0414490 / 008
Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Other Assumptions

FORM OF PAYMENT

Single Life Annuity.

Rationale: The normal form and optional forms are actuarial equivalent, therefore the normal form was valued.

MAXIMUM EARNINGS

The maximum compensation limit under IRC section 401(a)(17) is \$305,000 for 2022.

MAXIMUM BENEFIT

The maximum benefit payable under IRC section 415 is \$245,000 for 2022.

EXPENSES

Assumed expenses are \$48,000 for 2022. The assumed expenses are based on actual expenses paid in the prior plan year, rounded to the nearest thousand. In accordance with our understanding of the available guidance, the expense assumption reflects administrative expenses and does not include investment-related expenses or any other non-administrative expense.

Changes from Prior Year and Rationale for Changes

The expense assumption changed from \$40,000 in 2021 to \$48,000 in 2022 to better reflect expected experience under the Plan. The ASC 960 mortality assumption was changed from using projection scale MP-2020 to scale MP-2021 to reflect the most recently published mortality improvement scale.

Actuarial Methods

VALUATION DATE

The valuation date is January 1, 2022.

ACTUARIAL VALUE OF ASSETS

The actuarial value of assets is determined by recognizing asset gains and losses over a period of three years. Asset gains and losses are defined as the difference between the expected return on the market value of assets, using a return assumption not to exceed the third segment rate, and the actual return on the market value of assets. This gain or loss is recognized over a period of three years at 33% per year, beginning in the current year. The actuarial value of assets must be within 10% of the market value of assets.

MINIMUM FUNDING METHOD

The funding target and target normal cost for minimum funding calculations are determined using the traditional unit credit cost method as prescribed by Treasury regulation section 1.430(d)-1. The liability under the unit credit cost method is the value of the accrued pension benefit using service and pay as of the valuation date. The sum of the present value of the accrued benefits for all participants is the ERISA funding target. The normal cost is the present value of the benefits earned during the year. The target normal cost is the sum of the normal costs for all participants and the assumed administrative expenses.

Changes in Method from Prior Year and Rationale for Changes

For the 2022 plan year, there was a change in funding method due to a change in valuation program. The funding target, target normal cost, and actuarial value of assets determined under the new valuation program were all within 2% of the respective values determined under the prior valuation program.

**UTICA BOILERS, INC./ENVIROMASTER
INTERNATIONAL CORPORATION
DEFINED BENEFIT PLAN**

Employer Identification No. 16-0414490

Plan No. 008

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

Year ended December 31, 2022

(a) Identity of party <u>involved</u>	(b) Description of asset (include interest rate and maturity in <u>case of a loan</u>)	(c) Purchase <u>Price</u>	(d) Selling <u>Price</u>	(e) Lease <u>Rental</u>	(f) Expense incurred with <u>transaction</u>	(g) Cost of <u>asset</u>	(h) Current value of asset on transaction <u>date</u>	(i) Net gain or (loss)
<u>Single Security Transactions in Excess of 5% of Plan Assets</u>								
Metwest	Metwest Total Return Bond FD CL I	\$ -	565,199	-	-	656,690	565,199	(91,491)
* Wilmington Trust	Wilmington US Govt. Money Market	933,763	-	-	-	933,763	933,763	-
* Wilmington Trust	Wilmington US Govt. Money Market	-	907,471	-	-	907,471	907,471	-
* Wilmington Trust	Wilmington US Govt. Money Market	362,035	-	-	-	362,035	362,035	-
* Wilmington Trust	Wilmington US Govt. Money Market	-	547,584	-	-	547,584	547,584	-
* Wilmington Trust	Wilmington US Govt. Money Market	1,020,935	-	-	-	1,020,935	1,020,935	-
* Wilmington Trust	Wilmington US Govt. Money Market	616,568	-	-	-	616,568	616,568	-
* Wilmington Trust	Wilmington US Govt. Money Market	-	1,800,412	-	-	1,800,412	1,800,412	-
* Wilmington Trust	Wilmington US Govt. Money Market	620,435	-	-	-	620,435	620,435	-
* Wilmington Trust	Wilmington US Govt. Money Market	-	679,966	-	-	679,966	679,966	-
* Wilmington Trust	Wilmington US Govt. Money Market	1,400,015	-	-	-	1,400,015	1,400,015	-
* Wilmington Trust	Wilmington US Govt. Money Market	554,553	-	-	-	554,553	554,553	-
* Wilmington Trust	Wilmington US Govt. Money Market	-	2,004,077	-	-	2,004,077	2,004,077	-
<u>Series of Security Transactions in Excess of 5% of Plan Assets</u>								
* Wilmington Trust	Wilmington US Govt. Money Market	5,996,079	6,315,331	-	-	12,311,410	12,311,410	-

* Represents a party-in-interest as defined by ERISA.

See accompanying independent auditor's report.

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2022 This Form is Open to Public Inspection
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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.

A Name of plan UTICA BOILERS, INC./ENVIROMASTER INTERNATIONAL CORPORATION DB PLAN	B Three-digit plan number (PN) ▶ 008
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF ECR INTERNATIONAL, INC.	D Employer Identification Number (EIN) 16-0414490
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I Basic Information			
1 Enter the valuation date: Month 01 Day 01 Year 2022			
2 Assets:			
a Market value	2a	5,644,050	
b Actuarial value	2b	5,502,833	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	53	2,583,938	2,583,938
b For terminated vested participants	37	1,024,063	1,024,063
c For active participants	12	155,381	155,381
d Total	102	3,763,382	3,763,382
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	5.34%	
6 Target normal cost			
a Present value of current plan year accruals	6a	0	
b Expected plan-related expenses	6b	48,000	
c Total (line 6a + line 6b)	6c	48,000	

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

SIGN HERE Thomas Miano <i>TM</i> Signature of actuary Thomas Miano Type or print name of actuary October Three Consulting LLC Firm name 6191 N. State Highway 161 Suite 470 Irving TX 75038 Address of the firm	<i>10/13/2023</i> Date 2304601 Most recent enrollment number 312-878-2440 Telephone number (including area code)
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Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	720,585
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9 Amount remaining (line 7 minus line 8)	0	720,585
10 Interest on line 9 using prior year's actual return of <u>7.31</u> %	0	52,675
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		107,396
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.53</u> %		5,939
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c Total available at beginning of current plan year to add to prefunding balance		113,335
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	773,260

Part III Funding Percentages

14 Funding target attainment percentage	14	125.67 %
15 Adjusted funding target attainment percentage	15	146.22 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	116.94 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

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

20 Quarterly contributions and liquidity shortfalls:

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.75 %	2nd segment: 5.18 %	3rd segment: 5.92 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 1
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	48,000	
b Excess assets, if applicable, but not greater than line 31a	31b	48,000	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b		
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
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DESCRIPTION OF WEIGHTED AVERAGE RETIREMENT AGE

All participants are assumed to retire at Normal Retirement Age. The weighted average retirement age for the population during the current year, rounded to the nearest whole number, is 65.

Utica Boilers, Inc./Enviromaster International Corporation DB Plan
EIN / PN 16-0414490 / 008
Schedule SB, Part V - Summary of Plan Provisions

EFFECTIVE DATE

The plan was effective January 1, 1989.

PLAN YEAR

January 1 to December 31.

ELIGIBILITY

The plan was closed to new entrants effective January 1, 2001. Prior to January 1, 2001, all Employees not covered by a collective bargaining agreement or not in a division, unit, department, plant or location which is excluded from participation in the plan by resolution of the plan sponsor become Participants on the January 1st following their date of employment and completion of 1,000 hours in the 12 month period following their date of hire.

VESTING

1,000 hour rule. 100% vested after 5 years.

BENEFIT SERVICE

1,000 hour rule. Effective January 1, 2001 there is no further accrual benefit service.

AVERAGE COMPENSATION

The average of a Participant's Compensation is determined by the average of the 5 highest consecutive total Compensation for a completed Compensation Period from the last 10 periods for the period. Compensation earned after January 1, 2001 is excluded.

COMPENSATION

The sum of the Employee's cash compensation from Form W-2, which is subject to withholding when earned (Code Section 3401(a) Compensation. Compensation includes Employer contributions made under a salary reduction agreement for contributions, on a pre-tax basis, to a 401(k) plan or for a welfare benefits. Compensation each year is limited in accordance with §401(a)(17) of the Code.

ACCRUED BENEFIT

1% of Average Compensation for each year of service up to a maximum of 35 years. Effective January 1, 2001 future accruals are frozen.

ACTUARIAL EQUIVALENCE

Actuarial Equivalence is based on 1971 Group Annuity Mortality Table for males and females set back one year and an annual interest rate of 6%.

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NORMAL RETIREMENT DATE

The first day of the month on or next following the Participant's sixty-fifth (65th) birthday and completion of 5 years of service.

NORMAL RETIREMENT BENEFIT

The Accrued Benefit payable at Normal Retirement Date not to exceed \$54,000.

EARLY RETIREMENT ELIGIBILITY

The first day of the month on or next following attainment of age 55 and completion of 10 years of service.

EARLY RETIREMENT BENEFIT

The early retirement benefit is computed in the same manner as the Normal Retirement benefit. The early retirement benefit shall be actuarially reduced if payments commence prior to Normal Retirement Date.

LATE RETIREMENT ELIGIBILITY

A Participant may continue employment beyond Normal Retirement Date.

LATE RETIREMENT BENEFIT

The benefit payable at a late retirement date will be the normal retirement benefit.

DEFERRED VESTED ELIGIBILITY

If a Participant terminates employment after completion of five (5) Years of Vesting Service, the Participant is entitled to receive their pension at age sixty-five (65). Payments may commence as early as age 55 if the Participant had completed 5 years of service upon termination, but not later than the Normal Retirement Date. As of January 1, 2001 all participants became fully vested in their benefit.

DEFERRED VESTED BENEFIT

The deferred vested retirement benefit will be the frozen Accrued Benefit. The deferred vested retirement benefit shall be actuarially reduced if payments commence prior to Normal Retirement Date.

VESTING SERVICE

One Year of Vesting Service is earned for each calendar year the Employee completes 1,000 hours of service.

DISABILITY BENEFIT

None.

Utica Boilers, Inc./Enviromaster International Corporation DB Plan
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DEATH BENEFIT

The spouse of a Participant who dies while eligible for vested benefit is entitled to the benefit that the spouse would have received as if the Participant had terminated employment on his date of death, survived to his earliest retirement date, retired on his earliest retirement date and elected a 50% joint and survivor annuity, and died immediately after such election.

BENEFIT FORM

The automatic benefit form for unmarried Participants is a Single Life Annuity; for married Participants it is a 50% Joint and Survivor Annuity actuarially reduced.

Participants may elect an actuarial equivalent Single Life Annuity, 50%, 75%, or 100% Joint and Survivor Annuity, and 10-year Certain and Life.

BENEFITS NOT VALUED

No benefits were excluded from the valuation.

Changes in Plan Provisions since prior valuation

None.

CHANGE IN FUNDING METHOD

For the 2022 plan year, there was a change in funding method due to a change in valuation program. The funding target, target normal cost, and actuarial value of assets determined under the new valuation program were all within 2% of the respective values determined under the prior valuation program.

INTEREST CREDITING RATE

The expense assumption changed from \$40,000 in 2021 to \$48,000 in 2022 to better reflect expected experience under the Plan. The ASC 960 mortality assumption was changed from using projection scale MP-2020 to scale MP-2021 to reflect the most recently published mortality improvement scale.