

<p><b>Form 5500</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p>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).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2023</p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2023 or fiscal plan year beginning 12/01/2023 and ending 11/30/2024

**A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide 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**

<p><b>1a</b> Name of plan <u>SLOAN VALVE COMPANY EMPLOYEES' PENSION PLAN</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>002</u></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>SLOAN VALVE COMPANY</u></p> <p><u>JAMES C. ALLEN</u> <u>10500 SEYMOUR AVE</u> <u>FRANKLIN PARK, IL 60131</u></p>	<p><b>1c</b> Effective date of plan <u>12/15/1942</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>36-1787480</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>847-671-4300</u></p> <p><b>2d</b> Business code (see instructions) <u>332900</u></p>

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

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

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	09/11/2025	JOHN MISKA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor  COMMITTEE FOR SLOAN VALVE CO EMPLOYEES PENSION PLAN  JAMES C ALLEN 10500 SEYMOUR AVE FRANKLIN PARK, IL 60131	<b>3b</b> Administrator's EIN 36-3145063  <b>3c</b> Administrator's telephone number 847-671-4300
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<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
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<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	224
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<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).		
<b>a(1)</b> Total number of active participants at the beginning of the plan year .....	<b>6a(1)</b>	83
<b>a(2)</b> Total number of active participants at the end of the plan year .....	<b>6a(2)</b>	75
<b>b</b> Retired or separated participants receiving benefits .....	<b>6b</b>	20
<b>c</b> Other retired or separated participants entitled to future benefits .....	<b>6c</b>	109
<b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....	<b>6d</b>	204
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....	<b>6e</b>	9
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....	<b>6f</b>	213
<b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....	<b>6g(1)</b>	
<b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....	<b>6g(2)</b>	
<b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested .....	<b>6h</b>	0

<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	<b>7</b>	
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**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
 1A 1B 1I

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

<b>9a</b> Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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**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

(4)  **DCG** (Individual Plan Information) – Number Attached \_\_\_\_\_

(5)  **MEP** (Multiple-Employer Retirement Plan Information)

**b General Schedules**

(1)  **H** (Financial Information)

(2)  **I** (Financial Information – Small Plan)

(3)  **A** (Insurance Information) – Number Attached   0  

(4)  **C** (Service Provider Information)

(5)  **D** (DFE/Participating Plan Information)

(6)  **G** (Financial Transaction Schedules)

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

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**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.

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

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**11c** Enter the Receipt Confirmation Code for the 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 \_\_\_\_\_

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<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  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).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2023 or fiscal plan year beginning 12/01/2023 and ending 11/30/2024

▶ **Round off amounts to nearest dollar.**  
▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan <u>SLOAN VALVE COMPANY EMPLOYEES' PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>002</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>SLOAN VALVE COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>36-1787480</u>	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

**Part I Basic Information**

<b>1</b> Enter the valuation date:	Month <u>12</u> Day <u>01</u> Year <u>2023</u>		
<b>2</b> Assets:			
<b>a</b> Market value .....	<b>2a</b>	<u>9503136</u>	
<b>b</b> Actuarial value .....	<b>2b</b>	<u>10269339</u>	
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment .....	<u>24</u>	<u>5089904</u>	<u>5089904</u>
<b>b</b> For terminated vested participants .....	<u>117</u>	<u>3423005</u>	<u>3423005</u>
<b>c</b> For active participants .....	<u>83</u>	<u>4656804</u>	<u>4713326</u>
<b>d</b> Total .....	<u>224</u>	<u>13169713</u>	<u>13226235</u>
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) .....	<input type="checkbox"/>		
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>		
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>		
<b>5</b> Effective interest rate .....	<b>5</b>	<u>5.77 %</u>	
<b>6</b> Target normal cost			
<b>a</b> Present value of current plan year accruals .....	<b>6a</b>	<u>0</u>	
<b>b</b> Expected plan-related expenses .....	<b>6b</b>	<u>265000</u>	
<b>c</b> Target normal cost .....	<b>6c</b>	<u>265000</u>	

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

<b>SIGN HERE</b>  Signature of actuary  <u>KYLE SEVERT, ASA, EA</u> Type or print name of actuary  <u>OCTOBER THREE CONSULTING LLC</u> Firm name  233 SOUTH WACKER DRIVE SUITE 8350 CHICAGO, IL 60606  Address of the firm	<u>08/29/2025</u> Date  <u>23-08782</u> Most recent enrollment number  <u>312-878-7913</u> Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions

<b>Part II Beginning of Year Carryover and Prefunding Balances</b>		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	3449
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	3449
<b>10</b>	Interest on line 9 using prior year's actual return of <u>8.43</u> % .....	0	291
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
<b>a</b>	Present value of excess contributions (line 38a from prior year) .....		1483
<b>b(1)</b>	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.54</u> % .....		82
<b>b(2)</b>	Interest on line 38b from prior year Schedule SB, using prior year's actual return .....		0
<b>c</b>	Total available at beginning of current plan year to add to prefunding balance .....		1565
<b>d</b>	Portion of (c) to be added to prefunding balance .....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections .....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) .....	0	3740

<b>Part III Funding Percentages</b>			
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	77.61 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	81.29 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	82.96 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV Contributions and Liquidity Shortfalls</b>		<b>18 Contributions made to the plan for the plan year by employer(s) and employees:</b>					
(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		
03/08/2024	143163	0					
06/04/2024	142912	0					
09/09/2024	142912	0					
12/09/2024	142912	0					
08/06/2025	33000	0					
			<b>Totals ▶</b>	<b>18(b)</b>	604899	<b>18(c)</b>	0

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

<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b>	0
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b>	0
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b>	581753

**20** Quarterly contributions and liquidity shortfalls:

**a** Did the plan have a "funding shortfall" for the prior year?  Yes  No

**b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?  Yes  No

**c** If line 20a is "Yes," see instructions and complete the following table as applicable:

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

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

**21** Discount rate:

<b>a</b> Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	<input checked="" type="checkbox"/> N/A, full yield curve used
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**b** Applicable month (enter code)..... **21b** 62

**22** Weighted average retirement age ..... **22** 62

**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**

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

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

**31** Target normal cost and excess assets (see instructions):

<b>a</b> Target normal cost (line 6c).....	<b>31a</b>	265000
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	0

<b>32</b> Amortization installments:	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment .....	2960636	316682
<b>b</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**

<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	<b>34</b>	581682
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	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement .....	0	0	0

<b>36</b> Additional cash requirement (line 34 minus line 35).....	<b>36</b>	581682
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<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	<b>37</b>	581753
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**38** Present value of excess contributions for current year (see instructions)

<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	71
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>	0

<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....	<b>39</b>	0
<b>40</b> Unpaid minimum required contributions for all years .....	<b>40</b>	0

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

**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

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning **12/01/2023** and ending **11/30/2024**

<b>A</b> Name of plan <b>SLOAN VALVE COMPANY EMPLOYEES' PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SLOAN VALVE COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>36-1787480</b>	

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

**a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).....  Yes  No

**b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

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

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	NONE	72322	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

MORGAN STANLEY SMITH BARNEY

13-2655998

(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?
28	NONE	47765	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

**Part I Service Provider Information (continued)**

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

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2023 or fiscal plan year beginning <b>12/01/2023</b> and ending <b>11/30/2024</b>	
<b>A</b> Name of plan <b>SLOAN VALVE COMPANY EMPLOYEES' PENSION PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>SLOAN VALVE COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>36-1787480</b>

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	686	1567
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	259041	175912
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	64771	31484
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	135295	201728
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	1064006	1817236
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	673835	1253651
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	3313305	3819119
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	4042508	3054205
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</b> End of Year
(1) Employer securities .....	<b>1d(1)</b>		
(2) Employer real property .....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation .....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e) .....	<b>1f</b>	9553447	10354902
<b>Liabilities</b>			
<b>g</b> Benefit claims payable .....	<b>1g</b>		
<b>h</b> Operating payables .....	<b>1h</b>	7067	3254
<b>i</b> Acquisition indebtedness .....	<b>1i</b>		
<b>j</b> Other liabilities .....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j) .....	<b>1k</b>	7067	3254
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f) .....	<b>1l</b>	9546380	10351648

**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.

<b>Income</b>		<b>(a)</b> Amount	<b>(b)</b> Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers .....	<b>2a(1)(A)</b>	604899	
<b>(B)</b> Participants .....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers) .....	<b>2a(1)(C)</b>		
(2) Noncash contributions .....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		604899
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....	<b>2b(1)(A)</b>	4096	
<b>(B)</b> U.S. Government securities .....	<b>2b(1)(B)</b>	51892	
<b>(C)</b> Corporate debt instruments .....	<b>2b(1)(C)</b>	34935	
<b>(D)</b> Loans (other than to participants) .....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans .....	<b>2b(1)(E)</b>		
<b>(F)</b> Other .....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		90923
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock .....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock .....	<b>2b(2)(B)</b>	39523	
<b>(C)</b> Registered investment company shares (e.g. mutual funds) .....	<b>2b(2)(C)</b>	79573	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		119096
(3) Rents .....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds .....	<b>2b(4)(A)</b>	9438796	
<b>(B)</b> Aggregate carrying amount (see instructions) .....	<b>2b(4)(B)</b>	9317928	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....	<b>2b(4)(C)</b>		120868
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate .....	<b>2b(5)(A)</b>		
<b>(B)</b> Other .....	<b>2b(5)(B)</b>	761107	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts.....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts.....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities.....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		537863
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		2234756

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	1138120	
(2) To insurance carriers for the provision of benefits.....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		1138120
<b>f</b> Corrective distributions (see instructions).....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances.....	<b>2i(1)</b>		
(2) Contract administrator fees.....	<b>2i(2)</b>	515	
(3) Recordkeeping fees.....	<b>2i(3)</b>		
(4) IQPA audit fees.....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	47765	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	3214	
(7) Actuarial fees .....	<b>2i(7)</b>	72322	
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	167552	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		291368
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		1429488

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		805268
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**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: CROWE LLP

(2) EIN: 35-0921680

**d** The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1)  This form is filed for a CCT, PSA, DCG 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. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
<b>a</b> 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.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		1000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

**5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 546356.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2023</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2023 or fiscal plan year beginning 12/01/2023 and ending 11/30/2024

<b>A</b> Name of plan <u>SLOAN VALVE COMPANY EMPLOYEES' PENSION PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>002</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>SLOAN VALVE COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>36-1787480</u>	

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
<b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>22-1211670</u>		
<b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>		
<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	3	10

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

**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.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	6a	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	6b	
<b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) .....	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

<b>Part III</b>	<b>Amendments</b>
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**9** If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ....  Increase  Decrease  Both  No

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

**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

**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:

<b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment) .....	<b>14a</b>	
<b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment) .....	<b>14b</b>	
<b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14c</b>	

**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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</b> If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers .....	<b>16b</b>	

**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) and (b):

**a** Enter the percentage of plan assets held as:  
 Public Equity: \_\_\_\_\_% Private Equity: \_\_\_\_\_% Investment-Grade Debt and Interest Rate Hedging Assets: \_\_\_\_\_%  
 High-Yield Debt: \_\_\_\_\_% Real Assets: \_\_\_\_\_% Cash or Cash Equivalents: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:  
 0-5 years  5-10 years  10-15 years  15 years or more

**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.....

**Part VII IRS Compliance Questions**

**21a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?  Yes  No

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).  
 Design-based safe harbor method  
 "Prior year" ADP test  
 "Current year" ADP test  
 N/A

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter \_\_\_/\_\_\_/\_\_\_\_ (MM/DD/YYYY) and the Opinion Letter serial number \_\_\_\_\_.

**SLOAN VALVE COMPANY  
EMPLOYEES' PENSION PLAN**  
Franklin Park, Illinois

**FINANCIAL STATEMENTS**  
November 30, 2024 and 2023

SLOAN VALVE COMPANY EMPLOYEES' PENSION PLAN  
Franklin Park, Illinois

FINANCIAL STATEMENTS  
November 30, 2024 and 2023

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## INDEPENDENT AUDITOR'S REPORT

To the Participants and Those Charged with Governance of the  
Sloan Valve Company Employees' Pension Plan  
Franklin Park, Illinois

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

We have performed audits of the financial statements of the Sloan Valve Company Employees' Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of November 30, 2024 and 2023, and the related statement 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 the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's 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 November 30, 2024 and 2023, and for the years then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

**Opinion**

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

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

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(Continued)

### ***Basis for Opinion***

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

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

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year from 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 the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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(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.

***Other Matter – Supplemental Schedules Required by ERISA***

The supplemental schedules of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) and Schedule H, Line 4j – Schedule of Reportable Transactions as of and for the year ended November 30, 2024, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion

- the form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, 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 schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

*Crowe LLP.*

Crowe LLP

Oakbrook Terrace, Illinois  
September 10, 2025

SLOAN VALVE COMPANY EMPLOYEES' PENSION PLAN  
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
November 30, 2024 and 2023

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	<u>2024</u>	<u>2023</u>
<b>ASSETS</b>		
Investments, at fair value	\$ 10,145,939	\$ 9,228,949
Receivables:		
Employer contributions	175,912	259,041
Due from broker	-	1,482
Annuity buyout refund	-	39,231
Accrued income	<u>31,484</u>	<u>24,058</u>
Total receivables	207,396	323,812
Cash	<u>1,567</u>	<u>686</u>
Total assets	10,354,902	9,553,447
<b>LIABILITIES</b>		
Due to broker	<u>3,254</u>	<u>7,067</u>
<b>NET ASSETS AVAILABLE FOR BENEFITS</b>	<u>\$ 10,351,648</u>	<u>\$ 9,546,380</u>

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See notes to financial statements.

SLOAN VALVE COMPANY EMPLOYEES' PENSION PLAN  
 STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
 Years ended November 30, 2024 and 2023

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	<u>2024</u>	<u>2023</u>
<b>Additions to net assets attributed to:</b>		
Net appreciation in fair value of investments	\$ 1,419,313	\$ 720,007
Interest and dividends	<u>210,544</u>	<u>208,411</u>
Total investment income	1,629,857	928,418
Employer contributions	<u>604,899</u>	<u>600,039</u>
Total additions	2,234,756	1,528,457
<b>Deductions from net assets attributed to:</b>		
Benefits paid directly to participants	1,138,120	2,452,823
Annuity buyout	-	2,559,359
Administrative expenses	<u>291,368</u>	<u>305,389</u>
Total deductions	<u>1,429,488</u>	<u>5,317,571</u>
<b>Net increase (decrease)</b>	805,268	(3,789,114)
<b>Net assets available for benefits:</b>		
Beginning of year	<u>9,546,380</u>	<u>13,335,494</u>
End of year	<u>\$ 10,351,648</u>	<u>\$ 9,546,380</u>

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See notes to financial statements.

SLOAN VALVE COMPANY EMPLOYEES' PENSION PLAN  
NOTES TO FINANCIAL STATEMENTS  
November 30, 2024 and 2023

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**NOTE 1 – DESCRIPTION OF THE PLAN**

The following brief description of the Sloan Valve Company Employees' Pension Plan (the Plan) is provided for general information purposes only. Participants should refer to the plan document for a more complete description of the Plan's provisions.

General: The Plan is a defined benefit plan. The Plan was amended and restated effective December 1, 2008. The restatement included a freeze of service accruals and average monthly compensation as of July 1, 2009.

Effective July 1, 2023, the Plan purchased an annuity contract totaling approximately \$2.6 million for retirees in the Plan, who have a monthly benefit of less than \$750 in one of the retirement plans of Sloan Valve Company and its subsidiaries (the Company). Further, in connection with the purchase of the group annuity contract, the Plan's accumulated plan benefits decreased by approximately \$2.6 million for the Plan year ended November 30, 2023. The Plan received a refund of approximately \$39 thousand in 2024 related to the 2023 buyout.

Participation: The Plan provides retirement benefits to employees of the Company, as defined in the Plan agreement, who are not members of a collective bargaining unit. Employees become eligible for participation in the Plan once they have completed one year of continuous service and have attained the age of 21.

Pension Benefits: Participants with five or more years of service are entitled to pension benefits beginning at normal retirement age (65). For participants employed on or after age 60, the later of age 65 or the fifth anniversary of participation in the Plan is used to determine the date on which benefits may commence. The Plan permits early retirement beginning at age 55 after earning at least ten years of vesting service, as defined in the Plan. Employee retirement benefits are based on length of service as well as earnings prior to retirement.

The normal form of pension benefit for a participant with no eligible spouse is a monthly annuity payable for the participant's lifetime only. The normal form of pension benefit for a participant with an eligible spouse is a monthly annuity payable at an actuarially reduced amount for the participant's lifetime and, thereafter, at one-half of such amount for the eligible spouse's lifetime. A participant may elect to modify the normal form of pension benefit by exercising one of several options including a single life annuity; a 100% joint and survivor annuity; a straight life annuity with 5, 10, or 15 years certain; or a lump sum.

The Plan also provides for deferred vested pension benefits. A participant who terminates employment with the Company before normal retirement and who has earned five years of vesting service, as defined in the Plan, is entitled to pension benefits.

Administration: The Plan is administered by the Committee for the Sloan Valve Company Employees' Pension Plan.

Administrative and Investment Management Expenses: Actuarial and investment advisory fees are paid by the Plan and are reflected in the financial statements as administrative expenses of the Plan. Investment management fees of funds are deducted from the funds' returns. Audit fees may be paid by the Plan. Certain other expenses of the Plan are paid by the Company.

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(Continued)

SLOAN VALVE COMPANY EMPLOYEES' PENSION PLAN  
NOTES TO FINANCIAL STATEMENTS  
November 30, 2024 and 2023

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**NOTE 2 – SUMMARY OF ACCOUNTING POLICIES**

The following are the significant accounting policies followed by the Plan:

Basis of Accounting: The accompanying financial statements are prepared on the accrual basis of accounting.

Investment Valuation and Income Recognition: The Plan's investments are reported at fair value as further described in Notes 3 and 4.

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

Estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures, and actual results may differ from those estimates. It is at least reasonably possible that a significant change may occur in the near term for the estimates of the actuarial present value of accumulated plan benefits.

Risks and Uncertainties: Investments are exposed to various risks such as interest rate, market, liquidity, and credit risks. Due to the level of risk associated with certain investments and the sensitivity of certain fair value estimates to changes in valuation assumptions, it is at least reasonably possible that changes in the values of investments 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 compensation and demographics. Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near term and, due to the uncertainties inherent in setting assumptions, that the effect of such changes could be material to the financial statements.

Benefit Payments: Benefits are recorded when paid.

**NOTE 3 – CERTIFIED INVESTMENTS**

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedules, including investments held at November 30, 2024 and 2023, and net appreciation (depreciation) in fair value of investments and interest and dividends for the year ended November 30, 2024, was obtained by management and agreed to or derived from information certified as complete and accurate by First State Trust Company (the Trustee of the Plan). Excluded from the investment information certified by the trustee were the fair values of private credit funds. The private credit funds were \$0 and \$914,559 at November 30, 2024 and 2023, respectively, and the net appreciation in the fair values in the private credit funds was \$53,283 and \$110,712 for the years ended November 30, 2024 and 2023.

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(Continued)

#### **NOTE 4 – FAIR VALUE MEASUREMENTS**

Fair value is the price that would be received by the Plan for an asset or paid by the Plan to transfer a liability (an exit price) in an orderly transaction between market participants on the measurement date in the Plan's principal or most advantageous market for the asset or liability. Fair value measurements are determined by maximizing the use of observable inputs and minimizing the use of unobservable inputs. The hierarchy places the highest priority on unadjusted quoted market prices in active markets for identical assets or liabilities (Level 1 inputs) and gives the lowest priority to unobservable inputs (Level 3 inputs). The three levels of inputs within the fair value hierarchy are defined as follows:

*Level 1* – Quoted prices (unadjusted) for identical assets or liabilities in active markets that the Plan has the ability to access as of the measurement date.

*Level 2* – Significant other observable inputs other than Level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.

*Level 3* – Significant unobservable inputs that reflect the Plan's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

In some cases, a valuation technique used to measure fair value may include inputs from multiple levels of the fair value hierarchy. The lowest level of significant input determines the placement of the entire fair value measurement in the hierarchy.

The following descriptions of the valuation methods and assumptions used by the Plan to estimate the fair values of investments apply to investments held directly by the Plan.

*Mutual Funds, Common Stocks, and Exchange Traded Funds:* The fair values of mutual funds, common stocks, and exchange traded fund investments are determined by obtaining quoted prices on nationally recognized securities exchanges (Level 1 inputs).

*Money Market Funds:* The fair values are estimated to approximate deposit account balances payable on demand, as no discounts for credit quality or liquidity were determined to be applicable (Level 1 inputs).

*Corporate Bonds and U.S. Government and Agency Securities:* Corporate bonds and U.S. government and agency securities are valued based upon recent bid prices or the average of recent bid and asked prices when available (Level 2 inputs) and, if not available, they are valued through matrix pricing models developed by sources considered by management to be reliable. Matrix pricing, which is a mathematical technique commonly used to price debt securities that are not actively traded, values debt securities without relying exclusively on quoted prices for the specific securities but rather by relying on the securities' relationship to other benchmark quoted securities (Level 2 inputs).

*Private Credit Funds:* The fair values of shares of private credit funds are based upon the net asset value of the funds reported by the fund managers as of the Plan's financial statement dates and recent transaction prices. The BlackStone BCRED targets current income and capital appreciation by primarily investing in privately originated and privately negotiated senior secured loans to U.S. companies, including those in the middle market, while the Blue Owl Credit Income Corp offers investors the potential to generate attractive income by originating and making debt and equity investments in U.S. middle-market companies. The redemptions are allowed quarterly from the BlackStone BCRED and up to 5% a quarter from the Blue Owl Credit Income Corp. The Blackstone BCRED and Blue Owl Credit Income Corp funds were liquidated during 2024.

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(Continued)

SLOAN VALVE COMPANY EMPLOYEES' PENSION PLAN  
NOTES TO FINANCIAL STATEMENTS  
November 30, 2024 and 2023

**NOTE 4 – FAIR VALUE MEASUREMENTS (Continued)**

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Investments measured at fair value on a recurring basis are summarized below.

		Fair Value Measurements at November 30, 2024, Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Total				
Investments:				
Mutual funds	\$ 1,517,245	\$ 1,517,245	\$ -	\$ -
Common stocks	3,819,119	3,819,119	-	-
Exchange traded funds	1,536,960	1,536,960	-	-
Money market funds	201,728	201,728	-	-
Corporate bonds	1,253,651	-	1,253,651	-
U.S. government and agency securities	<u>1,817,236</u>	<u>-</u>	<u>1,817,236</u>	<u>-</u>
Total	<u>\$ 10,145,939</u>	<u>\$ 7,075,052</u>	<u>\$ 3,070,887</u>	<u>\$ -</u>

		Fair Value Measurements at November 30, 2023, Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Total				
Investments:				
Mutual funds	\$ 1,728,690	\$ 1,728,690	\$ -	\$ -
Common stocks	3,313,305	3,313,305	-	-
Exchange traded funds	1,399,259	1,399,259	-	-
Money market funds	135,295	135,295	-	-
Corporate bonds	673,835	-	673,835	-
U.S. government and agency securities	<u>1,064,006</u>	<u>-</u>	<u>1,064,006</u>	<u>-</u>
Total	8,314,390	<u>\$ 6,576,549</u>	<u>\$ 1,737,841</u>	<u>\$ -</u>
*Private credit funds	<u>914,559</u>			
Total	<u>\$ 9,228,949</u>			

\* Investments measured at fair value using net asset value per share (or its equivalent) as a practical expedient have not been classified in the fair value hierarchy. The fair value amounts presented in the hierarchy tables for such investments are intended to permit reconciliation of the fair value hierarchy to the investments at fair value line item presented in the statements of net assets available for benefits.

(Continued)

SLOAN VALVE COMPANY EMPLOYEES' PENSION PLAN  
NOTES TO FINANCIAL STATEMENTS  
November 30, 2024 and 2023

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**NOTE 5 – FUNDING POLICY**

Employer contributions are recognized at the time the employer makes a formal commitment to contribute a specified amount to the Plan. The Company has agreed to contribute to the Plan an amount determined on the basis of an annual computation made by a consulting actuary. It is the Company's policy to fund at least the minimum contribution required by the Employee Retirement Income Security Act of 1974 (ERISA). The Company's contributions to the Plan for the years ended November 30, 2024 and 2023 satisfied the minimum funding requirements of ERISA. Participant contributions are not permitted under the Plan.

**NOTE 6 – PLAN TERMINATION**

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA and its related regulations. In the event the Plan terminates, the net assets of the Plan will be allocated among the participants and beneficiaries of the Plan in the order provided by ERISA.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions.

However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations.

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

**NOTE 7 – 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 participating employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' years of credited service. 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 consulting actuaries 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.

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(Continued)

SLOAN VALVE COMPANY EMPLOYEES' PENSION PLAN  
NOTES TO FINANCIAL STATEMENTS  
November 30, 2024 and 2023

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**NOTE 7 – ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS** (Continued)

The significant actuarial assumptions used in the valuation as of November 30, 2023 and 2022 include:

<u>Factor</u>	<u>Assumption</u>
Mortality rates	2023: Pri-2012 Total Dataset Mortality Tables and MP-2021 Generational Projection Scale 2022: Pri-2012 Total Dataset Mortality Tables and MP-2021 Generational Projection Scale
Retirement age	Graded scale with ages from 55 to 70+
Interest rate assumption	7.00% in 2023 and 6.50% in 2022

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

The actuarial present value of accumulated plan benefits as of November 30, 2023 was as follows:

Actuarial present value of accumulated plan benefits	
Vested benefits	
Participants currently receiving payments	\$ 4,673,701
Participants with deferred benefits	3,329,049
Active participants	<u>4,551,515</u>
	12,554,265
Nonvested benefits	<u>72,180</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 12,626,445</u>

The changes in the actuarial present value of accumulated plan benefits for the year ended November 30, 2023 were as follows:

Actuarial present value of accumulated plan benefits, November 30, 2022	\$ 16,792,481
Increase (decrease) during the year attributed to:	
Demographic experience	188,583
Interest accumulated	929,925
Benefit payments	(5,012,182)
Assumption changes	<u>(272,362)</u>
Net decrease	<u>(4,166,036)</u>
Actuarial present value of accumulated plan benefits, November 30, 2023	<u>\$ 12,626,445</u>

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(Continued)

SLOAN VALVE COMPANY EMPLOYEES' PENSION PLAN  
NOTES TO FINANCIAL STATEMENTS  
November 30, 2024 and 2023

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**NOTE 8 – PARTY-IN-INTEREST TRANSACTIONS**

Parties-in-interest are defined under Department of Labor regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others. The Plan invests in money market funds and common stock issued by Morgan Stanley, an investment advisor to the Plan, and First State Trust Company, the Custodian of the assets. Amounts paid by the Plan to parties in interest included fees paid for investment management services. Certain professional fees for the administration and audit of the Plan were paid by the Company. Various administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan.

**NOTE 9 – TAX STATUS OF THE PLAN**

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated December 19, 2018, that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC). Therefore, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

Generally accepted accounting principles in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of November 30, 2024 and 2023, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2021.

**NOTE 10 – SUBSEQUENT ACTUARIAL VALUATION REPORT – UNAUDITED**

The actuarial information provided below was derived from the actuarial valuation as of November 30, 2024, which was received by the plan administrator subsequent to year end and is provided for informational purposes only. This information has not been audited by independent public accountants.

The plan administrator has received an actuarial valuation as of November 30, 2024, which reports that the actuarial present value of accumulated plan benefits has decreased approximately \$.6 million from the amount reported as of November 30, 2023. The decrease in actuarial present value of accumulated plan benefits during this period was the result of normal plan activity.

**NOTE 11 – SUBSEQUENT EVENTS**

Plan management has evaluated subsequent events for recognition and disclosure through September 10, 2025 which is the date the financial statements were available to be issued.

Sloan Valve Company Employees' Pension Plan  
 EIN / PN 36-1787480 / 002  
 Schedule SB, Line 26a - Schedule of Active Participant Data

Attained age	Completed years of credited service as of December 1, 2023										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	-	4	-	-	-	-	-	-	-	-	4
40 to 44	-	1	-	1	-	-	-	-	-	-	2
45 to 49	-	-	4	6	1	-	-	-	-	-	11
50 to 54	-	3	5	6	4	1	-	-	-	-	19
55 to 59	-	5	3	3	2	1	-	-	-	-	14
60 to 64	-	5	9	2	4	1	4	2	-	-	27
65 to 69	-	1	-	1	-	2	-	2	-	-	6
70 & over	-	-	-	-	-	-	-	-	-	-	-
<b>Total</b>	-	19	21	19	11	5	4	4	-	-	83



# Sloan Valve Company Employees' Pension Plan

EIN / PN 36-1787480 / 002

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

### Actuarial Assumptions and Methods

---

#### Plan Sponsor Elections

Yield curve election: The plan sponsor elected to use the full yield curve under IRC section 430(h)(2)(D)(ii).

Shortfall Amortization: The plan sponsor elected to adopt 15-year amortization of the funding shortfall beginning in the 2020 plan year, as permitted by Internal Revenue Code (IRC) §430(c)(8) and the Employee Retirement Income Security Act of 1974 (ERISA) §303(c)(8) as amended by ARPA.

#### Economic Assumptions

Interest Rate Basis: The full yield curve as of December 2023.

Effective interest rate (current year): 5.77%

Long-term rate of return on assets (2021): 6.00%

Long-term rate of return on assets (2022): 6.50%

ASC 960 discount rate (current year): 7.00%

*The interest rates listed above are compounded annually.*

#### Demographic Assumptions

##### **RETIREMENT**

The retirement decrement assumptions are summarized in Table 1. Terminated vested participants are assumed to retire at age 65.

##### **WITHDRAWAL**

The withdrawal decrement assumptions are summarized in Table 2.

##### **DISABILITY**

The disability decrement assumptions are summarized in Table 3.

##### **MORTALITY AND MORTALITY IMPROVEMENT**

The mortality follows the IRS 2023 Static Mortality Table with separate tables for annuitants and non-annuitants, as prescribed by Treasury regulation section 1.430(h)(3)-1. For ASC 960, the Pri-2012 Total Dataset mortality table with Scale MP-2021.

##### **MARITAL STATUS**

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

##### **DECREMENT TIMING**

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



## Sloan Valve Company Employees' Pension Plan

EIN / PN 36-1787480 / 002

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

Actuarial Assumptions and Methods

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### Other Assumptions

#### **FORM OF PAYMENT**

80% of Participants are assumed to elect a lump sum, and 20% of Participants are assumed to elect a life annuity.

#### **MAXIMUM EARNINGS**

The maximum compensation limit under IRC section 401(a)(17) is \$330,000 for 2023.

#### **MAXIMUM BENEFIT**

The maximum benefit payable under IRC section 415 is \$245,000 for 2023.

#### **EXPENSES**

Prior year administrative expenses paid, adjusted for expected deviations in PBGC premiums for the year. For the 2023 plan year, an amount of \$265,000 was included in the target normal cost.

### Changes from Prior Year and Rationale for Changes

Assumed expenses were changed to \$265,000 to better reflect actual plan experience.

The mortality table for lump sums was updated from the 2022 417(e)(3) mortality table to the 2023 417(e)(3) mortality table.

For ASC 960 liabilities, the discount rate was changed from 6.50% to 7.00% to better reflect future plan expectations.



Sloan Valve Company Employees' Pension Plan  
EIN / PN 36-1787480 / 002  
Schedule SB, Part V - Statement of Actuarial Assumptions/Methods  
Actuarial Assumptions and Methods

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## Actuarial Methods

### **VALUATION DATE**

The valuation date is December 1, 2023.

### **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.

### **ASC 960 COST METHOD**

The method used to calculate the ASC 960 present value of accumulated plan benefits is the traditional unit credit cost method. 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 present value of the accrued benefit is calculated using the applicable ASC 960 assumptions.

### **Changes in Method from Prior Year and Rationale for Changes**

None.



# Sloan Valve Company Employees' Pension Plan

EIN / PN 36-1787480 / 002

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

## Actuarial Assumptions and Methods

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Table 1 - Retirement Rates

<u>Age</u>	<u>Rate</u>
55	5.00%
56	5.00%
57	5.00%
58	5.00%
59	5.00%
60	5.00%
61	5.00%
62	30.00%
63	30.00%
64	15.00%
65	50.00%
66	25.00%
67	25.00%
68	25.00%
69	25.00%
70+	100.00%

Table 2 - Withdrawal Rates

<u>Age</u>	<u>Years of Service</u>					
	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5+</u>
20	22.75%	22.75%	22.75%	22.75%	22.75%	22.75%
25	18.59%	18.59%	18.59%	18.59%	18.59%	18.59%
30	16.51%	15.47%	14.30%	14.04%	14.04%	14.04%
35	16.51%	15.47%	14.30%	13.26%	12.35%	10.27%
40	16.51%	15.47%	14.30%	13.26%	12.35%	7.28%
45	16.51%	15.47%	14.30%	13.26%	12.35%	5.07%
50	16.51%	15.47%	14.30%	13.26%	12.35%	3.51%
54+	16.51%	15.47%	14.30%	13.26%	12.35%	2.86%

Table 3 - Disability Rates

<u>Age</u>	<u>Male</u>	<u>Female</u>
20	0.03%	0.03%
25	0.03%	0.03%
30	0.03%	0.04%
35	0.04%	0.07%
40	0.08%	0.13%
45	0.16%	0.24%
50	0.33%	0.40%
55	0.69%	0.64%

**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

**2023**

**This Form is Open to Public Inspection**

**Part I Annual Report Identification Information**

For calendar plan year 2023 or fiscal plan year beginning 12/01/2023 and ending 11/30/2024


- A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide 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**

<b>1a</b> Name of plan SLOAN VALVE COMPANY EMPLOYEES' PENSION PLAN	<b>1b</b> Three-digit plan number (PN) ▶ 002
	<b>1c</b> Effective date of plan 12/15/1942
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)  SLOAN VALVE COMPANY  JAMES C. ALLEN 10500 SEYMOUR AVE  FRANKLIN PARK IL 60131	<b>2b</b> Employer Identification Number (EIN) 36-1787480
	<b>2c</b> Plan Sponsor's telephone number 847-671-4300
	<b>2d</b> Business code (see instructions) 332900

**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		9/11/2025	John Miska
	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

<p><b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor                  COMMITTEE FOR SLOAN VALVE CO EMPLOYEES PENSION PLAN                   JAMES C ALLEN                  10500 SEYMOUR AVE                  FRANKLIN PARK IL 60131</p>	<p><b>3b</b> Administrator's EIN 36-3145063</p> <p><b>3c</b> Administrator's telephone number 847-671-4300</p>																				
<p><b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:</p> <p><b>a</b> Sponsor's name <b>c</b> Plan Name</p>	<p><b>4b</b> EIN</p> <p><b>4d</b> PN</p>																				
<p><b>5</b> Total number of participants at the beginning of the plan year</p>	<p><b>5</b> 224</p>																				
<p><b>6</b> 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).</p> <p><b>a(1)</b> Total number of active participants at the beginning of the plan year .....  <b>a(2)</b> Total number of active participants at the end of the plan year .....  <b>b</b> Retired or separated participants receiving benefits .....  <b>c</b> Other retired or separated participants entitled to future benefits .....  <b>d</b> Subtotal. Add lines 6a(2), 6b, and 6c.....  <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....  <b>f</b> Total. Add lines 6d and 6e.....</p> <p><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item).....  <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....  <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td><b>6a(1)</b></td><td style="text-align: right;">83</td></tr> <tr><td><b>6a(2)</b></td><td style="text-align: right;">75</td></tr> <tr><td><b>6b</b></td><td style="text-align: right;">20</td></tr> <tr><td><b>6c</b></td><td style="text-align: right;">109</td></tr> <tr><td><b>6d</b></td><td style="text-align: right;">204</td></tr> <tr><td><b>6e</b></td><td style="text-align: right;">9</td></tr> <tr><td><b>6f</b></td><td style="text-align: right;">213</td></tr> <tr><td><b>6g(1)</b></td><td></td></tr> <tr><td><b>6g(2)</b></td><td></td></tr> <tr><td><b>6h</b></td><td style="text-align: right;">0</td></tr> </table>	<b>6a(1)</b>	83	<b>6a(2)</b>	75	<b>6b</b>	20	<b>6c</b>	109	<b>6d</b>	204	<b>6e</b>	9	<b>6f</b>	213	<b>6g(1)</b>		<b>6g(2)</b>		<b>6h</b>	0
<b>6a(1)</b>	83																				
<b>6a(2)</b>	75																				
<b>6b</b>	20																				
<b>6c</b>	109																				
<b>6d</b>	204																				
<b>6e</b>	9																				
<b>6f</b>	213																				
<b>6g(1)</b>																					
<b>6g(2)</b>																					
<b>6h</b>	0																				
<p><b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....</p>	<p><b>7</b></p>																				

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
 1A 1B 1I

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

<p><b>9a</b> Plan funding arrangement (check all that apply)</p> <p>(1) <input type="checkbox"/> Insurance                  (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts                  (3) <input checked="" type="checkbox"/> Trust                  (4) <input type="checkbox"/> General assets of the sponsor</p>	<p><b>9b</b> Plan benefit arrangement (check all that apply)</p> <p>(1) <input type="checkbox"/> Insurance                  (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts                  (3) <input checked="" type="checkbox"/> Trust                  (4) <input type="checkbox"/> General assets of the sponsor</p>
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**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

<p><b>a Pension Schedules</b></p> <p>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)                  (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary                  (3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary                  (4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____                  (5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)</p>	<p><b>b General Schedules</b></p> <p>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)                  (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)                  (3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached _____                  (4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)                  (5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)                  (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)</p>
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**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

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**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.

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**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 2023 Form M-1 annual report. If the plan was not required to file the 2023 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 \_\_\_\_\_

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SLOAN VALVE COMPANY EMPLOYEES' PENSION PLAN  
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS  
Year ended November 30, 2024

Name of Plan Sponsor: Sloan Valve Company  
Employer Identification Number: 36-1787480  
Three-Digit Plan Number: 002

(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)
<b>Category (i): A single transaction in the same security in excess of 5% of the current value of Plan assets:</b>								
*First State								
Trust Company	FDIC Bank Deposit Fund	\$ 900,791	\$ -	\$ -	\$ -	\$ 900,791	\$ 900,791	\$ -
		-	902,306	-	-	902,306	902,306	-
Artisan	Artisan International Value Advisor	619,198	-	-	-	619,198	619,198	-
*Morgan Stanley	Morgan Stanley Bank Deposit	4,939,786	-	-	-	4,939,786	4,939,786	-
		-	4,852,266	-	-	4,852,266	4,852,266	-
Oakmark	Oakmark International Institutional	-	571,653	-	-	466,801	571,653	104,852

**Category (iii): A series of transactions in the same security in excess of 5% of the current value of Plan assets:**

*First State								
Trust Company	FDIC Bank Deposit Fund	\$ 900,791	\$ -	\$ -	\$ -	\$ 900,791	\$ 900,791	\$ -
		-	902,306	-	-	902,306	902,306	-
Artisan	Artisan International Value Advisor	619,198	-	-	-	619,198	619,198	-
*Morgan Stanley	Morgan Stanley Bank Deposit	4,939,786	-	-	-	4,939,786	4,939,786	-
		-	4,852,266	-	-	4,852,266	4,852,266	-
Oakmark	Oakmark International Institutional	-	571,653	-	-	466,801	571,653	104,852
Federated	Federated Investors	603,731	-	-	-	603,731	603,731	-
		-	671,280	-	-	671,280	671,280	-

\* Denotes party-in-interest.

See Independent Auditor's Report.

<b>SCHEDULE SB</b> <b>(Form 5500)</b> <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  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).  <b>▶ File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small> <hr/> <b>2023</b> <hr/> <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2023 or fiscal plan year beginning 12/01/2023 and ending 11/30/2024

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

<b>A</b> Name of plan Sloan Valve Company Employees' Pension Plan	<b>B</b> Three-digit plan number (PN) ▶	002
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Sloan Valve Company	<b>D</b> Employer Identification Number (EIN) 36-1787480	
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information			
<b>1</b> Enter the valuation date:	Month <u>12</u> Day <u>01</u> Year <u>2023</u>		
<b>2</b> Assets:			
<b>a</b> Market value.....	<b>2a</b>	9,503,136	
<b>b</b> Actuarial value .....	<b>2b</b>	10,269,339	
<b>3</b> Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment .....	24	5,089,904	5,089,904
<b>b</b> For terminated vested participants.....	117	3,423,005	3,423,005
<b>c</b> For active participants.....	83	4,656,804	4,713,326
<b>d</b> Total .....	224	13,169,713	13,226,235
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
<b>a</b> Funding target disregarding prescribed at-risk assumptions.....	<b>4a</b>		
<b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor .....	<b>4b</b>		
<b>5</b> Effective interest rate.....	<b>5</b>	5.77%	
<b>6</b> Target normal cost			
<b>a</b> Present value of current plan year accruals.....	<b>6a</b>	0	
<b>b</b> Expected plan-related expenses .....	<b>6b</b>	265,000	
<b>c</b> Target normal cost.....	<b>6c</b>	265,000	

**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.

<b>SIGN HERE</b>	Kyle Severt <i>KS</i> Signature of actuary	<u>8/29/2025</u> Date
	Kyle Severt, ASA, EA Type or print name of actuary	<u>2308782</u> Most recent enrollment number
	October Three Consulting LLC Firm name	<u>312-878-7913</u> Telephone number (including area code)
	233 South Wacker Drive Suite 8350 Chicago IL 60606 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

<b>Part II</b>		<b>Beginning of Year Carryover and Prefunding Balances</b>	
		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	3,449
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year).....	0	0
<b>9</b>	Amount remaining (line 7 minus line 8).....	0	3,449
<b>10</b>	Interest on line 9 using prior year's actual return of <u>8.43</u> %.....	0	291
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
	<b>a</b> Present value of excess contributions (line 38a from prior year).....		1,483
	<b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.54</u> %.....		82
	<b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return.....		0
	<b>c</b> Total available at beginning of current plan year to add to prefunding balance.....		1,565
	<b>d</b> Portion of (c) to be added to prefunding balance.....		0
<b>12</b>	Other reductions in balances due to elections or deemed elections.....	0	0
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	3,740

<b>Part III</b>		<b>Funding Percentages</b>	
<b>14</b>	Funding target attainment percentage.....	<b>14</b>	77.61%
<b>15</b>	Adjusted funding target attainment percentage.....	<b>15</b>	81.29%
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	<b>16</b>	82.96%
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. ....	<b>17</b>	%

**Part IV** **Contributions and Liquidity Shortfalls**

**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
03/08/2024	143,163	0			
06/04/2024	142,912	0			
09/09/2024	142,912	0			
12/09/2024	142,912	0			
08/06/2025	33,000	0			
			<b>Totals ▶</b>	<b>18(b)</b>	<b>18(c)</b>
				604,899	0

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

<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years.....	<b>19a</b>	0
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date.....	<b>19b</b>	0
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	<b>19c</b>	581,753

**20** Quarterly contributions and liquidity shortfalls:

**a** Did the plan have a "funding shortfall" for the prior year?  Yes  No

**b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?  Yes  No

**c** If line 20a is "Yes," see instructions and complete the following table as applicable:

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

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

**21** Discount rate:

<b>a</b> Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	<input checked="" type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code).....				<b>21b</b>

**22** Weighted average retirement age ..... **22** 62

**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**

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

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

**31** Target normal cost and excess assets (see instructions):

<b>a</b> Target normal cost (line 6c).....	<b>31a</b>	265,000
<b>b</b> Excess assets, if applicable, but not greater than line 31a .....	<b>31b</b>	0

<b>32</b> Amortization installments:	Outstanding Balance	Installment
<b>a</b> Net shortfall amortization installment .....	2,960,636	316,682
<b>b</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**

<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	<b>34</b>	581,682
--	-----------	---------

	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement.....	0	0	0

<b>36</b> Additional cash requirement (line 34 minus line 35) .....	<b>36</b>	581,682
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	<b>37</b>	581,753

**38** Present value of excess contributions for current year (see instructions)

<b>a</b> Total (excess, if any, of line 37 over line 36)	<b>38a</b>	71
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>	0

<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....	<b>39</b>	0
<b>40</b> Unpaid minimum required contributions for all years.....	<b>40</b>	0

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

**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

# Sloan Valve Company Employees' Pension Plan

EIN / PN 36-1787480 / 002

## Schedule SB, Line 22 - Description of Weighted Average Retirement Age

<u>Age</u>	<u>Probability</u>	<u>Number Retiring</u>	<u>Number Remaining</u>	<u>Result</u>
55	5.00%	0.050000	0.950000	2.750000
56	5.00%	0.047500	0.902500	2.660000
57	5.00%	0.045125	0.857375	2.572125
58	5.00%	0.042869	0.814506	2.486388
59	5.00%	0.040725	0.773781	2.402793
60	5.00%	0.038689	0.735092	2.321343
61	5.00%	0.036755	0.698337	2.242030
62	30.00%	0.209501	0.488836	12.989074
63	30.00%	0.146651	0.342185	9.239002
64	15.00%	0.051328	0.290857	3.284979
65	50.00%	0.145429	0.145429	9.452868
66	25.00%	0.036357	0.109072	2.399574
67	25.00%	0.027268	0.081804	1.826949
68	25.00%	0.020451	0.061353	1.390662
69	25.00%	0.015338	0.046015	1.058335
70	100.00%	0.046015	0.000000	3.221019



# Sloan Valve Company Employees' Pension Plan

EIN / PN 36-1787480 / 002

Schedule SB, Part V - Summary of Plan Provisions

Plan Provisions

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## **EFFECTIVE DATE**

December 15, 1942. Last amended and restated effective December 1, 2008.

## **PLAN YEAR**

December 1 to November 31.

## **ELIGIBILITY**

Effective July 1, 2009, no new participants will enter the plan and benefit accruals were frozen.

## **DATE OF PARTICIPATION**

The first June 1 or December 1 coincident with or next following the completion of 1 year of service and the employee's 21st birthday, provided the employee is a nonunion employee. Effective July 1, 2009, the plan is frozen to new participants.

## **BENEFIT SERVICE**

The sum of (1) and (2) below with a maximum of 35 years.

1. Years of service while a nonunion employee.
2. Years of service while a union (i.e., factory) employee times the ratio of (a) to (b) below.
  - a. Years of service while a nonunion employee.
  - b. Years of service the employee will have at normal retirement as a nonunion employee assuming he or she continues to be a nonunion employee until normal retirement.

Effective July 1, 2009, no further Benefit Service will be earned under the Plan.

## **COMPENSATION**

Total compensation, including overtime pay, bonuses, and any salary reductions under a section 401(k) or 125 plan, subject to the 401(a)(17) limits.

## **AVERAGE MONTHLY COMPENSATION**

One-sixtieth of the highest compensation for any five consecutive completed calendar years of employment, based on earnings prior to July 1, 2009.

## **COVERED COMPENSATION**

One-twelfth of the average of the taxable wage bases for each calendar year during the 35-year period ending with the last day of the calendar year in which the employee attains (or will attain) social security retirement age; determined assuming that future wage bases will be the same as the current wage base. Changes in the taxable wage base after June 30, 2009 shall not be taken into account.



# Sloan Valve Company Employees' Pension Plan

EIN / PN 36-1787480 / 002

## Schedule SB, Part V - Summary of Plan Provisions

### Plan Provisions

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#### **SOCIAL SECURITY RETIREMENT AGE**

The age according to the following table.

Social Security	
<u>Year of</u>	<u>Retirement Age</u>
< 1938	65
1938 -	66
> 1954	67

#### **NORMAL RETIREMENT DATE**

Age 65.

#### **NORMAL RETIREMENT BENEFIT**

The greater of (1) or (2) below reduced, if applicable, by (3) below.

1. The sum of (a), (b) and (c) below, reduced by 1/180 for each month by which benefit commencement precedes social security retirement age.
  - a. .9% of Average Monthly Compensation times Benefit Service up to 15 years.
  - b. 1.2% of Average Monthly Compensation times Benefit Service in excess of 15 years up to a maximum excess of 20 years.
  - c. .75% of Average Monthly Compensation in excess of Covered Compensation times Benefit Service up to 35 years.
2. The employee's accrued benefit as of December 15, 1989.
3. The benefit rate under the factory plan at the date of transfer times any factory service credited under this plan.

As of July 1, 2009, benefit accruals were frozen.

#### **EARLY RETIREMENT ELIGIBILITY**

After attaining age 55 and completing 10 years of service but before attaining age 65.

#### **EARLY RETIREMENT BENEFIT**

The greater of (1) or (2) below reduced, if applicable, by (3) below.

1. The amount determined as in formula (1) under normal retirement based on average monthly compensation, covered compensation, and benefit service at the time of termination of employment, reduced by 1/180 for each month up to 60 months, 1/360 for each of the next 60 months, .003444 for each of the next 12 months, and .003111 for each of the next 12 months by which benefit commencement precedes social security retirement age.
2. The amount determined under formula (2) under normal retirement, reduced by 1/180 for each month up to 60 months plus 1/360 for each month over 60 months by which benefit commencement precedes age 65.
3. The amount determined as in formula (3) under normal retirement based on the amount of factory service credited under this plan at the time of termination of employment, reduced to the actuarial equivalent if benefit commencement precedes age 65.



# Sloan Valve Company Employees' Pension Plan

EIN / PN 36-1787480 / 002

Schedule SB, Part V - Summary of Plan Provisions

Plan Provisions

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## **DEFERRED VESTED RETIREMENT ELIGIBILITY**

After completing 5 years of service but before attaining eligibility for early or normal retirement.

## **DEFERRED VESTED RETIREMENT COMMENCEMENT**

For employees with at least 10 years of service: between age 55 and age 65. The benefit is reduced for early payment in the same manner as for early retirement.

For employees with less than 10 years of service: at age 65.

## **DEFERRED VESTED RETIREMENT BENEFIT**

The amount determined as for early retirement.

## **PRERETIREMENT SPOUSE'S BENEFIT ELIGIBILITY**

After being married for at least 1 year, after becoming vested, and before receiving any benefits under the plan.

## **PRERETIREMENT SPOUSE'S BENEFIT**

Fifty percent of the amount that would have been payable if the employee had terminated employment on the date of death (if not already terminated), survived to earliest retirement age (if not already eligible for retirement), and then begun to receive a 50% joint and survivor annuity.

## **PRERETIREMENT SPOUSE'S BENEFIT FORM OF ANNUITY**

For unmarried employees: life annuity.

For married employees: the actuarial equivalent 50% joint and survivor annuity.

## **OPTIONAL FORMS OF PAYMENT**

Single Life Annuity; Joint and 100%, 75% or 50% Survivor Annuity; Life Annuity with 5, 10, or 15 Years Certain; and Lump Sum.

## Definitions

### **ACTUARIAL EQUIVALENT**

#### Lump Sums

Applicable Interest: The adjusted first, second and third segment rates applied similar to the rules of IRC Section 430(h)(2)(C) for the second full calendar month preceding the first day of the Plan Year in which the distribution occurs, but determined without regard to the 24 month averaging period.

Applicable Mortality: The current 417(e) table for lump sums.

#### For all other purposes

A benefit equivalent in value based upon the RP-2000 Combined mortality table and an interest rate of 8%.

SLOAN VALVE COMPANY EMPLOYEES' PENSION PLAN  
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
November 30, 2024

Name of plan sponsor: Sloan Valve Company  
Employer identification: 36-1787480  
Three-digit plan number: 002

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Par, Maturity Value, or Shares	(d) Cost	(e) Current Value
		<b><u>U.S Government and Agency Securities</u></b>		
	United States Treasury	United States Treas Nts 4.3750% 11/30/28	\$ 77,347	\$ 77,789
	United States Treasury	United States Treas Nts 1.3750% 11/15/31	63,262	63,475
	United States Treasury	United States Treas Nts 1.8750% 02/15/32	97,044	97,239
	United States Treasury	United States Treas Nts 3.2500% 06/30/29	109,910	110,019
	United States Treasury	United States Treas Nts 3.7500% 05/31/30	63,287	62,950
	United States Treasury	United States Treas Nts 4.3750% 07/15/27	314,306	312,107
	United States Treasury	United States Treas Nts 4.5000% 05/15/27	175,850	177,623
	United States Treasury	United States Treas Nts 4.6250% 04/30/29	186,505	187,983
	United States Treasury	United States Treas Nts 3.5000% 09/30/26	46,517	46,458
	United States Treasury	United States Treas Bills 02/06/25	27,386	27,774
	United States Treasury	US Treasury Note 3.8750% 08/15/33	87,646	90,061
	Government CMOs & REMICs	Fannie Mae 5.5000% 12/25/52	262	262
	Government CMOs & REMICs	Fhlmc Super 30y Fixed 3.5000% 11/25/52	23,013	23,499
	Government CMOs & REMICs	Fnma Umbs Lng 30 Year 5.0000% 07/25/54	41,026	41,520
	Government CMOs & REMICs	Fnma Umbs Lng 30 Year 5.0000% 11/25/53	33,101	32,618
	Government CMOs & REMICs	Freddie 5.0000% 07/25/53	38,025	38,642
	Government Pass Thru Pools	Fhlmc Super 30y Fixed 3.5000% 05/01/52	116,795	115,562
	Government Pass Thru Pools	Fhlmc Super 30y Fixed 3.5000% 06/01/52	48,553	49,415
	Government Pass Thru Pools	Fhlmc Super 30y Fixed 3.5000% 09/01/52	20,807	21,070
	Government Pass Thru Pools	Fhlmc Super 30y Fixed 5.0000% 01/01/54	18,604	18,812
	Government Pass Thru Pools	Fhlmc Super 30y Fixed 5.5000% 08/01/53	62,127	62,587
	Government Pass Thru Pools	Fnma Umbs Lng 30 Year 3.5000% 08/01/52	10,433	10,553
	Government Pass Thru Pools	Fnma Umbs Lng 30 Year 5.0000% 01/01/54	16,732	16,819
	Government Pass Thru Pools	Fnma Umbs Lng 30 Year 5.0000% 03/01/54	84,169	84,894
	Government Pass Thru Pools	Fnma Umbs Lng 30 Year 5.0000% 09/01/52	47,005	47,505
	<i>U.S. Government and Agency Securities Total:</i>		1,809,712	1,817,236
		<b><u>Corporate Bonds</u></b>		
	Abbvie Inc.	Schwab Charles Corp 4.0000%	29,881	30,906
	Air Lease Corporation	Abbvie Inc 2.9500% 11/21/26	60,693	62,281
	American Electronic Power Inc	Air Lease Corp 3.2500% 10/01/29	59,356	62,566
	Amgen Inc	American Elec Pwr Inc 5.6250% 03/01/33	61,944	63,016
	Bank America Corp	Amgen Inc 5.2500% 03/02/30	62,139	62,356
	Bank America Corp	Bk Of America Corp 1.7340% 07/22/27	61,102	62,911
	The Boeing Company	Bk Of America Corp 2.2990% 07/21/32	60,056	62,866
	Citigroup	Boeing Co 2.1960% 02/04/26	60,636	62,876
	Edison International	Citigroup INC 3.8870% 01/10/28	92,103	93,334
	Energy Transfer	Edison Intl 5.7500% 06/15/27	31,300	31,715
	HCA Inc	Energy Transfer Operating Lp 5.2500% 04/15/29	61,665	62,970
	Kroger	HCA INC. SR GLBL NT 5.2000% 06/01/28	62,447	62,728
	Sabine Pass Liquefaction LLC	Kroger 5.0000% 09/15/34	64,305	63,631
	Viatrix Inc	Sabine Pass Liquefaction Llc 5.0000% 03/15/27	62,074	62,316
	The Toronto-Dominion Bank	Viatrix Inc 2.7000% 06/22/30	63,306	63,204
	Capital One Financial Corp	Toronto Dominion Bank 4.6930% 09/15/27	61,251	62,143
	Goldman Sachs	Capital One Finl Corp 5.7000% 02/01/30	63,061	62,408
	US Bancorp	Goldman Sachs Group Inc 4.2230% 05/01/29	63,625	62,870
	Wells Fargo & Company	Us Bancorp 2.4910% 11/03/36	59,964	63,112
	<i>Corporate Bonds Total:</i>	Wells Fargo & Co 3.5260% 03/24/28	91,321	93,442
			1,232,229	1,253,651

(Continued)

SLOAN VALVE COMPANY EMPLOYEES' PENSION PLAN  
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
November 30, 2024

Name of plan sponsor: Sloan Valve Company  
Employer identification: 36-1787480  
Three-digit plan number: 002

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Par, Maturity Value, or Shares	(d) Cost	(e) Current Value
		<b>Common and Preferred Stocks</b>		
	Abbott Labs	Abbott Labs	\$ 11,458	\$ 11,996
	AbbVie Inc	AbbVie Inc	13,234	19,574
	Advanced Energy Inds Inc	Advanced Energy Inds Inc	12,723	15,070
	Agilent Technologies Inc	Agilent Technologies Inc Cusip:00846U101	10,641	11,389
	Airbnb Inc	Airbnb Inc	23,578	20,689
	Akamai Technologies Inc	Akamai Technologies Inc	5,861	5,979
	Albany Intl Corp New Cl A	Albany Intl Corp New Cl A	11,370	10,943
	Alphabet Inc Cl A	Alphabet Inc Cl A	23,988	32,776
	Amazon Com Inc	Amazon Com Inc	43,941	60,912
	Ameren Corp	Ameren Corp	4,844	5,907
	American Electric Power Inc	American Electric Power Inc	5,303	6,105
	Ametek Inc	Ametek Inc New	5,759	6,668
	Analog Devices Inc	Analog Devices Inc	12,801	15,354
	Ansys Inc	Ansys Inc	4,588	4,953
	ArchRock Inc	ArchRock Inc .0000%	8,488	23,417
	Ares Management Corporation	Ares Management Corporation	23,648	32,518
	AT&T Inc	AT&T Inc	9,188	14,290
	Autodesk Inc	Autodesk Inc	8,408	11,851
	Automatic Data Processing Inc	Automatic Data Processing Inc	7,915	11,284
	Avery Dennison Corp	Avery Dennison Corp	4,316	5,187
	Bank America Corp	Bank America Corp	15,251	19,527
	Bank Of New York Mellon Corp	Bank Of New York Mellon Corp	7,039	12,035
	Becton Dickinson & Co	Becton Dickinson & Co	4,738	4,284
	Berkley W R Corp	Berkley W R Corp	4,205	5,010
	Bio Rad Labs Inc Cl A	Bio Rad Labs Inc Cl A	11,339	10,766
	Blackrock Inc	Blackrock Inc	9,407	12,274
	Blackstone Group Inc	Blackstone Group Inc	2,312	5,167
	Booz Allen Hamilton Holding	Booz Allen Hamilton Holding	2,615	4,150
	Bristol Myers Squibb Co	Bristol Myers Squibb Co	6,530	7,166
	Broadcom Inc	Broadcom Inc	5,978	19,288
	Brookfield Corporation	Brookfield Corporation	25,604	48,130
	Brown & Brown Inc	Brown & Brown Inc	17,655	33,251
	C M S Energy Corp	C M S Energy Corp	3,090	3,764
	Cabot Corp	Cabot Corp	8,987	14,031
	Cadence Design Systems Inc	Cadence Design Systems Inc	18,006	23,128
	Canadian Pacific Kansas City Limited	Canadian Pacific Kansas City Limited	19,027	18,458
	Carmax Inc	Carmax Inc	17,088	16,962
	CBRE Group Inc	CBRE Group Inc	11,680	25,898
	Ccc Intelligent Solutions Hld	Ccc Intelligent Solutions Hld	9,308	9,916
	Chevron Corporation	Chevron Corporation	14,765	18,298
	Chipotle Mexican Grill-Cl A	Chipotle Mexican Grill-Cl A	11,889	17,472
	Cirrus Logic Inc	Cirrus Logic Inc	8,639	11,594
	Cisco Sys Inc	Cisco Sys Inc	15,867	19,302
	Cme Group Inc.	Cme Group Inc.	9,669	11,367
	Coca Cola Co	Coca Cola Co	10,121	11,342
	Comcast Corp-Cl A	Comcast Corp-Cl A	14,845	15,808
	Connectone Bancorp Inc	Connectone Bancorp Inc	4,649	7,095
	Conocophillips	Conocophillips	5,257	6,558
	Copart Inc	Copart Inc	24,237	49,254
	CoStar Group Inc.	CoStar Group Inc.	27,292	29,201
	Cummins Inc	Cummins Inc	4,949	7,848

(Continued)

SLOAN VALVE COMPANY EMPLOYEES' PENSION PLAN  
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
November 30, 2024

Name of plan sponsor: Sloan Valve Company  
Employer identification: 36-1787480  
Three-digit plan number: 002

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Par, Maturity Value, or Shares	(d) Cost	(e) Current Value
		<b>Common and Preferred Stocks (Continued)</b>		
	D T E Energy Company	D T E Energy Company	\$ 2,579	\$ 2,915
	Danaher Corp	Danaher Corp	22,102	25,887
	Darling International Inc	Darling International Inc	15,922	10,659
	Datadog Inc	Datadog Inc	10,187	12,457
	Denny's Corp	Denny's Corp	11,083	6,698
	Digi Intl Inc	Digi Intl Inc	10,844	10,697
	Diodes Inc	Diodes Inc	4,722	3,363
	Disney Walt Co	Disney Walt Co	9,976	10,584
	Dominos Pizza Inc	Dominos Pizza Inc	14,438	18,592
	Dynatrace Inc	Dynatrace Inc	18,806	20,509
	Eastgroup Pptys Inc Reit	Eastgroup Pptys Inc Reit	9,131	9,578
	eBay Inc	eBay Inc	4,288	5,040
	Ecolab Inc	Ecolab Inc	9,337	13,305
	Elevance Health Inc	Elevance Health Inc	4,800	3,978
	Enersys	Enersys	12,673	12,372
	Entegris Inc	Entegris Inc	9,687	9,389
	Entergy Corp	Entergy Corp	6,237	9,084
	Eog Res Inc	Eog Res Inc	8,787	11,780
	ESC GCI LIBERTY INC SRD42	ESC GCI LIBERTY INC SRD42	-	165
	Exxon Mobil Corp	Exxon Mobil Corp	15,612	21,469
	Fair Isaac Corp	Fair Isaac Corp	15,831	29,396
	Fastenal Co	Fastenal Co	7,761	12,534
	Fb Finl Corp	Fb Finl Corp	7,482	14,903
	Firstcash Holdings Inc	Firstcash Holdings Inc	7,844	8,709
	Floor & Decor Hldgs Inc	Floor & Decor Hldgs Inc	2,512	2,806
	Formfactor Inc	Formfactor Inc	5,110	6,490
	Fortive Corp	Fortive Corp	14,441	16,897
	Franklin Electric Co Inc	Franklin Electric Co Inc	12,113	14,187
	Gallagher Arthur J & Co	Gallagher Arthur J & Co	27,069	34,034
	Gartner Inc Cl A	Gartner Inc Cl A	20,270	29,721
	General Electric Co	General Electric Co	12,560	12,639
	General Mls Inc	General Mls Inc	6,180	6,113
	Genuine Parts Co	Genuine Parts Co	4,936	3,856
	Graco Inc	Graco Inc	3,150	3,450
	Hackett Group Inc	Hackett Group Inc	7,412	11,972
	Heico Corp New Cl A	Heico Corp New Cl A	25,943	44,760
	Hexcel Corp	Hexcel Corp	10,279	9,445
	Hilton Worldwide Holdings	Hilton Worldwide Holdings	21,275	45,619
	Home Depot Inc	Home Depot Inc	18,299	24,097
	Honeywell Intl Inc	Honeywell Intl Inc	14,140	16,875
	Horace Mann Educators Corp New	Horace Mann Educators Corp New	3,268	4,438
	Hyatt Hotels Corp - Cl A	Hyatt Hotels Corp - Cl A	3,463	8,403
	Idexx Labs Inc	Idexx Labs Inc	6,641	5,940
	Illinois Tool Wks Inc	Illinois Tool Wks Inc	8,254	9,210
	Insperty Inc	Insperty Inc	9,253	6,761
	International Business Machines Corp	International Business Machines Corp	8,816	14,754
	Intuit	Intuit	25,795	38,512
	Intuitive Surgical Inc	Intuitive Surgical Inc	11,289	12,960
	J P Morgan Chase & Co	J P Morgan Chase & Co	22,488	38,707
	Jack In The Box Inc	Jack In The Box Inc	12,054	7,767
	Johnson & Johnson	Johnson & Johnson	22,220	22,166

(Continued)

SLOAN VALVE COMPANY EMPLOYEES' PENSION PLAN  
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
November 30, 2024

Name of plan sponsor: Sloan Valve Company  
Employer identification: 36-1787480  
Three-digit plan number: 002

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Par, Maturity Value, or Shares	(d) Cost	(e) Current Value
		<b>Common and Preferred Stocks (Continued)</b>		
	Kimball Electronics Inc	Kimball Electronics Inc	\$ 10,573	\$ 8,472
	Kkr & Co Inc	Kkr & Co Inc	38,455	89,416
	Kla-Tencor Corp	Kla-Tencor Corp	22,370	23,638
	Lam Research Corp.	Lam Research Corp.	6,233	7,610
	Lennar Corp	Lennar Corp	9,922	20,578
	Liberty Media Corp Del	Liberty Media Corp Del	3,399	4,293
	Liberty Media Corp Del Com Lbty One S C	Liberty Media Corp Del Com Lbty One S C	6,164	13,873
	Littelfuse Inc	Littelfuse Inc	8,957	8,569
	Live Nation Inc	Live Nation Inc	14,607	23,641
	Lockheed Martin Corp	Lockheed Martin Corp	7,095	9,872
	Markel Corporation	Markel Corporation	14,195	23,406
	Marsh & McLennan Cos Inc	Marsh & McLennan Cos Inc	9,950	15,892
	Martin Marietta Matls Inc	Martin Marietta Matls Inc	13,390	23,266
	Marvell Technology Group Ltd	Marvell Technology Group Ltd	20,513	31,607
	Mc Donald's Corporation	Mc Donald's Corporation	12,810	14,629
	Merck & Co Inc	Merck & Co Inc	10,202	11,587
	Meritage Homes Corporation	Meritage Homes Corporation	5,948	9,618
	Mgp Ingredients Inc New	Mgp Ingredients Inc New	10,386	4,628
	Microchip Technology Inc	Microchip Technology Inc	10,964	10,907
	Microsoft Corp	Microsoft Corp	59,176	86,386
	Mondelez International Inc	Mondelez International Inc	10,179	10,197
	Monolithic Power	Monolithic Power	21,141	23,245
	Moody's Corp	Moody's Corp	3,980	6,134
	Moog Inc Cl A	Moog Inc Cl A	7,215	16,153
	* Morgan Stanley	Morgan Stanley	10,162	13,819
	Msci Inc	Msci Inc	27,187	34,078
	NextEra Energy	NextEra Energy	4,887	4,772
	Northrop Grumman Corp	Northrop Grumman Corp	10,053	10,612
	Nov Inc	Nov Inc	8,970	9,580
	Nvidia Corp	Nvidia Corp	9,486	73,826
	O'Reilly Automotive	O'Reilly Automotive	26,120	40,155
	Oxford Industries Inc	Oxford Industries Inc	8,473	7,313
	Packaging Corp Of America	Packaging Corp Of America	3,470	6,327
	Papa Johns Intl Inc	Papa Johns Intl Inc	10,855	8,621
	Parker Hannifin Corp	Parker Hannifin Corp	7,247	17,154
	Penn Natl Gaming Inc	Penn Natl Gaming Inc	10,148	9,500
	Pepsico Inc	Pepsico Inc	6,734	7,065
	Perimeter Solutions Inc Common Stock	Perimeter Solutions Inc Common Stock	2,564	3,610
	Pnc Financial Services Group	Pnc Financial Services Group	9,625	12,863
	PPG Industries Inc	PPG Industries Inc	6,541	6,614
	Procter & Gamble Co	Procter & Gamble Co	16,475	20,615
	Progressive Corp Ohio	Progressive Corp Ohio	30,397	44,365
	Prologis Inc	Prologis Inc	4,832	4,686
	Public Storage Inc	Public Storage Inc	3,744	4,525
	Public Svc Enterprise Group Inc	Public Svc Enterprise Group Inc	3,851	5,422
	Qualcomm Inc	Qualcomm Inc	4,562	4,261
	Raymond James Financial Inc	Raymond James Financial Inc	6,309	11,569
	Roper Inds Inc New	Roper Inds Inc New	19,504	24,482
	Ross Stores Inc	Ross Stores Inc	3,914	5,723
	Ryan Specialty Group Hldgs Inc	Ryan Specialty Group Hldgs Inc	1,908	2,059
	S & T Bancorp Inc	S & T Bancorp Inc	8,348	10,398

(Continued)

SLOAN VALVE COMPANY EMPLOYEES' PENSION PLAN  
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
November 30, 2024

Name of plan sponsor: Sloan Valve Company  
Employer identification: 36-1787480  
Three-digit plan number: 002

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Par, Maturity Value, or Shares	(d) Cost	(e) Current Value
		<b>Common and Preferred Stocks (Continued)</b>		
	Sanmina Corp	Sanmina Corp	\$ 9,620	\$ 14,453
	Sba Communications Corp New	Sba Communications Corp New	7,889	5,924
	Servicenow Inc.	Servicenow Inc.	21,717	41,261
	Shopify Inc-Class A	Shopify Inc-Class A	9,432	16,646
	Southern Company	Southern Company	8,195	10,606
	Steelcase Inc.	Steelcase Inc.	3,625	7,409
	Summit Materials Inc	Summit Materials Inc	1,643	4,137
	TechTarget	TechTarget	10,019	9,633
	Teledyne Technologies Inc	Teledyne Technologies Inc	7,682	9,507
	Texas Instruments Inc	Texas Instruments Inc	6,769	7,831
	The Trade Desk Inc	The Trade Desk Inc	4,538	4,553
	Thermo Fisher Scientific Inc	Thermo Fisher Scientific Inc	17,269	17,452
	Tjx Cos Inc	Tjx Cos Inc	7,618	9,846
	Transdigm Group Inc	Transdigm Group Inc	16,874	37,684
	Triumph Bancorp Inc	Triumph Bancorp Inc	5,282	10,248
	Tyler Technologies Inc	Tyler Technologies Inc	14,057	21,122
	Uber Technologies Inc	Uber Technologies Inc	16,582	25,762
	Union Pac Corp	Union Pac Corp	14,466	17,248
	United Fire Group Inc	United Fire Group Inc	4,578	6,395
	Unitedhealth Group Inc	Unitedhealth Group Inc	22,790	26,391
	Vail Resorts Inc	Vail Resorts Inc	9,493	7,180
	Valero Energy Corp	Valero Energy Corp	7,019	9,340
	Varex Imaging Corp	Varex Imaging Corp	7,752	9,257
	Veeva Systems Inc-Class A	Veeva Systems Inc-Class A	13,890	16,334
	Veralto Corp Shs	Veralto Corp Shs	14,994	19,799
	Verisign Inc	Verisign Inc	3,517	3,379
	Verisk Analytics Inc Cl A	Verisk Analytics Inc Cl A	18,147	23,790
	Viavi Solutions Inc	Viavi Solutions Inc	10,753	10,964
	Visa Inc-Class A	Visa Inc-Class A	33,221	45,687
	Vulcan Materials Co	Vulcan Materials Co	15,996	33,999
	Wal Mart Stores Inc	Wal Mart Stores Inc	14,417	27,750
	Waste Mgmt Inc Del	Waste Mgmt Inc Del	5,410	8,759
	Waters Corp	Waters Corp	5,138	6,966
	WEC Energy Group Inc	WEC Energy Group Inc	4,340	5,119
	Wells Fargo & Co New	Wells Fargo & Co New	10,449	17,291
	Wesbanco Inc	Wesbanco Inc	6,978	10,037
	West Pharmaceutical Service Inc	West Pharmaceutical Service Inc	22,270	21,459
	Workday Inc - Class A	Workday Inc - Class A	17,962	16,853
	Wsfs Finl Corp	Wsfs Finl Corp	9,124	15,785
	3i Group Plc	3i Group Plc	4,611	7,185
	Abb Ltd Spon Adr	Abb Ltd Spon Adr	9,345	9,422
	Accenture Plc Cl A	Accenture Plc Cl A	13,816	15,101
	Alcon Inc	Alcon Inc	4,690	5,361
	Arch Capital Group Ltd	Arch Capital Group Ltd	7,031	18,734
	Argenx Se	Argenx Se	10,016	12,624
	ASML Holdings NV	ASML Holdings NV	16,724	16,836
	Astrazeneca Plc Adr	Astrazeneca Plc Adr	15,948	15,620
	Atlas Copco Ab Spons Adr	Atlas Copco Ab Spons Adr	8,959	9,538
	Banco Bilbao Vizcaya Argentaria S A	Banco Bilbao Vizcaya Argentaria S A	9,406	8,344
	Brambles Ltd Sponsored ADR	Brambles Ltd Sponsored ADR	6,891	9,485
	Brookfield Asset Management Ltd	Brookfield Asset Management Ltd	6,568	9,660

(Continued)

SLOAN VALVE COMPANY EMPLOYEES' PENSION PLAN  
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
November 30, 2024

Name of plan sponsor: Sloan Valve Company  
Employer identification: 36-1787480  
Three-digit plan number: 002

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Par, Maturity Value, or Shares	(d) Cost	(e) Current Value
		<b>Common and Preferred Stocks (Continued)</b>		
	Brookfield Infrastructure Corp	Brookfield Infrastructure Corp	\$ 20,308	\$ 24,285
	Brookfield Renewable Corp	Brookfield Renewable Corp	8,436	7,948
	Check Point Software Tech Lt Ord	Check Point Software Tech Lt Ord	5,773	5,449
	Chubb Ltd	Chubb Ltd	9,492	16,366
	Compass Group Plc	Compass Group Plc	11,354	13,355
	Crh Plc	Crh Plc	8,468	15,034
	Danone-Spons Adr	Danone-Spons Adr	14,293	13,577
	Deutsche Boerse Ag-Unspon Adr	Deutsche Boerse Ag-Unspon Adr	10,695	13,292
	Deutsche Telekom Ag Spons Adr	Deutsche Telekom Ag Spons Adr	10,864	15,767
	EDP-Energias de Portugal, S.A. ADR	EDP-Energias de Portugal, S.A. ADR	12,292	9,085
	Ferrari N V	Ferrari N V	8,816	10,199
	Givaudan Sa Unspons Adr	Givaudan Sa Unspons Adr	6,457	8,549
	Haleon Plc	Haleon Plc	7,551	8,791
	Hdfc Bk Ltd Spons Adr	Hdfc Bk Ltd Spons Adr	10,608	11,616
	Hoya Corporation-Adr	Hoya Corporation-Adr	10,387	11,871
	Icon PLC (Ireland)	Icon PLC (Ireland)	11,166	7,417
	Inditex Unspons Adr	Inditex Unspons Adr	14,779	22,151
	Intesa Sanpaolo Spons Adr	Intesa Sanpaolo Spons Adr	9,660	12,850
	L'oreal Co Adr	L'oreal Co Adr	8,745	7,498
	Lenova Group Ltd Spons Adr	Lenova Group Ltd Spons Adr	4,283	3,595
	Linde Plc	Linde Plc	16,975	23,664
	Lloyds Banking Group Plc-Spons Adr	Lloyds Banking Group Plc-Spons Adr	9,637	8,829
	London Stock Exchange Group ADR	London Stock Exchange Group ADR	16,980	23,005
	Luxfer Holdings Plc	Luxfer Holdings Plc	6,896	8,358
	Lvmh Moet Hennessy Louis - Adr	Lvmh Moet Hennessy Louis - Adr	10,219	9,380
	Medtronic Plc	Medtronic Plc	5,384	5,766
	Monotaro Co Ltd - Unsp ADR	Monotaro Co Ltd - Unsp ADR	2,058	2,630
	Nomura Research Institute Ltd	Nomura Research Institute Ltd	3,863	4,128
	Novo-Nordisk A S Spons Adr	Novo-Nordisk A S Spons Adr	19,572	27,341
	Olympus Corp Unsponsored Adr	Olympus Corp Unsponsored Adr	9,758	9,863
	Publicis S A New	Publicis S A New	8,938	8,932
	Relx Plc Spon ADR	Relx Plc Spon ADR	10,443	14,971
	Rentokil Group Plc Spons Adr	Rentokil Group Plc Spons Adr	5,341	3,397
	Safran AS ADR (France)	Safran AS ADR (France)	7,181	9,968
	Sap Aktiengesellschaft Spns Adr	Sap Aktiengesellschaft Spns Adr	13,116	22,841
	Scheider Elect SA-Unsp ADR France	Scheider Elect SA-Unsp ADR France	13,344	15,122
	Sea Ltd	Sea Ltd	8,448	12,518
	SMC Corp ADR (Japan)	SMC Corp ADR (Japan)	8,306	7,277
	Sony Corp Adr	Sony Corp Adr	16,486	17,043
	Spotify Technology S A	Spotify Technology S A	4,560	5,803
	Straumann Hldg Ag	Straumann Hldg Ag	7,552	6,755
	Taiwan Semiconductor Spons Adr	Taiwan Semiconductor Spons Adr	8,097	11,553
	Terumo Corp	Terumo Corp	6,237	6,729
	Thomson Reuters Corp.	Thomson Reuters Corp.	7,765	10,104
	Tokio Marine Holdings Spons Adr	Tokio Marine Holdings Spons Adr	7,798	7,746
	Tokyo Electron Ltd Unspons Adr	Tokyo Electron Ltd Unspons Adr	11,482	11,341
	Trane Technologies Plc	Trane Technologies Plc	5,340	12,319
	Ucb S A	Ucb S A	4,309	4,456
	Unilever Plc	Unilever Plc	10,788	11,908
	Waste Connections Inc	Waste Connections Inc	8,548	9,153
	Wix.com LTD	Wix.com LTD	4,542	7,032

(Continued)

SLOAN VALVE COMPANY EMPLOYEES' PENSION PLAN  
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
November 30, 2024

Name of plan sponsor: Sloan Valve Company  
Employer identification: 36-1787480  
Three-digit plan number: 002

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Par, Maturity Value, or Shares	(d) Cost	(e) Current Value
		<b><u>Common and Preferred Stocks (Continued)</u></b>		
	Zai Lab Ltd	Zai Lab Ltd	\$ 670	\$ 687
	Asics Corporation	Asics Corporation	4,072	4,438
	Avalonbay Communities Inc	Avalonbay Communities Inc	4,782	4,881
	Four Corners Pty Tr Inc	Four Corners Pty Tr Inc	7,783	9,299
	Pebblebrook Hotel	Pebblebrook Hotel	5,934	5,942
	<i>Common and Preferred Stocks Total:</i>		<u>2,850,790</u>	<u>3,819,119</u>
		<b><u>Mutual Funds</u></b>		
	Federated	Federated Investors	393,775	393,775
	Artisan	Artisan International Value Advisor	619,198	591,681
	Fidelity	Fidelity Advisor Ser VIII	483,298	531,789
	<i>Mutual Funds Total:</i>		<u>1,496,271</u>	<u>1,517,245</u>
		<b><u>Exchange Traded Funds</u></b>		
	Blackrock	iShares Core SP 500 ETF	358,944	787,196
	Blackrock	iShares Tr Rus Top 200 Etf	243,000	351,469
	Vanguard	Vanguard Value ETF	254,353	398,295
	<i>Exchange Traded Funds Total:</i>		<u>856,297</u>	<u>1,536,960</u>
		<b><u>Money Market Funds</u></b>		
	* First State Trust Company	FDIC Bank Deposit Fund	1,069	1,069
	* Morgan Stanley	Morgan Stanley Bank Deposit	197,248	197,248
	* Morgan Stanley	MSBNA PREFERRED SAVINGS- QC 4.250%	3,411	3,411
	<i>Money Market Funds Total:</i>		<u>201,728</u>	<u>201,728</u>
			<u>\$ 8,447,027</u>	<u>\$ 10,145,939</u>

\* Denotes party-in-interest.

See Independent Auditor's Report.

# Sloan Valve Company Employees' Pension Plan

EIN / PN 36-1787480 / 002

Schedule SB, Line 32 - Schedule of Amortization Bases

<u>Type of Base</u>	<u>Valuation Date Established</u>	<u>Amortization Installment</u>	<u>Years Remaining Amortization Period</u>	<u>Present Value of Future Installments</u>
Shortfall	12/1/2020	258,331	12	2,339,051
Shortfall	12/1/2021	(63,670)	13	(608,756)
Shortfall	12/1/2022	109,984	14	1,104,092
Shortfall	12/1/2023	12,037	15	126,249
		<u>316,682</u>		<u>2,960,636</u>

Sloan Valve Company Employees' Pension Plan  
EIN / PN 36-1787480 / 002  
Schedule SB, Line 24 - Change in Actuarial Assumptions

**Assumed Expenses**

Assumed expenses were changed to \$265,000 to better reflect actual plan experience.