

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed 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-SF.

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: [X] a single-employer plan [] a multiple-employer plan (not multiemployer) (Pension Plan filers checking this box must attach Schedule MEP. Other plans must attach a list of participating employer information in accordance with the form instructions.)
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 Check box if filing under: [X] Form 5558 [] automatic extension [] DFVC program [] special extension (enter description)
D If the plan is a collectively-bargained plan, check here []
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here []

Part II Basic Plan Information—enter all requested information

1a Name of plan: PULSAFEEDER, INC. PENSION PLAN FOR HOURLY EMPLOYEES AT ROCHESTER, NY
1b Three-digit plan number (PN): 053
1c Effective date of plan: 05/05/1992
2a Plan sponsor's name (employer, if for a single-employer plan): PULSAFEEDER, INC. A UNIT OF IDEX CORPORATION
2b Employer Identification Number (EIN): 36-3817998
2c Sponsor's telephone number: 847-498-7070
2d Business code (see instructions): 333900
3a Plan administrator's name and address: [X] Same as Plan Sponsor.
3b Administrator's EIN
3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report.
4b EIN
4d PN
5a Total number of participants at the beginning of the plan year: 71
5b Total number of participants at the end of the plan year: 75
5c(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)
5c(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)
5d(1) Total number of active participants at the beginning of the plan year: 22
5d(2) Total number of active participants at the end of the plan year: 21
5e Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested: 0

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Row 1: Filed with authorized/valid electronic signature, 09/30/2025, PETER DOMANSKI. Row 2: Signature of employer/plan sponsor, Date, Enter name of individual signing as employer or plan sponsor.

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) Yes No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) Yes No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined
- If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 563005. (See instructions.)

Part III Financial Information			
7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	4406642	3834787
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	4406642	3834787
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)		
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	-89974	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		-89974
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	330783	
e Certain deemed and/or corrective distributions (see instructions) .	8e		
f Administrative service providers (salaries, fees, commissions)	8f	266539	
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		597322
i Net income (loss) (subtract line 8h from line 8c)	8i		-687296
j Transfers to (from) the plan (see instructions)	8j	115441	

Part IV Plan Characteristics	
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1B 3H
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions				
10 During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		500000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h			
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and lines 11a and b below.) If this is a defined contribution pension plan, leave line 11 blank and complete line 12 below. Yes No

a Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 **11a** 0

b PBGC missed contribution reporting requirements. If the plan is covered by PBGC and the amount reported on line 11a is greater than \$0, 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 _____

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? Yes No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.) If this is a defined benefit pension plan, leave line 12 blank and complete line 11 above.

a 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 letter ruling granting the waiver. Month Day Year

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year **12b**

c Enter the amount contributed by the employer to the plan for this plan year **12c**

d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) **12d**

e Will the minimum funding amount reported on line 12d be met by the funding deadline?..... Yes No N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year? Yes No

a If "Yes," enter the amount of any plan assets that reverted to the employer this year..... **13a**

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? Yes No

c 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

Part VIII IRS Compliance Questions

14a 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

14b 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

15 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 _____.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **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.

A Name of plan <u>PULSAFEEDER, INC. PENSION PLAN FOR HOURLY EMPLOYEES AT ROCHESTER, NY</u>	B Three-digit plan number (PN) ▶	<u>053</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>PULSAFEEDER, INC. A UNIT OF IDEX CORPORATION</u>	D Employer Identification Number (EIN) <u>36-3817998</u>	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information			
1 Enter the valuation date:	Month <u>01</u>	Day <u>01</u>	Year <u>2024</u>
2 Assets:			
a Market value	2a	<u>4406642</u>	
b Actuarial value	2b	<u>4847306</u>	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	<u>40</u>	<u>3085142</u>	<u>3085142</u>
b For terminated vested participants	<u>9</u>	<u>451168</u>	<u>451168</u>
c For active participants	<u>22</u>	<u>1413219</u>	<u>1439520</u>
d Total	<u>71</u>	<u>4949529</u>	<u>4975830</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	<u>5.14 %</u>	
6 Target normal cost			
a Present value of current plan year accruals	6a	<u>51243</u>	
b Expected plan-related expenses	6b	<u>217000</u>	
c Target normal cost	6c	<u>268243</u>	

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

SIGN HERE			
	Signature of actuary	<u>09/11/2025</u>	Date
	<u>PHILIP HELPPI</u>	<u>23-08575</u>	Most recent enrollment number
	Type or print name of actuary	<u>248-945-5562</u>	Telephone number (including area code)
	<u>MERCER</u>		
	Firm name		
	<u>ONE TOWNE SQUARE</u> <u>SOUTHFIELD, MI 48076</u>		
	Address of the firm		

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

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	763538
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	159792
9	Amount remaining (line 7 minus line 8)	0	603746
10	Interest on line 9 using prior year's actual return of <u>6.55</u> %	0	39545
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.27</u> %		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	643291

Part III Funding Percentages			
14	Funding target attainment percentage	14	84.48 %
15	Adjusted funding target attainment percentage	15	84.48 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	87.66 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)			21b 4
22 Weighted average retirement age			22 62
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> 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..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....			27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years			
28 Unpaid minimum required contributions for all prior years			28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....			29 0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....			30 0

Part VIII Minimum Required Contribution For Current Year			
31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6c)			31a 268243
b Excess assets, if applicable, but not greater than line 31a			31b 0
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	771815		72817
b Waiver amortization installment.....	0		0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount			33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....			34 341060
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	341060	341060
36 Additional cash requirement (line 34 minus line 35)			36 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)			37 0
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)			38a 0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....			38b
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)			39 0
40 Unpaid minimum required contributions for all years			40 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)			
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021			

Schedule SB, line 26a — Schedule of Active Participant Data

Attained age	Years of credited service										
	Under 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & up	Total
Under 25											
25–29	1										1
30–34		1									1
35–39	1			1	1						3
40–44			1								1
45–49	1										1
50–54	1	1			3			1			6
55–59					1	2	1		1		5
60–64					1	1					2
65–69					2						2
70 & up											
Total	4	2	1	1	8	3	1	1	1		22

In each cell, the top number is the count of active participants for each age/service combination

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

Actuarial assumptions

Discount rate sponsor elections			
• Segment rates or full yield curve	Segment		
• Look-back months	4		
		Stabilized	Nonstabilized
		PBGC	
• First 5 years		4.75%	3.62%
• Next 15 years		4.87%	4.46%
• Over 20 years		5.59%	5.15%
Mortality sponsor elections			
• Healthy participants	Section 430(h)(3) prescribed separate generational annuitant and nonannuitant mortality tables. These tables are based on the RP-2006 mortality tables with IRS-developed adjustments (RP-2014 mortality table, with improvements beyond 2006 removed) and projected with mortality improvement scale MP-2021.		
• Pre-1995 disabilities	Same as healthy		
• Post-1994 disabilities	Same as healthy		
417(e) lump sums	Not Applicable		
Other economic assumptions			
• Salary increases	Not Applicable		
• Inflation	2.20% per year		
• Expected investment return	4.68% for 2024, 5.20% for 2023 and 2.14% for 2022.		
• Expenses	\$217,000 added to current year normal cost		

Rationale for Economic Assumptions

- Discount Rate – Assumptions prescribed by IRS. The Plan Sponsor elected this methodology from alternative IRS prescribed options.
- Expected investment return – This assumption is based on the median (50th percentile) simulated investment return using capital market assumptions published in Mercer Investment Consulting’s Capital Markets Outlook for the plan’s target asset mix, offset for expected investment expenses.
- Expenses – Prior year’s administrative expenses adjusted for known events expected to have significant impact on expenses, including changes in PBGC premiums (rounded up to nearest \$1,000).

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

Demographic assumptions			
Withdrawal	See table of sample rates.		
Disability incidence	None		
Retirement age	Nondisabled active participants will retire at age 62 or attained age, if older.		
Benefit commencement age for			
(i) Future vested deferred	62		
(ii) Current vested deferred	62 (or attained age, if older)		
Spouse assumptions			
(i) Percentage married	80%	80%	
(ii) Spouse age difference	4 years younger	4 years older	
Form of payment	10 year certain and life annuity	100% J&S	50% J&S
Active retirements	20%	60%	20%
Future vested deferred	100%	0%	0%
Future deaths	0%	0%	100%
Current vested deferred	20%	60%	20%
Unpredictable contingent event assumptions	Not Applicable		

Table of sample rates

Attained age	Withdrawal	
	Male	Female
20	13.7%	13.7%
25	10.2%	10.2%
30	7.1%	7.1%
35	6.0%	6.0%
40	5.5%	5.5%
45	5.0%	5.0%
50	4.5%	4.5%
55	4.0%	4.0%
60	3.5%	3.5%

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

Rationale for Demographic Assumptions

- Mortality – Assumption prescribed by IRS.
- Withdrawal – Determined based on analysis from plan experience from the years 2012 to 2014 which reflects the employers' most recent best estimate of future experience.
- Retirement age – Determined based on analysis from plan experience from the years 2012 to 2014 which reflects the employers' most recent best estimate of future experience.
- Benefit commencement age – Determined based on analysis from plan experience from the years 2012 to 2014 which reflects the employers' most recent best estimate of future experience.

Actuarial methods

Asset methods

The asset valuation method is an average of the adjusted market value for each year during the last two years preceding the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110% and no less than 90% of the fair market value, as defined in IRC Section 430.

A characteristic of this asset method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than the market value.

Participant methods

Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan sponsor provides us with data on all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break in service on the valuation date are treated as terminated participants.
- **Insurance contracts:** The plan does not have any insurance contracts.
- **Transferred participants:** The liabilities for employees who have transferred into another business unit of the plan sponsor have been included with the liabilities for terminated vested participants; liabilities for employees who have transferred from another business unit of the plan sponsor have been included with the liabilities for active participants, with credited service from date of transfer.

Minimum funding methods

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

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

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual is the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.
- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2024

**This Form is Open to Public
Inspection**

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

▶ **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.

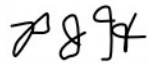
A Name of plan PULSAFEEDER, INC. PENSION PLAN FOR HOURLY EMPLOYEES AT ROCHESTER, NY		B Three-digit plan number (PN) ▶	053
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF PULSAFEEDER, INC. A UNIT OF IDEX CORPORATION		D Employer Identification Number (EIN) 36-3817998	
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B		F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500	

Part I Basic Information

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2024</u>			
2 Assets:			
a Market value	2a	4,406,642	
b Actuarial value	2b	4,847,306	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	40	3,085,142	3,085,142
b For terminated vested participants	9	451,168	451,168
c For active participants	22	1,413,219	1,439,520
d Total	71	4,949,529	4,975,830
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	<input type="checkbox"/>		
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	5.14%	
6 Target normal cost			
a Present value of current plan year accruals	6a	51,243	
b Expected plan-related expenses	6b	217,000	
c Target normal cost	6c	268,243	

Statement by Enrolled Actuary

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

SIGN HERE		9/11/2025
	Signature of actuary	Date
PHILIP HELPPI	Type or print name of actuary	2308575
		Most recent enrollment number
MERCER	Firm name	248-945-5562
		Telephone number (including area code)
ONE TOWNE SQUARE		
SOUTHFIELD MI 48076	Address of the firm	

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

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

**Schedule SB (Form 5500) 2024
v. 240311**

Part V Assumptions Used to Determine Funding Target and Target Normal Cost				
21 Discount rate:				
a Segment rates:	1st segment: 4.75%	2nd segment: 4.87%	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> 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..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....				27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years				
28 Unpaid minimum required contributions for all prior years				28 0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....				29 0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)				30 0

Part VIII Minimum Required Contribution For Current Year				
31 Target normal cost and excess assets (see instructions):				
a Target normal cost (line 6c).....				31a 268,243
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	771,815		72,817	
b Waiver amortization installment	0		0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount				33
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....				34 341,060
	Carryover balance	Prefunding balance	Total balance	
35 Balances elected for use to offset funding requirement	0	341,060	341,060	
36 Additional cash requirement (line 34 minus line 35).....				36 0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....				37 0
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances				38b
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)				39 0
40 Unpaid minimum required contributions for all years				40 0

Part IX Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)				
41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021				

Schedule SB, Part V — Summary of Plan Provisions**Summary of major plan provisions**

Effective date and plan year	Original plan: May 5, 1992 Plan year: Calendar year The plan was restated and signed October 13, 2009 and was last updated June 11, 2020 by the Agreement between Pulsafeeder, Inc. and IUE-CWA, AFL-CIO, local 81495 which expires June 2, 2028.
Status of the plan	The plan has ongoing benefit accruals for active employees in the Plan. Employees hired on or after June 1, 2023 will not be eligible to participate in the defined pension plan.
Significant events that occurred during the year	Updated benefit levels under the Agreement ratified on June 5, 2023.
Definitions	
• Name of plan	Pulsafeeder, Inc., Pension Plan for Hourly Employees at Rochester, New York.
• Plan and administration	The plan is a defined benefit pension plan and is administered by the Company.
• Employer	Pulsafeeder, Inc., a Unit of IDEX Corporation, Rochester, New York.
• Eligible employees	Any person who is employed by the Company and is represented for collective bargaining purposes by the Unions.
• Members	Any eligible employee became a plan member on May 5, 1992 if such employee was a “member” of the Retirement Plan for Hourly Employees of Lapp Division and Pulsafeeder Division of Interpace Corporation on May 5, 1992. Each other employee becomes a participant upon the completion of 12 full months of employment with the Company.
• Credited service and vesting service	Prior to May 6, 1992 Credited Service is calculated under the provisions of the prior Plan as in effect on May 5, 1992. Vesting Service is Credited Service. After May 5, 1992 The period (measured in full years and twelfths of a year) commencing with the first day of the month coincident with or next following the Participant’s Date of Hire or transfer to the Company (if later) and ending on the last day on which the Participant’s service with the company is severed. Vesting Service is Credited Service.
Normal retirement	
• Eligibility	Normal Retirement Date for an employee whose Date of Hire is before his/her 60th birthday, is the earlier of (a) his 62nd birthday and completion of 5 years of Credited Service, or (b) his 65th birthday. Normal Retirement Date for an employee whose Date of Hire is on or after his 60th birthday, is the fifth anniversary of the date on which the employee becomes a plan member.
• Benefit	The monthly benefit for each year of Credited Service for members of the International Union of Electronics, Electrical, Salaried, Machine and Furniture Workers of America – Communication Workers of America, AFL-CIO, Local 22485/81495 is as follows: Effective June 5, 1995 \$21.00

Schedule SB, Part V — Summary of Plan Provisions

Effective June 3, 1996	\$21.50
Effective June 2, 1997	\$22.00
Effective June 1, 1998	\$24.00
Effective June 7, 1999	\$24.50
Effective June 1, 2002	\$26.00
Effective June 1, 2004	\$26.50
Effective June 1, 2005	\$27.00
Effective June 1, 2006	\$29.50
Effective June 1, 2010	\$31.00
Effective June 1, 2012	\$31.50
Effective June 1, 2015	\$32.00
Effective June 1, 2016	\$32.25
Effective June 1, 2017	\$32.50
Effective June 1, 2018	\$33.00
Effective June 5, 2020	\$34.00*
Effective June 4, 2021	\$34.50
Effective June 5, 2023	\$35.50
Effective June 3, 2024	\$36.00
Effective June 2, 2025	\$36.50
Effective June 1, 2026	\$37.00
Effective June 7, 2027	\$37.50

The monthly benefit for each year of Credited Service for members of the International Association of Machinists, District No. 6, Lodge 1868, AFL-CIO is as follows:

Effective June 6, 1993	\$20.50
Effective June 10, 1996	\$21.50
Effective June 9, 1997	\$22.00
Effective June 8, 1998	\$22.50
Effective June 7, 1999	\$23.00

Early retirement

- Eligibility Any employee who has attained age 55 and who has completed at least 10 years of Credited Service may elect to receive his early retirement benefit.

- Benefit The early retirement benefit may be payable as:
 1. accrued monthly pension benefit commencing at age 62.
 2. accrued monthly pension benefit reduced by .5% (.333% if the employee has 20 or more years of Service) for each complete calendar month by which commencement of pension benefits precedes the attainment of age 62.

Deferred vested

- Eligibility Each employee who has completed 5 years of Vesting Service with the Company shall have a nonforfeitable right to his accrued monthly pension benefit.

 - Benefit If an employee terminates his employment prior to attaining his early retirement date, any benefits shall become payable upon the employee's attainment of his normal retirement age. The terminated employee may
-

Schedule SB, Part V — Summary of Plan Provisions

	elect to have the payment of benefits commence on the first day of any month coincident with or next following his early retirement age. These benefits are subject to early retirement reduction factors discussed in the above section.
Pre-retirement death	
• Eligibility	If a participant dies while eligible for early retirement, the spouse will be provided with 50% of the benefit the participant would have received if he had terminated employment the day before death and had elected a 50% joint and survivor annuity (where the benefit is reduced for survivor option, 50% continuation and early retirement).
• Benefit prior to early retirement	If a vested participant dies before becoming eligible for early retirement, the spouse can begin receiving this benefit on the earliest date the participant could have elected to retire.
Form of benefits	
• Automatic form for unmarried participants	Life Annuity with ten years payments certain.
• Automatic form for married participants	50% Joint and Survivor Annuity based on Actuarial Equivalence
• Optional forms	Benefits payable in a form other than a life annuity with ten years payments certain are actuarially equivalent to the life annuity with ten years payments certain benefit. 100%, 75%, and 50% Joint and Survivor Annuity
• Optional form conversion factors	Mortality: 1971 Group Mortality Table projected to 1978 with Scale E. Interest: 8%
Miscellaneous	
• Maximum compensation	Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually. For 2024, the limit is \$345,000.
• Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2024, the limit is \$275,000.

Benefits included or excluded

Unless noted below, all benefits provided by the plan, as restated and amended through June 5 2023, are included in this valuation:

- **Most recent plan amendments included:** June 5, 2023 collective bargaining agreement is included for ASC 715 purposes and funding purposes.
- **Plan amendments excluded:** None.
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all

Schedule SB, Part V — Summary of Plan Provisions

participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

Additional benefits included or excluded

- **IRC Section 436 benefit restrictions:**
 - *Unpredictable contingent event benefits:* This valuation excludes restricted contingent event benefits that occurred before the valuation date but includes contingent event benefits which are expected to occur on or after the valuation date regardless of anticipated funding-based limitations.
 - *Plan amendments:* See above.
 - *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
 - *Benefit accruals:* The plan's funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.
- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.

Plan provision changes since prior valuation

- Maximum compensation amounts and maximum benefit amounts under IRS rules were updated from 2023 to 2024.

Schedule SB, Line 32 — Schedule of Amortization Bases

The total shortfall amortization charge is the sum of the individual shortfall amortization installments for each plan year since the IRC Section 430 changes made by ARPA took effect for the plan. Although an individual shortfall amortization installment can be negative, the combined shortfall amortization charge cannot be less than \$0.

Shortfall bases

Year established	Outstanding balance	Years remaining	Installment
2023	\$ 581,971	14	\$ 55,545
2024	189,844	15	17,272
Total	\$ 771,815		\$ 72,817

Schedule SB, line 24 — Change in Actuarial Assumptions

- The expense component of normal cost increased from \$36,000 to \$217,000 to reflect our expectations for the current plan year.