

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

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: [] a multiemployer plan [] a multiple-employer plan... [X] a single-employer plan [] a DFE... B This return/report is: [] the first return/report [] the final return/report... C If the plan is a collectively-bargained plan, check here... [X] D Check box if filing under: [X] Form 5558 [] automatic extension... 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 WEIR FLOWAY, INC. PENSION PLAN DBPP
1b Three-digit plan number (PN) 002
1c Effective date of plan 01/17/1992
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) TRILLIUM PUMPS USA, INC. 945 BUNKER HILL ROAD SUITE 250 HOUSTON, TX 77024
2b Employer Identification Number (EIN) 77-0298303
2c Plan Sponsor's telephone number 559-442-4000
2d Business code (see instructions) 333200

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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

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

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor TRILLIUM FLOW TECHNOLOGIES RETIREMENT PLANS COMMITTEE 945 BUNKER HILL ROAD SUITE 250 HOUSTON, TX 77024	3b Administrator's EIN 77-0298303 3c Administrator's telephone number 559-442-4000
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4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
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5 Total number of participants at the beginning of the plan year	5	126
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6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).		
a(1) Total number of active participants at the beginning of the plan year	6a(1)	23
a(2) Total number of active participants at the end of the plan year	6a(2)	20
b Retired or separated participants receiving benefits.....	6b	62
c Other retired or separated participants entitled to future benefits	6c	24
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d	106
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e	16
f Total. Add lines 6d and 6e	6f	122
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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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 1I 3H

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

9a Plan funding arrangement (check all that apply) (1) <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	9b 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) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u> (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) <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>WEIR FLOWAY, INC. PENSION PLAN DBPP</u>	B Three-digit plan number (PN) ▶	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>TRILLIUM PUMPS USA, INC.</u>	D Employer Identification Number (EIN) <u>77-0298303</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 type="checkbox"/> 100 or fewer <input checked="" 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>7660153</u>
	b Actuarial value	2b	<u>7660153</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>76</u>	<u>6979266</u>
	b For terminated vested participants	<u>23</u>	<u>1198078</u>
	c For active participants	<u>23</u>	<u>1619798</u>
	d Total	<u>122</u>	<u>9797142</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>5.09 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>106000</u>
	c Target normal cost	6c	<u>106000</u>

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

SIGN HERE		<u>10/09/2025</u>
	Signature of actuary	Date
	<u>ZACHARY HARDER</u>	<u>23-09044</u>
	Type or print name of actuary	Most recent enrollment number
	<u>GALLAGHER BENEFIT SERVICES INC.</u>	<u>260-423-1071</u>
	Firm name	Telephone number (including area code)
	<u>110 BERRY ST, SUITE 1300</u> <u>FORT WAYNE, IN 46802</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	104053
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	104053
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>4.23</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		315
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>5.14</u> %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		13
c	Total available at beginning of current plan year to add to prefunding balance		328
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	78.12 %
15	Adjusted funding target attainment percentage	15	78.12 %
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	80.07 %
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		
04/03/2024	140655	0					
07/10/2024	140655	0					
09/11/2025	43696	0					
			Totals ▶	18(b)	325006	18(c)	0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	316127
20	Quarterly contributions and liquidity shortfalls:		
a	Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
b	If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input checked="" 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
0	0	0	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.75 %	2nd segment: 4.96 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)			21b 0
22 Weighted average retirement age			22 65
23 Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input 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 106000
b Excess assets, if applicable, but not greater than line 31a			31b 0
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	2145087	210096	
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 316096
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)			36 316096
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)			37 316127
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)			38a 31
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....			38b 0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)			39 0
40 Unpaid minimum required contributions for all years			40 0

Part IX Pension Funding Relief Under 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 C (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>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<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**

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

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

GALLAGHER BENEFIT SERVICES, INC.

52-2200060

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	160133	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)

AON CONSULTING

22-2232264

(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 15 16 50	NONE	146293	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

THE BANK OF NEW YORK MELLON

13-5160382

(b) 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?
21 26 28 50 51 62	NONE	33983	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

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)

BAKER TILLY US, LLP

39-0859910

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	26472	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"/>

(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.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name: DANIEL ETTTEL	b EIN: 52-2200060
c Position: ENROLLED ACTUARY	
d Address: 3600 AMERICAN BLVD WEST SUITE 500 BLOOMINGTON, MN 55431	e Telephone: 651-788-2909

Explanation: PREVIOUS ENROLLED ACTUARY LEFT THE COMPANY. PLAN WAS REASSIGNED.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 <hr/> 2024 <hr/> 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

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

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EB TEMPORARY INVESTMENT FUND</u>		
b Name of sponsor of entity listed in (a): <u>MELLON BANK, N.A.</u>		
c EIN-PN <u>25-6078093-023</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>149000</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>INTERNATIONAL EQUITY MULTI-STRATEGY</u>		
b Name of sponsor of entity listed in (a): <u>MELLON BANK, N.A.</u>		
c EIN-PN <u>25-6078093-102</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EB US INVEST. GRADE CORP LONG FUND</u>		
b Name of sponsor of entity listed in (a): <u>MELLON BANK, N.A.</u>		
c EIN-PN <u>25-6078093-220</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EB DV STOCK INDEX FUND</u>		
b Name of sponsor of entity listed in (a): <u>MELLON BANK, N.A.</u>		
c EIN-PN <u>25-6078093-010</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>DB SL INTERNATIONAL STOCK INDEX FD</u>		
b Name of sponsor of entity listed in (a): <u>MELLON BANK, N.A.</u>		
c EIN-PN <u>25-6078093-034</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BNY MELLON LONG DURATION</u>		
b Name of sponsor of entity listed in (a): <u>MELLON BANK, N.A.</u>		
c EIN-PN <u>25-6078093-138</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BNY MELLON MID CAP CORE FUND</u>		
b Name of sponsor of entity listed in (a): <u>MELLON BANK, N.A.</u>		
c EIN-PN <u>25-6078093-025</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: US SM CAP OPPORTUNISTIC VALUE FUND		
b Name of sponsor of entity listed in (a): MELLON BANK, N.A.		
c EIN-PN 25-6078093-303	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CAP EQUITY FUND		
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC		
c EIN-PN 37-6543784-002	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1010391
a Name of MTIA, CCT, PSA, or 103-12 IE: GLOBAL REAL ESTATE FUND		
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC		
c EIN-PN 37-6543784-006	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 504975
a Name of MTIA, CCT, PSA, or 103-12 IE: HIGH YIELD PLUS FUND		
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC		
c EIN-PN 37-6543784-007	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 275196
a Name of MTIA, CCT, PSA, or 103-12 IE: 20+ YEAR U.S. TREASURY STRIPS FUND		
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC		
c EIN-PN 37-6543784-036	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 857031
a Name of MTIA, CCT, PSA, or 103-12 IE: CORE REAL ESTATE FUND		
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC		
c EIN-PN 37-6543784-037	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: LONG CREDIT BOND FUND		
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC		
c EIN-PN 37-6543784-040	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2824406
a Name of MTIA, CCT, PSA, or 103-12 IE: MULTI-ASSET CREDIT FUND		
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC		
c EIN-PN 37-6543784-041	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: US LONG GOVERNMENT BOND INDEX FUND		
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC		
c EIN-PN 37-6543784-042	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20232
a Name of MTIA, CCT, PSA, or 103-12 IE: US INTERMEDIATE GOVERNMENT BOND		
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC		
c EIN-PN 37-6543784-043	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11918

a Name of MTIA, CCT, PSA, or 103-12 IE: NON-US EQUITY INDEX FUND		
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC		
c EIN-PN 37-6543784-044	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 682789
a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP EQUITY INDEX FUND		
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC		
c EIN-PN 37-6543784-045	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 201306
a Name of MTIA, CCT, PSA, or 103-12 IE: AON INTERMEDIATE CREDIT BOND FUND		
b Name of sponsor of entity listed in (a): AON TRUST COMPANY LLC		
c EIN-PN 37-6543784-038	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 82474
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

SCHEDULE H (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>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 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	
A Name of plan WEIR FLOWAY, INC. PENSION PLAN DBPP	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 TRILLIUM PUMPS USA, INC.	D Employer Identification Number (EIN) 77-0298303

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	499474	43696
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	4003	447
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	7173685	6619721
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	7677162	6663864
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	0	0
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	7677162	6663864

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	325006	
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		325006
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		0
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		198348
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		523354

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	891500	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		891500
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	26472	
(5) Investment advisory and investment management fees	2i(5)	75000	
(6) Bank or trust company trustee/custodial fees	2i(6)	33983	
(7) Actuarial fees	2i(7)	231426	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	278271	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		645152
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1536652

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-1013298
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

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

(2) EIN: **30-1413443**

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
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.)		X	
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	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 550219.

SCHEDULE R (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>	Retirement Plan Information This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<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

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....

1		0
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2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):
 EIN(s): 13-5160382

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....

3		2
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Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

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

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... Yes No N/A

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? Yes No N/A

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

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

a 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).....	14a	
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).....	14b	
c 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).....	14c	

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

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

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

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

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

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

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

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

Weir Floway, Inc. Pension Plan

Financial Statements and
Supplementary Information

December 31, 2024 and 2023

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Independent Auditors' Report

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

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

We have performed audits of the financial statements of Weir Floway, Inc. Pension 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 December 31, 2024 and 2023, and the related statements of changes in net assets available for benefits for the years then ended, and the statement of accumulated plan benefits as of December 31, 2023, and the related statement of changes in accumulated plan benefits for the year 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 Weir Floway, Inc. Pension Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the Plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of December 31, 2024 and 2023, and for the years ended December 31, 2024 and 2023, stating that the certified investment information, as described in Note 6 to the financial statements, is complete and accurate.

Opinion

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

- The amounts and disclosures in the 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).

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Weir Floway, Inc. Pension 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 Weir Floway, Inc. Pension Plan's ability to continue as a going concern for at least one year following the date that the financial statements are available to be issued.

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

Auditors' Responsibilities for the Audit of the Financial Statements

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Weir Floway, Inc. Pension 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 Weir Floway, Inc. Pension Plan's ability to continue as a going concern for a reasonable period of time.

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

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

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

Other Matter - Supplemental Schedules Required by ERISA

The supplemental schedules, Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2024, and Schedule H, Line 4(j) - Schedule of Reportable Transactions for the year ended December 31, 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

- The form and content of the supplemental schedules, other than the information in the supplemental schedules that agreed to or is derived from the certified investment information, are presented, in all material respects, in conformity with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.
- The information in the supplemental schedules related to assets held by and certified to by a qualified institution agrees to, or is derived from, in all material respects, the information prepared and certified by an institution that management determined meets the requirements of ERISA Section 103(a)(3)(C).

Baker Tilly US, LLP

Frisco, Texas
October 10, 2025

Weir Floway, Inc. Pension Plan

Statements of Net Assets Available for Benefits

December 31, 2024 and 2023

	2024	2023
Assets		
Investments		
Investments at fair value	\$ 6,619,721	\$ 7,173,685
Receivables		
Employer contributions	43,696	499,474
Interest and dividend income	447	4,003
Total receivables	44,143	503,477
Total assets	6,663,864	7,677,162
Liabilities		
Payables		
Accrued expenses	120,600	183,226
Total liabilities	120,600	183,226
Net assets available for benefits	\$ 6,543,264	\$ 7,493,936

See notes to financial statements

Weir Floway, Inc. Pension Plan

Statements of Changes in Net Assets Available for Benefits

Years Ended December 31, 2024 and 2023

	2024	2023
Additions		
Investment income		
Interest and dividends	\$ 10,740	\$ 42,264
Net appreciation in fair value of investments	187,609	476,917
Contributions		
Employer contributions	325,006	499,474
Total additions	523,355	1,018,655
Deductions		
Benefits paid to participants	891,500	6,539,307
Administrative expenses	582,527	367,712
Total deductions	1,474,027	6,907,019
Net decrease	(950,672)	(5,888,364)
Net assets available for benefits		
Beginning of year	7,493,936	13,382,300
End of year	\$ 6,543,264	\$ 7,493,936

See notes to financial statements

Weir Floway, Inc. Pension Plan

Statement of Accumulated Plan Benefits

December 31, 2023

Actuarial present value of accumulated plan benefits**Vested benefits**

Participants and beneficiaries currently receiving payments	\$ 6,429,448
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Other participants	2,870,231
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Total vested benefits	9,299,679
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Nonvested benefits	7,736
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Total actuarial present value of accumulated plan benefits	\$ 9,307,415
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Weir Floway, Inc. Pension Plan

Statement of Changes in Accumulated Plan Benefits

Year Ended December 31, 2023

Actuarial present value of accumulated plan benefits at beginning of year	\$ 15,444,452
Increase (decrease) during the year attributable to:	
Change in actuarial assumptions	(21,744)
Experience gains	(340,008)
Increase for interest due to decrease in discount period	764,022
Benefits paid	(6,539,307)
Net decrease	(6,137,037)
Actuarial present value of accumulated plan benefits at end of year	\$ 9,307,415

See notes to financial statements

Weir Floway, Inc. Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

1. Description of Plan

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

General

The Plan is a noncontributory defined benefit plan established effective January 17, 1992, as restated January 1, 2014. The Plan covers all employees of Trillium Pumps USA, Inc. and FR Flow Control Valves US Bidco, Inc. (collectively referred to as the Company or Employer). The accrual of future service benefits for all participants was frozen on December 31, 2002. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The Trillium Technologies Retirement Committee (the Committee) is responsible for oversight of the Plan. The Plan's Committee has appointed outside consultants to assist with the appropriateness of the Plan's investment offerings and monitor investment performance.

Funding Policy

The Plan's funding policy is for the Company to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. The minimum funding requirements of ERISA were met in 2024. Although it has not expressed any intent 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.

Pension Benefits

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

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

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

Death and Disability Benefits

If an active employee dies at age 55 or older, a death benefit equal to the value of the employee's accumulated pension benefit is paid to the employee's beneficiary. The surviving spouses of vested participants who die before retirement are entitled to 50% of the benefit that would have been payable if the participant had retired and elected the 50% joint and survivor annuity option. Disability benefits are paid until normal retirement age at which time disabled participants begin receiving normal retirement benefits computed as though they had been employed to normal retirement age with their annual compensation remaining the same as at the time they became disabled.

Active employees at Trillium Pumps USA, Inc., who become totally disabled and have completed certain vesting service requirements are eligible to receive annual disability benefits that are equal to the normal retirement benefits they have accumulated as of the time they become disabled.

Weir Floway, Inc. Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

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

2. Summary of Accounting Policies

Basis of Accounting

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

Use of Estimates

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

Investment Valuation and Income Recognition

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

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

Payment of Benefits

Benefits payments to participants are recorded upon distribution.

Administrative Expenses

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

Recent Accounting Standards

The SECURE 2.0 Act of 2022 was signed into law on December 29, 2022. This legislation includes a vast array of provisional changes to retirement plans, becoming effective in 2023 and beyond. Plan management adopted mandatory provisions effective for the year ended December 31, 2024, and continues to evaluate the impact of the adoption and implementation of this legislation on the Plan. The application of SECURE 2.0 Act did not have a material effect on the Plan's financial statements.

Weir Floway, Inc. Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

Subsequent Events

Subsequent events were evaluated through October 10, 2025, the date the financial statements were available to be issued.

3. Actuarial Present Value of Accumulated Plan Benefits

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

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

The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2024. Had the valuation been performed as of December 31, 2023, there would be no material differences. The significant actuarial assumptions used in the valuation were:

Assumptions

Interest rate	6.25% as of December 31, 2023 and 2022
Retirement age	Age 65
Mortality (healthy)	IRS 2024 Optional Combined Static Mortality Table for Small Plans
Mortality (disabled)	Revenue Ruling 96-7 Mortality Table for Disability

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.

Weir Floway, Inc. Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

4. Fair Value Measurements

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

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

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

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2024 and 2023.

Common collective trusts: Consisting of common collective trusts, valued at the net asset value (NAV) of units of a bank collective trust. The NAV, as provided by the issuer, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the common-collective trust, the issuer reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

Weir Floway, Inc. Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2024 and 2023:

Assets at Fair Value as of December 31, 2024	Level 1		Level 2		Level 3		Total
Total investments in the fair value hierarchy	\$	-	\$	-	\$	-	\$
Investments measured at net asset value (a)		-		-		-	6,619,721
Total investments at fair value	\$	-	\$	-	\$	-	\$ 6,619,721

Assets at Fair Value as of December 31, 2023	Level 1		Level 2		Level 3		Total
Total investments in the fair value hierarchy	\$	-	\$	-	\$	-	\$
Investments measured at net asset value (a)		-		-		-	7,173,685
Total investments at fair value	\$	-	\$	-	\$	-	\$ 7,173,685

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

Fair Value of Investments That Calculate Net Asset Value

The following table summarizes investments measured at fair value based on NAV per share as of December 31, 2024 and 2023. There are no participant redemption restrictions for these investments; the redemption notice period is applicable only to the Plan.

December 31, 2024	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Bond Funds (b)	\$ 3,214,227	\$ -	Daily	T-2
Blend Funds (a)	1,894,488	-	Daily	T-2
Real Estate Funds (c)	504,975	-	Daily	T-2
Government Fund (b)	857,031	-	Daily	T-0
Stable Value Fund (d)	149,000	-	Daily	T-2

Weir Floway, Inc. Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

December 31, 2023	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Bond Funds (b)	\$ 3,392,089	\$ -	Daily	T-2
Blend Funds (a)	1,970,754	-	Daily	T-2
Real Estate Funds (c)	578,260	-	Quarterly	T-2
Government Fund (b)	912,010	-	Daily	T-0
Stable Value Fund (d)	320,572	-	Daily	T-2

(a) Blended funds - The strategies include U.S. and international equity, event driven, value driven and long-term capital growth.

(b) Bonds and government funds - The strategies include U.S. and foreign government bonds and corporate bonds to receive steady returns over as specified period of time.

(c) Real estate funds - These strategies include capital appreciation through investments in various real estate investments.

(d) Stable value fund - These strategies include stable cash positions over an extended term.

5. Concentrations

As of December 31, 2024 and 2023, the Plan had investments of \$5,374,617 and \$5,515,255, respectively, that were concentrated in four different investments.

6. Information Certified by Trustee

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA for 2024 and 2023. Accordingly, Bank of New York Mellon/BNY Mellon, N.A., the Trustee of the Plan, has certified to the completeness and accuracy of all investments reported in the accompanying Statements of Net Assets Available for Benefits as of December 31, 2024 and 2023, and the supplemental Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) as of December 31, 2024, and the related investment activity reported in the Statements of Changes in Net Assets Available for Benefits for the years ended December 31, 2024 and 2023, and the information reported in the supplemental Schedule H, Line 4(j) - Schedule of Reportable Transactions for the year ended December 31, 2024. Such information was obtained by management and agreed to or derived from information certified as complete and accurate by a qualified institution.

7. Related-Party and Party in Interest Transactions

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

Weir Floway, Inc. Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

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

8. Plan Termination

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

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

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

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

9. Tax Status

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

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

Weir Floway, Inc. Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

10. Risks and Uncertainties

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

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

11. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2024 and 2023, to Form 5500:

	2024	2023
Net assets available for benefits per the financial statements	\$ 6,543,264	\$ 7,493,936
Add accrued expenses	120,600	183,226
Net assets available for benefits per Form 5500	\$ 6,663,864	\$ 7,677,162

The following reconciles the decrease in net assets per the financial statements for the years ended December 31, 2024 and 2023, to Form 5500:

	2024	2023
Decrease in net assets per the financial statements	\$ 950,672	\$ 5,888,364
Add accrued expenses for the prior year end	183,226	-
Less accrued expenses for the current year end	(120,600)	183,226
Decrease in net assets per Form 5500	\$ 888,046	\$ 5,705,138

Weir Floway, Inc. Pension Plan

Notes to Financial Statements

December 31, 2024 and 2023

12. Lump Sum Window

Effective September 19, 2023, the Plan was amended to include a limited lump sum distribution option window for certain participants. To be eligible, a participant must (1) have terminated employment prior to December 31, 2022, (2) not be employed during the period January 1, 2023, to November 1, 2023, (3) vested to any extent, and (4) is living on November 1, 2023. The participants were allowed to elect the limited lump sum distribution during the period beginning on September 18, 2023 and ending on October 19, 2023. The Plan completed the lump-sum window in November 2023 totaling approximately \$5 million to eligible participants. This amount is included in the Benefits Paid to Participants in the Statement of Changes in Net Assets Available for Benefits.

Weir Floway, Inc. Pension Plan

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

EIN: 77-0298303 Plan Number: 002

December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Common Collective Trusts				
	Aon Trust Company, LLC	Aon Long Credit Bond	\$ 3,097,237	\$ 2,824,406
	Aon Trust Company, LLC	Aon Large Cap Equity Index Fund	729,091	1,010,391
	Aon Trust Company, LLC	Aon 20+ Year U.S. Treasury STRIPS Fund	907,064	857,031
	Aon Trust Company, LLC	Aon Non-U.S. Equity Fund	639,129	682,789
	Aon Trust Company, LLC	Aon Global real Estate Fund CL I	455,011	504,975
	Aon Trust Company, LLC	Aon High Yield Plus Fund CL I	245,840	275,196
	Aon Trust Company, LLC	Aon Small Cap Equity Index Fund	176,062	201,306
*	Mellon Bank, N.A.	EB Temporary Investment Fund	149,000	149,000
	Aon Trust Company, LLC	Aon U.S. Intermediate Government Bond Index Fund	79,253	82,475
	Aon Trust Company, LLC	Aon Long Government Bond Index Fund	27,404	20,232
	Aon Trust Company, LLC	Aon Intermediate Credit Bond	11,554	11,920
Total common collective trusts			6,516,645	6,619,721
			\$ 6,516,645	\$ 6,619,721

*A party in interest as defined by ERISA.

Weir Floway, Inc. Pension Plan

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

EIN: 77-0298303 Plan Number: 002

Year Ended December 31, 2024

(a) Identity of Party	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses	(g) Cost	(h) Current Value	(i) Net Gain/ (Loss)
Single Transactions								
*	BNY Mellon, N.A.	EB Temporary Investment Fund	\$ 499,474	\$ -	\$ -	\$ -	\$ 499,474	\$ -
	Aon Trust Company LLC	Aon Long Credit Bond	-	400,000	-	-	455,083	(55,083)
Total Single Transactions			\$ 499,474	\$ 400,000	\$ -	\$ -	\$ 954,557	\$ (55,083)
Series Transactions								
*	BNY Mellon, N.A.	EB Temporary Investment Fund	\$ 1,631,212	\$ -	\$ -	\$ -	\$ 1,631,212	\$ -
*	BNY Mellon, N.A.	EB Temporary Investment Fund	-	1,802,785	-	-	1,802,785	-
	Aon Trust Company LLC	Aon 20+ Year U.S. Treasury STRIPS Fund	370,000	-	-	-	370,000	-
	Aon Trust Company LLC	Aon Long Credit Bond	-	565,000	-	-	642,132	(77,132)
Total Series Transactions			\$ 2,001,212	\$ 2,367,785	\$ -	\$ -	\$ 4,446,129	\$ (77,132)

*A party in interest as defined by ERISA.

Weir Floway, Inc. Pension Plan

EIN/PN: 77-0298303 / 002

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

Funding assumptions and methods selection and rationale

The following assumptions were selected by the plan's enrolled actuary. The asset valuation method was selected by the plan sponsor with the actuary's advice.

Non-prescribed demographic assumptions having a significant impact on the valuation are retirement rates, the frequency of optional forms of payment and the mortality tables. The mortality tables are prescribed by law. These demographic assumptions are reasonable given historic gain and loss experience of the plan.

The economic assumption that has a significant effect on the valuation is the interest rate. This assumption is prescribed by law.

Use of Models

Gallagher uses third-party software in the performance of annual actuarial valuations and projections. The model is intended to calculate the liabilities associated with the provisions of the plan using data and assumptions as of the measurement date under the funding rules and/or accounting standards specified in this report. Further, the model applies those funding rules and/or accounting standards to the liabilities derived and other inputs, such as plan assets and contributions, to generate many of the exhibits found in this report. Gallagher has an extensive review process whereby the results of the liability calculations are checked using detailed sample output, changes from year to year are summarized by source, and significant deviations from expectations are investigated. Other funding and/or accounting outputs are similarly reviewed in detail and at a high level for accuracy, reasonability and consistency with prior results. Gallagher also reviews the model when significant changes are made to the software. The review is performed by experts within the company who are familiar with applicable funding and/or accounting rules as well as the manner in which the model generates its output.

Future actuarial measurements

Future actuarial measurements may differ significantly from current measurements due to plan experience differing from that anticipated by the actuarial assumptions, changes expected as part of the natural operation of the methodology used for these measurements, and changes in plan provisions, applicable law or regulations. An analysis of the potential range of such future differences is beyond the scope of this report. However, an assessment of risks for the plan was performed.

Weir Floway, Inc. Pension Plan

EIN/PN: 77-0298303 / 002

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)

Prescribed Funding/PBGC Assumptions and Methods

The following assumptions and methods are prescribed by ERISA, as currently amended.

Interest rates

	2024 Plan Year	2023 Plan Year
Funding Rates – Constrained*		
First Segment Rate	4.75%	4.75%
Second Segment Rate	4.96%	5.00%
Third Segment Rate	5.59%	5.74%
Effective Interest Rate	5.09%	5.14%
Funding Rates – Unconstrained**		
First Segment Rate	4.37%	2.13%
Second Segment Rate	4.96%	3.62%
Third Segment Rate	4.95%	3.93%
Effective Interest Rate	4.91%	5.27%
PBGC Premium Funding Target Rates		
First Segment Rate	4.37%	2.13%
Second Segment Rate	4.96%	3.62%
Third Segment Rate	4.95%	3.93%
Effective Interest Rate	4.91%	5.27%

* Used for minimum funding and benefit restriction purposes.

** Used for maximum tax-deduction and ERISA 4010 reporting and low-default-risk obligation measure purposes.

The interest rates used for funding purposes are the Segment Rates with no lookback, constrained in accordance with relevant legislation.

Mortality

Mortality tables mandated by applicable law and regulation as specified in IRS Regulation 1.430(h)(3)-1, as amended in the Federal Register on October 20, 2023, in TD 9983, 88 FR 72357, applied on a static basis, using the blended annuitant/non-annuitant table applicable to small plans.

Lump Sum interest and mortality:

Interest Rate:	Forward rates implied by the funding interest rates (annuity substitution rule)
Mortality:	2024 IRC 417(e) Applicable Mortality table, as amended by IRS Notice 2023-73

Actuarial cost method

The Funding Target is the present value of accrued benefits based on compensation and service to date. The Target Normal Cost is the plan administrative expenses expected to be paid from plan assets during the year.

Weir Floway, Inc. Pension Plan

EIN/PN: 77-0298303 / 002

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)

Non-Prescribed Funding Assumptions and Methods

Optional Payment Form Election Percentage

50% of participants are assumed to elect a lump sum and 50% are assumed to elect a single life annuity

Withdrawal (illustrative years of service shown)

Service	Rate
0	21.6%
5	12.3%
10	7.4%
15	4.4%
20	2.5%
25	1.4%
30	0.8%
35	0.4%
40	0.2%
44+	0.1%

Disability (illustrative ages shown)

Age	Rate
20	0.0790%
25	0.1010%
30	0.1135%
35	0.1315%
40	0.1685%
45	0.2285%
50	0.3710%
55	0.7750%
60	1.3395%
64+	2.5530%

Retirement

Active Participants

Age	Rate
60 – 61	0.0%
62 – 69	20.0%
70+	100.0%

Terminated Vested Participants

Age 65

Weir Floway, Inc. Pension Plan

EIN/PN: 77-0298303 / 002

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (continued)

Non-Prescribed Funding Assumptions and Methods

Decrement timing

Middle of year decrements, with 100% retirement occurring at beginning of year.

Percent married

Males: 90%

Females: 60%

Age difference

Husbands are assumed to be 3 years older than their wives.

Market value of assets

Fair Value of Assets

Administrative expenses

Expected plan administrative expenses were added to the Target Normal Cost and were based on expected plan administrative expenses, rounded to the nearest thousand (equal to \$106,000 for the 2024 valuation).

Summary of Changes from the January 1, 2023 Valuation

- The interest rates were updated to those applicable to the current year in accordance with the requirements of the Internal Revenue Code and associated regulations.
- The mortality tables were updated according to the current legislation as specified in IRS Regulation 1.430(h)(3)-1, as amended in the Federal Register on October 20, 2023, in TD 9983, 88 FR 72357, applied on a static basis.
- A change in termination rates from Sarason's T-3 in 2023 to the Society of Actuaries Small (1000 lives or less) Plan Service Table in 2024

Weir Floway, Inc. Pension Plan

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

EIN: 77-0298303 Plan Number: 002

Year Ended December 31, 2024

(a) Identity of Party	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expenses	(g) Cost	(h) Current Value	(i) Net Gain/ (Loss)
Single Transactions								
*	BNY Mellon, N.A.	\$ 499,474	\$ -	\$ -	\$ -	\$ 499,474	\$ 499,474	\$ -
	EB Temporary Investment Fund							
	Aon Trust Company LLC	-	400,000	-	-	455,083	400,000	(55,083)
	Aon Long Credit Bond							
	Total Single Transactions	\$ 499,474	\$ 400,000	\$ -	\$ -	\$ 954,557	\$ 899,474	\$ (55,083)
Series Transactions								
*	BNY Mellon, N.A.	\$ 1,631,212	\$ -	\$ -	\$ -	\$ 1,631,212	\$ 1,631,212	\$ -
	EB Temporary Investment Fund							
*	BNY Mellon, N.A.	-	1,802,785	-	-	1,802,785	1,802,785	-
	EB Temporary Investment Fund							
	Aon Trust Company LLC	370,000	-	-	-	370,000	370,000	-
	Aon 20+ Year U.S. Treasury STRIPS Fund							
	Aon Trust Company LLC	-	565,000	-	-	642,132	565,000	(77,132)
	Aon Long Credit Bond							
	Total Series Transactions	\$ 2,001,212	\$ 2,367,785	\$ -	\$ -	\$ 4,446,129	\$ 4,368,997	\$ (77,132)

*A party in interest as defined by ERISA.

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.	OMB No. 1210-0110 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 WEIR FLOWAY, INC. PENSION PLAN DBPP	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF TRILLIUM PUMPS USA, INC.	D Employer Identification Number (EIN) 77-0298303	
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 type="checkbox"/> 100 or fewer <input checked="" 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	7,660,153	
b Actuarial value.....	2b	7,660,153	
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.....	76	6,979,266	6,979,266
b For terminated vested participants	23	1,198,078	1,198,078
c For active participants.....	23	1,619,798	1,627,896
d Total.....	122	9,797,142	9,805,240
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		5.09%
6 Target normal cost			
a Present value of current plan year accruals	6a		0
b Expected plan-related expenses	6b		106,000
c Target normal cost	6c		106,000

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

SIGN HERE	Zachary Harder <u>ZH</u>	10/09/2025
	Signature of actuary	Date
Zachary Harder	Type or print name of actuary	2309044
	Firm name	Most recent enrollment number
GALLAGHER BENEFIT SERVICES INC.	Firm name	260-423-1071
	Address of the firm	Telephone number (including area code)
110 Berry St, Suite 1300	Address of the firm	
Fort Wayne IN 46802	Address of the firm	

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

21 Discount rate:

a Segment rates:	1st segment: 4.75%	2nd segment: 4.96%	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code).....	21b			0

22 Weighted average retirement age 22 65

23 Mortality table(s) (see instructions) Prescribed - combined Prescribed - separate Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment..... Yes No

26 Demographic and benefit information

a Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. Yes No

b Is the plan required to provide a projection of expected benefit payments? If "Yes," see instructions regarding required attachment ... Yes No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment..... 27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years 28 0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... 29 0

30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)..... 30 0

Part VIII Minimum Required Contribution For Current Year

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

a Target normal cost (line 6c).....	31a	106,000
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	2,145,087	210,096
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).... 34 316,096

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36		316,096
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37		316,127

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

a Total (excess, if any, of line 37 over line 36)	38a	31
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)..... 39 0

40 Unpaid minimum required contributions for all years 40 0

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

41 If an election was made to use the extended amortization rule for a plan year beginning on or before December 31, 2021, check the box to indicate the first plan year for which the rule applies. 2019 2020 2021

Weir Floway, Inc. Pension Plan

EIN/PN: 77-0298303 / 002

Schedule SB, Line 22 – Description of Weighted Average Retirement Age

This table calculates the weighted average retirement age for all active persons in the plan

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
62	15.9745	0.1971	3.1492	195.2491
63	15.4148	0.1968	3.0329	191.0747
64	12.9327	0.1963	2.5388	162.4855
65	9.9656	0.1963	1.9559	127.1339
66	7.6756	0.1962	1.5062	99.4069
67	5.9095	0.1962	1.1593	77.6724
68	5.5473	0.1961	1.0880	73.9820
69	4.2665	0.1960	0.8364	57.7128
70	3.2786	1.0000	<u>3.2786</u>	<u>229.5010</u>
Total			18.5453	1,214.2182
Weighted Average Retirement Age = 1,214.2182 / 18.5453				65.47
Rounded Weighted Average Retirement Age				65

Note to Column 2: The Expected Active Headcount for each age includes persons who are eligible to retire and persons who are not eligible to retire at each age.

Note to Column 3: At each age, these retirement rates are a weighted average of the rates shown in Attachment to Part V for active participants eligible to retire at the age and zero for all other active participants.

General note: The table presents values rounded to fewer significant digits than used in the calculation.

Weir Floway, Inc. Pension Plan

EIN/PN: 77-0298303 / 002

Schedule SB, Part V – Summary of Plan Provisions

Except as noted in this report, this valuation is based on the Plan's provisions as of the January 1, 2024 valuation date. Any amendments to the Plan's provisions that are adopted or are effective after the January 1, 2024 valuation date are not reflected in this valuation except as noted in this report.

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

Effective date

January 17, 1992

Amended October 1, 2015

Amended November 8, 2023

Plan Year

January 1 to December 31.

Eligibility

The first of the month coincident with or next following the one-year anniversary with the company provided the employee has worked 1,000 hours during that 12-month period. The plan is frozen effective December 31, 2002 and therefore not open to new participants.

Eligibility service

Each hour of service worked plus vacations, holidays, sick days, layoff, jury duty and military duty.

Vesting service

Full years and months from date of employment with the company (or any participating company under the Pullman Company Retirement Plan) to termination date.

Credited service

Full and partial years of service in order to determine the accrued benefit. Participants are credited with their years of service under The Pullman Plan. Credited service will no longer be accrued effective December 31, 2002 due to the plan freeze.

Normal retirement date

First of month coincident with or next following the attainment of age 65.

Normal retirement benefit

Accrued benefit as of the participant's normal retirement date.

Late retirement benefit

A participant may continue in the employment after his normal retirement date. In such event, he will receive at actual retirement a benefit based on service and compensation as of actual retirement date.

Weir Floway, Inc. Pension Plan

EIN/PN: 77-0298303 / 002

Schedule SB, Part V – Summary of Plan Provisions (continued)

Participants who were members of the Weir Floway, Inc. Pension Plan in 2013 (continued)

Early retirement benefit

Upon the completion of five years of vesting service and the attainment of age 55, a participant may elect to retire and may receive an immediate benefit equal to the normal retirement benefit based on service at early retirement and appropriately reduced for early retirement.

Compensation

Total compensation, including overtime, shift premiums, commissions, bonuses, and pre-tax contributions to company-sponsored plans up to the IRC compensation limit, but not including reimbursement or other expense allowances. Compensation after December 31, 2002 is not considered in the computation of plan benefits.

Final Average Compensation

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

Covered Compensation

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

Accrued Benefit

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

Minimum Accrued Benefit

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

Disability Benefit

Eligibility

Total disability as determined by the committee following completion of 10 years of vesting service.

Benefit

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

Weir Floway, Inc. Pension Plan

EIN/PN: 77-0298303 / 002

Schedule SB, Part V – Summary of Plan Provisions (continued)

Participants who were members of the Weir Floway, Inc. Pension Plan in 2013 (continued)

Death Benefit

Eligibility

Spouses of vested participants who die before retirement.

Benefit

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

Severance Benefit Eligibility

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

Years of Service	Vested Percent
Fewer than 5	0%
5 or more	100%

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

Normal Form of Payment

Annuity paid in monthly installments for life.

Optional Forms of Payment

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

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

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

Weir Floway, Inc. Pension Plan

EIN/PN: 77-0298303 / 002

Schedule SB, Part V – Summary of Plan Provisions (continued)

Participants who were members of the Weir Floway, Inc. Pension Plan in 2013 (continued)

Additional Information

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

Changes in Plan Provisions

There were no changes in plan provisions for the plan year.

Weir Floway, Inc. Pension Plan

EIN/PN: 77-0298303 / 002

Schedule SB, Part V – Summary of Plan Provisions (continued)

Participants Who Were Members of the Weir Valves & Controls Plan A in 2013 (continued)

Effective Date

January 1, 1963; amended and restated effective October 1, 1997; amended effective October 1, 2005; amended and restated effective October 1, 2008; amended November 8, 2023.

Plan Year

October 1 to September 30.

Coverage

The plan covers all employees who were hired prior to July 1, 2002 and were covered under a collective bargaining agreement between the employer and Local No. 279, Electrical, Radio and Machine Workers of America (UE).

Eligibility

An employee will become a participant on the first day of the month coincident with or next following the completion one year of eligibility service and attainment of age 21.

Year of Eligibility Service

A year of eligibility service is an elapsed period of 12 months.

Year of Service

One year of service is credited for each calendar year during which an employee completes 1,000 or more hours of service.

Year of Credited Service

One year of credited service is credited for each calendar year during which an employee completes 1,600 or more hours of service. If fewer than 1,600 hours are completed, a partial year equal to the ratio of actual hours to 1,600, rounded up to the next tenth of a year is credited.

Normal Retirement Date

First of month coincident with or next following the attainment of age 65.

Normal Retirement Benefit

The monthly normal retirement benefit is equal to years of credited service multiplied by:

1. \$21.00 if normal retirement date occurs after February 3, 2005 and before February 11, 2006.
2. \$21.50 if normal retirement date occurs after February 10, 2006 and before February 11, 2007.
3. \$22.00 if normal retirement date occurs after February 10, 2007 and before February 11, 2008.
4. \$23.00 if normal retirement date occurs after February 10, 2008.

The Plan was frozen effective September 30, 2009

Weir Floway, Inc. Pension Plan

EIN/PN: 77-0298303 / 002

Schedule SB, Part V – Summary of Plan Provisions (continued)

Participants Who Were Members of the Weir Valves & Controls Plan A in 2013 (continued)

Normal Form of Payment

The normal form of payment is a life annuity. A participant who is married at time of benefit commencement will automatically receive a reduced 50% joint and contingent annuity unless he elects one of the optional forms of payment.

Optional Forms of Payment

A participant may elect (with spouse's consent, if required) any one of the following forms of payment:

1. Contingent annuitant option.
2. Social Security adjustment option.
3. Life annuity.
4. 10-year certain and life.
5. Lump sum.

Early Retirement Date

A participant may retire early upon attaining age 55 and completing at least 15 years of credited service.

Early Retirement Benefit

The benefit payable upon early retirement is the participant's accrued normal retirement benefit reduced 6% for each year that the payments begin prior to normal retirement date.

Deferred Retirement Benefit

If a participant works past normal retirement date, the benefit payable on the deferred retirement date will be the greater of (a) the benefit calculated using years of credited service as of the participant's actual retirement date or (b) the actuarial equivalent of the participant's accrued benefit as of the later of the participant's normal retirement date or the close of the preceding plan year.

Vesting

Participants are 100% vested upon the earlier of (a) completion of five years of service or (b) attainment of normal retirement age.

Vested Terminated Benefit

The vested accrued benefit of a terminated participant is payable as a monthly pension at age 65. It may be payable as early as age 55. The benefit payable before age 65 will be the early retirement benefit.

Preretirement Death

A married vested participant who is active or has terminated but has not yet commenced receiving benefits is covered by a preretirement death benefit.

Weir Floway, Inc. Pension Plan

EIN/PN: 77-0298303 / 002

Schedule SB, Part V – Summary of Plan Provisions (continued)

Participants Who Were Members of the Weir Valves & Controls Plan A in 2013 (continued)

Preretirement Death Benefit

The amount of the preretirement death benefit is 50% of the participant's accrued benefit at death reduced for early commencement and the assumed election of a 50% joint and contingent annuity.

Disability Retirement

A participant who is totally and permanently disabled and has completed at least 15 years of credited service may begin receiving an unreduced accrued benefit immediately.

Funding

The company pays for the entire cost of the plan.

Changes in Plan Provisions

There were no changes in plan provisions for the plan year.

Weir Floway, Inc. Pension Plan

EIN/PN: 77-0298303 / 002

Schedule SB, Part V – Summary of Plan Provisions (continued)

Participants Who Were Members of the Weir Valves & Controls Plan B in 2013

Effective Date

January 1, 1976; amended and restated effective October 1, 1997; amended and restated effective October 1, 2008; amended November 8, 2023.

Plan Year

October 1 to September 30.

Coverage

The plan covers all employees who were hired prior to July 1, 2002 and were not accruing benefits under any other defined benefit pension plan maintained by the employer.

Eligibility Requirements

An employee will become a participant on the first day of the month coincident with or next following the completion one year of eligibility service and attainment of age 21.

Year of Eligibility Service

A year of eligibility service is credited for a 12-month period during which an employee completes 1,000 or more hours of service. If this is not achieved during the first year of employment, then the period will be a calendar year.

Year of Service

One year of service is credited for each calendar year during which an employee completes 1,000 or more hours of service.

Year of Credited Service

One year of credited service is credited for each calendar year during which an employee completes 1,000 or more hours of service.

Compensation

Compensation is defined as compensation paid by the employer excluding amounts received from nonqualified stock options, distributions to or from a deferred compensation plan and certain other compensation.

Average Annual Compensation

Average annual compensation over the highest five consecutive calendar years out of the last 10 consecutive calendar years that produce the highest average.

Normal Retirement Date

First of month coincident with or following the later of (1) age 65 and (2) the fifth anniversary of the date of the participant first entered the plan.

Weir Floway, Inc. Pension Plan

EIN/PN: 77-0298303 / 002

Schedule SB, Part V – Summary of Plan Provisions (continued)

Participants Who Were Members of the Weir Valves & Controls Plan B in 2013 (continued)

Normal Retirement Benefit

The annual normal retirement benefit is equal to [(1) + (2)] multiplied by (3):

1. 1.1% of average annual compensation.
2. 0.6% of average annual compensation in excess of covered compensation.
3. Years of credited service, not in excess of 30 years.

Certain participants are entitled to additional benefit from a prior plan as of December 31, 1975. The plan was frozen effective September 30, 2009.

Normal Form of Payment

The normal form of payment is a life annuity. A participant who is married at time of benefit commencement will automatically receive a reduced 50% joint and contingent annuity unless he elects one of the optional forms of payment.

Optional Forms of Payment

A participant may elect (with spouse's consent, if required) any one of the following forms of payment:

1. Contingent annuitant option with cash refund.
2. Social Security adjustment option with cash refund.
3. Life annuity with cash refund.
4. Life annuity.
5. 10-year certain and life.
6. Lump sum.

Early Retirement Date

A participant may retire early upon attaining age 55 and completing at least 10 years of credited service.

Early Retirement Benefit

The benefit payable upon early retirement is the participant's accrued normal retirement benefit reduced 6% for each year that the payments begin prior to normal retirement date.

Deferred Retirement Benefit

If a participant works past normal retirement date, the benefit payable on the deferred retirement date will be the greater of (a) the benefit calculated using years of credited service as of the participant's actual retirement date or (b) the actuarial equivalent of the participant's accrued benefit as of the later of the participant's normal retirement date or the close of the preceding plan year.

Vesting

Participants are 100% vested upon the earlier of (a) completion of five years of service or (b) attainment of normal retirement age.

Weir Floway, Inc. Pension Plan

EIN/PN: 77-0298303 / 002

Schedule SB, Part V – Summary of Plan Provisions (continued)

Participants Who Were Members of the Weir Valves & Controls Plan B in 2013 (continued)

Vested Terminated Benefit

The vested accrued benefit of a terminated participant is payable as a monthly pension at age 65. It may be payable as early as age 55. The benefit payable before age 65 will be the early retirement benefit.

Preretirement Death

A married vested participant who is active or has terminated but has not yet commenced receiving benefits is covered by a preretirement death benefit.

Preretirement Death Benefit

The amount of the preretirement death benefit is 50% of the participant's accrued benefit at death reduced for early commencement and the assumed election of a 50% joint and contingent annuity.

Disability Retirement

A participant who is totally and permanently disabled may begin receiving an unreduced accrued benefit immediately.

Funding

The company pays for the entire cost of the plan.

Changes in Plan Provisions

There were no changes in plan provisions for the plan year.

Weir Floway, Inc. Pension Plan

EIN/PN: 77-0298303 / 002

Schedule SB, Part V – Summary of Plan Provisions (continued)

Participants Who Were Members of the Weir Valves & Controls Plan C in 2013

Effective Date

August 1, 1976; amended and restated effective October 1, 1997; amended and restated effective October 1, 2008; amended November 8, 2023.

Plan Year

October 1 to September 30.

Coverage

The plan covers all employees who were hired on an hourly basis at the North Carolina Division prior to July 1, 2002.

Eligibility

An employee will become a participant on the first day of the month coincident with or next following the completion one year of eligibility service and attainment of age 21.

Year of Eligibility Service

A year of eligibility service is credited for a 12-month period during which an employee completes 1,000 or more hours of service.

Year of Service

One year of service is credited for each calendar year during which an employee completes 1,000 or more hours of service.

Year of Credited Service

One year of credited service is credited for each calendar year during which an employee completes 1,600 or more hours of service. If fewer than 1,600 hours are completed, a partial year equal to the ratio of actual hours to 1,600, rounded up to the next tenth of a year is credited, provided at least 1,000 hours are completed.

Normal Retirement Date

First of month coincident with or next following the attainment of age 65.

Normal Retirement Benefit

The monthly normal retirement benefit is equal to years of credited service multiplied by \$16.50. The plan was frozen effective September 30, 2009.

Normal Form of Payment

The normal form of payment is a life annuity. A participant who is married at time of benefit commencement will automatically receive a reduced 50% joint and contingent annuity unless he elects one of the optional forms of payment.

Weir Floway, Inc. Pension Plan

EIN/PN: 77-0298303 / 002

Schedule SB, Part V – Summary of Plan Provisions (continued)

Participants Who Were Members of the Weir Valves & Controls Plan C in 2013 (continued)

Optional Forms of Payment

A participant may elect (with spouse's consent, if required) any one of the following forms of payment:

1. Contingent annuitant option.
2. Social Security adjustment option.
3. Life annuity.
4. 10-year certain and life.
5. Lump sum.

Early Retirement Date

A participant may retire early upon attaining age 55 and completing at least 15 years of credited service.

Early Retirement Benefit

The benefit payable upon early retirement is the participant's accrued normal retirement benefit reduced 6% for each year that the payments begin prior to normal retirement date.

Deferred Retirement Benefit

If a participant works past normal retirement date, the benefit payable on the deferred retirement date will be the greater of (a) the benefit calculated using years of credited service as of the participant's actual retirement date or (b) the actuarial equivalent of the participant's accrued benefit as of the later of the participant's normal retirement date or the close of the preceding plan year.

Vesting

Participants are 100% vested upon the earlier of (a) completion of five years of service or (b) attainment of normal retirement age.

Vested Terminated Benefit

The vested accrued benefit of a terminated participant is payable as a monthly pension at age 65. It may be payable as early as age 55. The benefit payable before age 65 will be the early retirement benefit.

Preretirement Death

A married vested participant who is active or has terminated but has not yet commenced receiving benefits is covered by a preretirement death benefit.

Preretirement Death Benefit

The amount of the preretirement death benefit is 50% of the participant's accrued benefit at death reduced for early commencement and the assumed election of a 50% joint and contingent annuity.

Weir Floway, Inc. Pension Plan

EIN/PN: 77-0298303 / 002

Schedule SB, Part V – Summary of Plan Provisions (continued)

Participants Who Were Members of the Weir Valves & Controls Plan C in 2013 (continued)

Disability Retirement

A participant who is totally and permanently disabled and has completed at least 15 years of credited service may begin receiving an unreduced accrued benefit immediately.

Funding

The company pays for the entire cost of the plan.

Changes in Plan Provisions

There were no changes in plan provisions for the plan year.

Weir Floway, Inc. Pension Plan

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

EIN: 77-0298303 Plan Number: 002

December 31, 2024

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Common Collective Trusts				
	Aon Trust Company, LLC	Aon Long Credit Bond	\$ 3,097,237	\$ 2,824,406
	Aon Trust Company, LLC	Aon Large Cap Equity Index Fund	729,091	1,010,391
	Aon Trust Company, LLC	Aon 20+ Year U.S. Treasury STRIPS Fund	907,064	857,031
	Aon Trust Company, LLC	Aon Non-U.S. Equity Fund	639,129	682,789
	Aon Trust Company, LLC	Aon Global real Estate Fund CL I	455,011	504,975
	Aon Trust Company, LLC	Aon High Yield Plus Fund CL I	245,840	275,196
	Aon Trust Company, LLC	Aon Small Cap Equity Index Fund	176,062	201,306
*	Mellon Bank, N.A.	EB Temporary Investment Fund	149,000	149,000
	Aon Trust Company, LLC	Aon U.S. Intermediate Government Bond Index Fund	79,253	82,475
	Aon Trust Company, LLC	Aon Long Government Bond Index Fund	27,404	20,232
	Aon Trust Company, LLC	Aon Intermediate Credit Bond	11,554	11,920
Total common collective trusts			6,516,645	6,619,721
			\$ 6,516,645	\$ 6,619,721

*A party in interest as defined by ERISA.

Weir Floway, Inc. Pension Plan
EIN/PN: 77-0298303 / 002

Schedule SB, Line 32 – Schedule of Amortization Bases

Date Established	Type Of Base	Years Remaining	Shortfall Amortization Installment	Present Value of Remaining Installments as of January 1, 2024
January 1, 2023	Shortfall	14	\$ 302,617	\$ 3,157,393
January 1, 2024	Shortfall	15	<u>(92,521)</u>	<u>(1,012,306)</u>
Total			\$ 210,096	\$ 2,145,087

Weir Floway, Inc. Pension Plan

EIN/PN: 77-0298303 / 002

Schedule SB, Line 24 – Change in Actuarial Assumptions

Non-Prescribed Funding Assumptions and Methods

- A change in termination rates from Sarason's T-3 in 2023 to the Society of Actuaries Small (1000 lives or less) Plan Service Table in 2024. The rates were updated to reflect the most recent standard table available for private pension plans published by the Society of Actuaries.