

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

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... 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 MET-PRO TECHNOLOGIES LLC CONSOLIDATED PENSION PLAN
1b Three-digit plan number (PN) 001
1c Effective date of plan 09/01/1968
2a Plan sponsor's name (employer, if for a single-employer plan) MET-PRO TECHNOLOGIES LLC
2b Employer Identification Number (EIN) 46-2630972
2c Plan Sponsor's telephone number 469-516-5823
2d Business code (see instructions) 339900

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.

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN	
	4d PN	
5 Total number of participants at the beginning of the plan year	5	518
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1)	28
	6a(2)	27
	6b	295
	6c	95
	6d	417
	6e	93
	6f	510
	6g(1)	
6g(2)		
6h		0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

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

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules	b General Schedules
(1) <input checked="" type="checkbox"/> R (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> H (Financial Information)
(2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> I (Financial Information – Small Plan)
(3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input type="checkbox"/> A (Insurance Information) – Number Attached <u>0</u>
(4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> C (Service Provider Information)
(5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	(5) <input type="checkbox"/> D (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> G (Financial Transaction Schedules)

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

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

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

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

11c Enter the Receipt Confirmation Code for the 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>MET-PRO TECHNOLOGIES LLC CONSOLIDATED PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>MET-PRO TECHNOLOGIES LLC</u>	D Employer Identification Number (EIN) <u>46-2630972</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 type="checkbox"/> 101-500 <input checked="" 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>23450774</u>
	b Actuarial value	2b	<u>24244900</u>
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment	<u>374</u>	<u>19991757</u>
	b For terminated vested participants	<u>119</u>	<u>4696685</u>
	c For active participants	<u>28</u>	<u>1341919</u>
	d Total	<u>521</u>	<u>26030361</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>5.05 %</u>
6	Target normal cost		
	a Present value of current plan year accruals	6a	<u>0</u>
	b Expected plan-related expenses	6b	<u>390000</u>
	c Target normal cost	6c	<u>390000</u>

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

SIGN HERE			
	Signature of actuary	<u>10/06/2025</u>	Date
	<u>DAVID B. REID</u>	<u>23-06971</u>	Most recent enrollment number
	Type or print name of actuary	<u>215-587-0700</u>	Telephone number (including area code)
	<u>CBIZ</u>		
	Firm name		
	<u>1845 WALNUT STREET, 10TH FLOOR PHILADELPHIA, PA 19103</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	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>16.01</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)		118
	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>5.18</u> %		6
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		124
	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	93.14 %
15	Adjusted funding target attainment percentage	15	93.14 %
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	90.00 %
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		
04/12/2024	203510	0					
07/12/2024	126867	0					
10/04/2024	126867	0					
01/10/2025	124000	0					
			Totals ▶	18(b)	581244	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	564488
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: 4.87 %	3rd segment: 5.59 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 64
23 Mortality table(s) (see instructions)	<input type="checkbox"/> Prescribed - combined	<input checked="" type="checkbox"/> Prescribed - separate	<input type="checkbox"/> Substitute	

Part VI Miscellaneous Items				
24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... <input type="checkbox"/> Yes <input checked="" 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 390000
b Excess assets, if applicable, but not greater than line 31a				31b 0
32 Amortization installments:	Outstanding Balance		Installment	
a Net shortfall amortization installment	1785461		173852	
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 563852
	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 563852
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)				37 564488
38 Present value of excess contributions for current year (see instructions)				
a Total (excess, if any, of line 37 over line 36)				38a 636
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 MET-PRO TECHNOLOGIES LLC CONSOLIDATED PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 MET-PRO TECHNOLOGIES LLC	D Employer Identification Number (EIN) 46-2630972	

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)

UBS FINANCIAL SERVICES INC.

1285 AVENUE OF THE AMERICANS
NEW YORK, NY 10019

13-2638166

(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?
27 51	NONE	50024	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

COMERICA BANK

411 W. LAFAYETTE AVE.
DETROIT, NY 48226

42-1741646

(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?
18 19 21 28 37 38 49 59 60 62 64 72 99	NONE	27356	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" 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

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(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:	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:

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

Explanation:

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.	<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 MET-PRO TECHNOLOGIES LLC CONSOLIDATED PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 MET-PRO TECHNOLOGIES LLC	D Employer Identification Number (EIN) 46-2630972

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.

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a 0	0
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1) 878200	124000
(2) Participant contributions	1b(2)	
(3) Other	1b(3) 22156	32323
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1) 288366	165788
(2) U.S. Government securities	1c(2) 430	392
(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)	
(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) 22335195	24945791
(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	23524347	25268294
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	23524347	25268294

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)	581244	
(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)		581244
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	22	
(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)		22
(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)	639925	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		639925
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	414958	
(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)		
(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)		2257298
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		3893447

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2072798	
(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)		2072798
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)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	26678	
(7) Actuarial fees	2i(7)	50024	
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		76702
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2149500

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1743947
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: **KATZ SAPPER & MILLER, LLP**

(2) EIN: **35-1090346**

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		5000000
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 558131.

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>MET-PRO TECHNOLOGIES LLC CONSOLIDATED PENSION PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MET-PRO TECHNOLOGIES LLC</u>	D Employer Identification Number (EIN) <u>46-2630972</u>	

Part I	Distributions
---------------	----------------------

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

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

1	<u>0</u>
----------	----------

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): 42-1741646

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	<u>0</u>
----------	----------

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? Yes No N/A
If the plan is a defined benefit plan, go to line 8.

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

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

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

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

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

Part III	Amendments
-----------------	-------------------

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? Yes No

11 a Does the ESOP hold any preferred stock? Yes No

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) Yes No

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? Yes No

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 _____.

**MET-PRO TECHNOLOGIES LLC CONSOLIDATED
PENSION PLAN**

FINANCIAL STATEMENTS
AND
INDEPENDENT AUDITOR'S REPORT

December 31, 2024 and 2023



Katz, Sapper & Miller, LLP
Certified Public Accountants

MET-PRO TECHNOLOGIES LLC CONSOLIDATED PENSION PLAN

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Independent Auditor's Report

To the Plan Administrator
Met-Pro Technologies LLC Consolidated Pension Plan

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

We have audited the accompanying financial statements of Met-Pro Technologies LLC Consolidated Pension 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 statement of changes in net assets available for benefits for the year ended December 31, 2024, and the related notes to the financial statements.

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

Management has obtained a certification from a qualified institution as of December 31, 2024 and 2023, and for the year ended December 31, 2024, stating that the certified investment information, as described in Note 4 to the financial statements, is complete and accurate.

Opinion

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

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

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Met-Pro Technologies LLC Consolidated 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 these 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 Met-Pro Technologies LLC Consolidated Pension Plan's ability to continue as a going concern within one year after the financial statements are available to be issued.

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

Auditor's Responsibilities for the Audit of the Financial Statements

Except as described in the Scope and Nature of the ERISA Section 103(a)(3)(C) Audit section of our report, our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards 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 generally accepted auditing standards, 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 Met-Pro Technologies LLC Consolidated 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 Met-Pro Technologies LLC Consolidated 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.

Supplemental Schedules Required by ERISA

The supplemental schedule of assets (held at end of year) as of December 31, 2024, and 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audit 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 generally accepted auditing standards. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion:

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

Katz, Sapper & Miller, LLP

Cincinnati, Ohio
October 14, 2025

MET-PRO TECHNOLOGIES LLC CONSOLIDATED PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2024 and 2023

	2024	2023
ASSETS		
Investments at fair value	<u>\$ 25,111,971</u>	<u>\$ 22,623,991</u>
Receivables:		
Employer contributions	124,000	878,200
Accrued income	<u>32,323</u>	<u>22,156</u>
Total Receivables	<u>156,323</u>	<u>900,356</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 25,268,294</u></u>	<u><u>\$ 23,524,347</u></u>

See accompanying notes.

MET-PRO TECHNOLOGIES LLC CONSOLIDATED PENSION PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year Ended December 31, 2024

ADDITIONS TO NET ASSETS ATTRIBUTED TO

Investment Income:		
Net appreciation in fair value of investments		\$ 2,672,256
Dividends and interest		639,947
Total Investment Income		3,312,203
Contributions:		
Employer		581,244
Total Additions		3,893,447

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO

Benefits paid		2,072,798
Administrative expenses		76,702
Total Deductions		2,149,500

NET INCREASE 1,743,947

NET ASSETS AVAILABLE FOR BENEFITS

Beginning of Year		23,524,347
End of Year		\$ 25,268,294

See accompanying notes.

MET-PRO TECHNOLOGIES LLC CONSOLIDATED PENSION PLAN

NOTES TO FINANCIAL STATEMENTS December 31, 2024 and 2023

NOTE 1 - DESCRIPTION OF PLAN

The following description of Met-Pro Technologies LLC Consolidated 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 was organized effective September 1, 1968, as a defined benefit retirement savings plan covering all eligible employees of Met-Pro Technologies LLC (Met-Pro), ultimately a wholly-owned subsidiary of CECO Environmental Corp. (the Employer), who were hired before April 15, 2006 and former employees of The Kirk & Blum Manufacturing Co. (Kirk & Blum), a wholly-owned subsidiary of the Employer, who were members of Sheet Metal Workers International Association, Local Union 183. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Pension Committee is responsible for oversight of the Plan, determines the appropriateness of the Plan's investment offerings, and monitors investment performance.

Funding Policy: The Plan's funding policy is for the Employer to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. For the year ended December 31, 2024, the Employer made contributions of \$581,244, which exceeded the minimum funding requirements of ERISA.

Met-Pro Employees Pension Benefits: Effective December 31, 2006, the Plan was frozen for salary and non-bargaining hourly employees of Met-Pro. Effective December 31, 2008, the Plan was frozen for union hourly employees of Met-Pro. A participant's credited service, compensation and average monthly earnings were determined as of each freeze date. Participant accrued benefits were based on provisions of the Plan in effect at the freeze date and calculated as if participants had terminated employment as of the freeze date.

As of the freeze date, for a salary participant who was hired on or before December 15, 1982 and whose past service date was prior to September 1, 1986, the accrued monthly pension benefit was equal to the greater of (a), (b), (c) or (d) below. For other salary participants, the accrued monthly pension benefit was equal to the greater of (b), (c) or (d), as follows:

- (a) One-twelfth of the sum of (i), (ii) and (iii):
 - (i) 0.75% of the participant's base wage or salary on initial anniversary date, up to \$7,800, plus 1.20% of compensation in excess of \$7,800, multiplied by credited service on initial anniversary date
 - (ii) For each plan year beginning with the plan year commencing on the participant's initial anniversary date and ending with the plan year beginning September 1, 1988, 0.75% of the participant's base wage or salary, up to \$7,800, plus 1.75% of compensation in excess of \$7,800, multiplied by credited service earned during the plan year
 - (iii) For each plan year beginning with the plan year commencing September 1, 1989, 1.65% of participant's compensation multiplied by credited service earned during the plan year
- (b) 1% of average monthly compensation multiplied by completed months of credited service
- (c) \$22 multiplied by completed months of credited service
- (d) \$62.50 per month

NOTE 1 - DESCRIPTION OF PLAN (CONTINUED)

As of the freeze dates, the monthly benefit for hourly participants was based on a specified amount multiplied by the participant's years and completed months of credited service as defined by the agreement. For non-bargaining hourly participants, the accrued monthly pension was \$24 for each year of credited service. For union employees, the accrued monthly pension was \$25 for each year of credited service.

Years of service continue to be counted under the Plan on and after the freeze date solely for purposes of vesting in the benefit accrued as of the freeze date and for determining eligibility for early retirement as to benefits accrued as of the freeze date, but not for any other purpose under the Plan.

A participant may be eligible for pension benefits (early retirement) at any time up to ten years prior to normal retirement date (the first day of the calendar month coincident with or next following the date on which a participant reaches the age of 65) provided that three years of service have been completed. Upon early retirement, a participant may select a benefit equal to the full accrued benefit with payment commencing at his normal retirement date or a reduced benefit commencing at any time from the date of retirement to the normal retirement date.

Kirk & Blum Employees' Pension Benefits: During 2014, all remaining active employees of Kirk & Blum participating in the Kirk & Blum Manufacturing Co. Sheet Metal Workers Local Union 183 Pension Plan were terminated. At that time, all participants became fully vested and participant accrued benefits were calculated as of the termination date. Normal retirement benefits are calculated by multiplying pension credits (calculated based on hours worked during each year of employment) by a set factor for each specific year worked.

Participants or their beneficiaries are entitled to receive benefits upon the earlier of their retirement, disability, or death. Normal retirement age is the latter of age 65 or the fifth anniversary of plan participation; however, retirement may be postponed or early retirement elected at age 62 with certain limitations.

All Employee Pension Benefits: In general, benefits are paid in the form of a life annuity, a qualified joint and survivor annuity, or a life annuity with term certain. Accrued benefits of \$5,000 or less are paid in a lump sum.

Salary Met-Pro Employees Death Benefits: A participant's beneficiary, should the option have been elected by the participant, shall receive a life annuity equal to the present value of a deceased participant's vested accrued benefit at the time of death. If an active, vested participant dies prior to retirement, the spouse is eligible for a life annuity.

Hourly Met-Pro Employees Death Benefits: A participant's beneficiary, should the option have been elected by the participant, shall receive a life annuity equal to the amount the participant would have received upon retirement under a joint and 50% survivor pension. If an active, vested participant dies prior to retirement, the spouse is eligible for a life annuity.

Kirk & Blum Employees Death Benefits: A participant's beneficiary, should the option have been elected by the participant, shall receive a life annuity equal to the amount the participant would have received upon retirement under a joint and 50% or 75% survivor pension. If an active, vested participant dies prior to retirement, the spouse is eligible for a life annuity.

Met-Pro Employees Vesting: A participant becomes 20% vested after three years of credited service. Such vesting increases 20% each year thereafter until reaching 100% after seven years of credited service. All participants are fully vested as of December 31, 2024.

Kirk & Blum Employees Vesting: A participant becomes 100% vested upon the completion of three years of service with no vesting occurring prior to that time, or upon total and permanent disability. All participants are fully vested as of December 31, 2024.

NOTE 1 - DESCRIPTION OF PLAN (CONTINUED)

Plan Termination: Although it has not expressed any intent to do so, the Employer has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, the Plan's net assets generally will not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC) at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guarantee while other benefits may not be provided for at all. For further information, refer to the Plan Agreement available from the Plan Administrator.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

Estimates: The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires the Plan's management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and the disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

Investment Valuation and Income Recognition: The Plan's 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 Pension Committee determines the Plan's valuation policies utilizing information provided by the Plan's investment advisor and trustee. 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 are recorded when paid.

Expenses: Administrative expenses for maintaining the Plan may be paid by the Employer or the Plan, at the Employer's discretion. Investment related expenses are included in net appreciation (depreciation) in fair value of investments.

Tax Status: The Internal Revenue Service (IRS) has determined and informed the Employer by a letter dated March 8, 2013, that the Plan and related trust are designed in accordance with applicable sections of the 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. Therefore, the Plan Administrator believes that the Plan is qualified, and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require the Plan's management to evaluate tax positions taken by the Plan and to 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 or other taxing authorities.

The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in process.

Subsequent Events: The Plan Administrator has evaluated the financial statements for subsequent events occurring through October 14, 2025, the date the financial statements were available to be issued. See Note 9.

NOTE 3 - FAIR VALUE MEASUREMENTS

The Plan has categorized its assets and liabilities that are measured at fair value into a three-level fair value hierarchy. The hierarchy 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 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 used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The three levels of the fair value hierarchy are described as follows:

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

Level 2 – Inputs to the valuation methodology include: quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; and 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. In situations where there is little or no market activity for the asset or liability, the Plan makes estimates and assumptions related to the pricing of the asset or liability including assumptions regarding risk.

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

Registered Investment Companies (Mutual Funds) and Money Market Fund Shares: Valued at the daily closing price as reported by the funds. These funds are required to publish their daily net asset value (NAV) and to transact at that price. These funds held by the Plan are deemed to be actively traded.

U.S. Government Securities: Valued using pricing models maximizing the use of observable inputs for similar securities.

Following is a summary, within each level of the fair value hierarchy, of the Plan’s assets that are measured at fair value on a recurring basis as of December 31, 2024 and 2023:

2024	Level 1	Total
Registered investment companies	\$24,945,791	\$24,945,791
Money market fund shares	165,788	165,788
U.S. government securities	392	392
 Total Investments at Fair Value	 \$25,111,971	 \$25,111,971

NOTE 3 - FAIR VALUE MEASUREMENTS (CONTINUED)

2023	Level 1	Total
Registered investment companies	\$22,335,195	\$22,335,195
Money market fund shares	288,366	288,366
U.S. government securities	430	430
	<u>430</u>	<u>430</u>
Total Investments at Fair Value	<u>\$22,623,991</u>	<u>\$22,623,991</u>

NOTE 4 - INFORMATION CERTIFIED BY THE PLAN'S TRUSTEE (UNAUDITED INFORMATION)

All information related to investments held at December 31, 2024 and 2023, and net appreciation or depreciation in fair value of investments, dividends and interest for the year ended December 31, 2024, disclosed in the accompanying financial statements and supplemental schedules was obtained by the Plan's management and agreed to or derived from information certified as complete and accurate by Comerica Bank and Trust, N.A., the Plan's trustee, in accordance with Section 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

The Plan's independent auditor did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedules.

NOTE 5 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the services 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.

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is the 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, withdrawal or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuation as of December 31, 2024 and 2023 were: (a) life expectancy of participants (for healthy participants, the Pri-2012 Amount Weighted Total Dataset Mortality Tables projected generationally from 2012 using Scale MP-2021, for disabled participants, the Pri-2012 Disabled Retiree Mortality Tables projected generationally from 2012 using Scale MP-2021), (b) retirement age assumptions (variable probability between ages 55 and 69), and (c) discount rate of 5.50%.

The foregoing actuarial assumptions are based on the assumption that the Plan will continue. If the Plan were to be terminated, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2025 and 2024. Had the valuations been performed as of December 31, there would be no material differences.

NOTE 5 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (CONTINUED)

Accumulated plan benefits are summarized as follows at December 31:

	2024	2023
Actuarial present value of accumulated plan benefits		
Vested:		
Retirees and beneficiaries currently receiving payments	\$ 18,873,912	\$ 19,287,990
Terminated participants with deferred benefits	4,366,876	4,528,938
Active participants	1,337,395	1,291,329
	<u>24,578,183</u>	<u>25,108,257</u>
Nonvested	<u>-</u>	<u>-</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 24,578,183</u>	<u>\$ 25,108,257</u>
Actuarial present value of accumulated plan benefits at beginning of year	\$ 25,108,257	
Increases (decreases) during plan year due to:		
Interest due to decrease in the discount period	1,323,952	
Benefits paid	(2,072,798)	
Benefits accumulated and actuarial gains/losses	<u>218,772</u>	
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 24,578,183</u>	

NOTE 6 - PARTY-IN-INTEREST TRANSACTIONS

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50% or more of such an employer or employee association, or relatives of such persons.

The Plan has arrangements with several third-party service providers. The Plan pays certain expenses related to the Plan's operation, administration, and investment activity. The Plan's expenses may be paid directly to the respective service provider or indirectly through the Plan's investments returns. Therefore, these transactions qualify as exempt party-in-interest transactions under ERISA.

The Plan may receive revenue-sharing compensation from certain Plan investment options. This revenue, if any, is used to offset certain recordkeeping and administration services to the Plan and/or allocated to participant accounts as additional earnings.

The Employer provides certain accounting, administrative and investment management services to the Plan for which it receives no compensation.

NOTE 7 - RISKS AND UNCERTAINTIES

The Plan's investment securities are exposed to various risks, such as interest rate, market, and credit risks. Market risks include global events which could impact the value of investment securities, such as a pandemic or international conflict. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

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

NOTE 8 - FUNDING STATUS

The Plan was deemed to be not-at-risk by the Plan's independent actuary for the 2024 Plan year based on the Plan's funded percentage of 102.81%. Therefore, no benefit restrictions were required.

NOTE 9 - SUBSEQUENT EVENT

Effective July 1, 2025, the Plan Agreement was amended to transfer sponsorship of the Plan to Tusk Industrial LLC (Tusk). Therefore, all Plan assets, benefits, and liabilities in connection with the Plan, were transferred to Tusk as of the effective date.

SUPPLEMENTAL SCHEDULES

MET-PRO TECHNOLOGIES LLC CONSOLIDATED PENSION PLAN

EIN 46-2630972 PN 001

**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2024**

(a)	(b) and (c)	Number of Shares/Units or Face Value	(d) Cost	(e) Current Value
Identity of Issue / Description of Investment				
INVESTMENTS AT FAIR VALUE:				
REGISTERED INVESTMENT COMPANIES				
iShares Core MSCI EAFE Fund		14,293	\$ 1,073,316	\$ 1,004,512
iShares MSCI Index Fund		21,518	1,222,653	1,122,379
iShares Russell 2000 Fund		7,633	1,686,384	1,686,588
Pimco Enhanced Low Duration Fund		15,241	1,525,399	1,447,743
Pimco Enhanced Short Maturity Active Fund		12,858	1,292,104	1,265,356
Pimco Enhanced Short Maturity Fund		12,697	1,293,962	1,274,017
Pimco Income Fund		174,646	2,003,342	1,837,274
Pimco Total Return Fund		12,901	1,369,807	1,166,508
Reagan Total Return Income Fund - Institutional		23,059	278,551	295,851
Reagan Total Return Income Fund - Investment		30	380	374
Vaneck EFT Trust Natural Fund		16,920	538,451	485,096
Vanguard Growth Index Fund		12,778	3,315,152	5,244,602
Vanguard Mid-Cap Growth Fund		6,910	1,526,576	1,753,413
Vanguard Mid-Cap Value Fund		11,023	1,567,912	1,783,191
Vanguard Value Vipers Index Fund		27,046	3,845,619	4,578,887
Total Registered Investment Companies				<u>24,945,791</u>
MONEY MARKET FUND SHARES				
* Comerica Short Term Fund		165,788	165,788	165,788
U.S. GOVERNMENT SECURITIES				
Federal Home Loan Mtg Corp Partn C Group NBR A8-8896 Gold Pool, 5.50%, due September 2039		392	431	<u>392</u>
TOTAL				<u><u>\$ 25,111,971</u></u>

* Party-in-interest, but not prohibited transactions.

MET-PRO TECHNOLOGIES LLC CONSOLIDATED PENSION PLAN

EIN 46-2630972 PN 001

**SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
Year Ended December 31, 2024**

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset and Transaction	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
CATEGORY (i)-SINGLE TRANSACTIONS IN EXCESS OF 5% OF PLAN ASSETS						
Comerica Short Term Fund	Money Market Fund	\$ -	\$ 3,122,497	\$ 3,122,497	\$ 3,122,497	\$ -
CATEGORY (iii)-SERIES OF TRANSACTIONS IN EXCESS OF 5% OF PLAN ASSETS						
Comerica Short Term Fund	Money Market Fund					
	Purchases (99)	5,155,158	-	5,155,158	5,155,158	-
	Sales (28)	-	5,276,998	5,276,998	5,276,998	-

SCHEDULE SB ATTACHMENT
Line 26a - Schedule of Active Participant Data

Plan Name: Met-Pro Technologies LLC Consolidated Pension Plan

EIN/PN: 46-2630972/001

Valuation Date: January 1, 2024

Age	Years of Credited Service										Total	
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & Over		
Under 25	-	-	-	-	-	-	-	-	-	-	-	-
25 to 29	-	-	-	-	-	-	-	-	-	-	-	-
30 to 34	-	-	-	-	-	-	-	-	-	-	-	-
35 to 39	-	-	-	-	-	-	-	-	-	-	-	-
40 to 44	-	-	-	-	-	-	-	-	-	-	-	-
45 to 49	1	-	-	-	-	-	-	-	-	-	-	1
50 to 54	1	1	2	2	1	-	-	-	-	-	-	7
55 to 59	-	2	-	-	1	1	-	-	-	-	-	4
60 to 64	-	-	1	3	3	1	1	-	-	-	-	9
65 to 69	-	1	2	1	1	-	1	-	-	-	-	6
70 & Over	-	-	-	-	-	1	-	-	-	-	-	1
Total	2	4	5	6	6	3	2	-	-	-	-	28

Schedule SB, Part V - STATEMENT OF ACTUARIAL ASSUMPTIONS

Funding Discount Rates IRS-Prescribed Three-Segment Rates, for the fourth month prior to the valuation date (September).

	Non-Stabilized	Limited to 25- Year Corridor
Segment 1:	3.62%	4.75%
Segment 2:	4.46%	4.87%
Segment 3:	4.52%	5.59%

The "Limited to 25 Year Corridor" rates are adjusted by the applicable maximum and applicable minimum percentages of the 25-year average segment rates, as set forth in the American Rescue Plan Act of 2021 ('ARPA-21') for use in Minimum Required Contribution calculations. The IRS Maximum Deductible Limit Calculations use the rates from the "Non-Stabilized" column above.

Effective Interest Rate The Effective Interest Rate (EIR) for the current Plan Year is 5.05%. For the prior Plan Year, the EIR was 5.18%.

The EIR is the single rate of interest which, if used to determine the Funding Target, would result in the same Funding Target determined using the Plan Sponsor's above-elected discount rates. The EIR is used to discount contributions for minimum funding requirements and to accumulate excess contributions to the end of the year.

Funding Expected Return on Assets The Expected Return on Assets (EROA) used in the calculation of the Actuarial Value of Assets is the lesser of (a) or (b), below:

(a) The expected long-term rate of return on assets based on policy trust allocations; or

(b) The third segment rate in the IRS-prescribed three-segment rate assumption, based on the elections made by the Plan Sponsor for minimum funding purposes.

The results are as follows:

Plan Year	Assumption (a)	Seg. III (b)	EROA (smaller of (a) or (b))
2023	5.50%	5.74%	5.50%
2022	5.50%	5.92%	5.50%

Funding Administrative Expenses Administrative expenses of \$390,000 were estimated to be paid from the trust in the current Plan Year and were included in the Normal Cost.

Salary Scale None.

Inflation None.

Funding Mortality §430(h) Generational Mortality Tables for the Current Plan Year.

Withdrawal Rates Participants are assumed to terminate employment for reason other than death, disability, or retirement in accordance with annual rates varying by age. The sample rates are as follows:

Attained Age	Turnover Rates	
	Salaried Plan	Hourly Plan
20	15.00%	15.00%
25	15.00%	14.40%
30	13.80%	11.40%
35	10.80%	8.60%
40	8.20%	6.60%
45	6.20%	4.60%
50	4.20%	1.50%
60+	0.00%	0.00%

Disability Incidence None.

Retirement Rates**Active Participants**

Annual retirement rates which vary by age were assumed as follows: (Weighted Average Retirement Age is 64.)

Age	Rate
55 - 59	1%
60	5%
61 - 62	10%
63 - 65	25%
66	40%
67 - 69	20%
70+	100%

Terminated Vested Participants - Legacy Salaried and Hourly

Age	Rate
55 - 56	4%
57 - 61	3%
62 - 64	10%
65 - 66	60%
67 - 69	15%
70+	100%

Terminated Vested Participants - Legacy Kirk & Blum

Age	Rate
62	40%
63 - 65	30%
66 - 69	50%
70+	100%

Spousal Assumptions

80% of males and 80% of females are assumed to be married.

Wives are assumed to be 3 years younger than their husbands.

Form of Payment

Upon retirement, participants elect optional forms of payment at the following rates:

- 40% elect a Life Annuity
- 5% elect a Five Year Certain and Life Annuity
- 5% elect a Ten Year Certain and Life Annuity
- 15% elect a 50% Joint & Survivor Annuity
- 5% elect a 75% Joint & Survivor Annuity
- 30% elect a 100% Joint & Survivor Annuity

**Changes in funding
assumptions since the
prior valuation**

In accordance with federal law, the discount rates for funding and PBGC purposes were updated from the discount rates disclosed in the 2023 Actuarial Valuation Report to the discount rates shown above.

In accordance with federal law, the funding mortality table was changed from the IRS 2023 Static Mortality Table to the IRS 2024 Generational Mortality Table.

Schedule SB, Part V - STATEMENT OF ACTUARIAL METHODS**Actuarial Cost Method**

The Pension Protection Act (PPA) requires the calculation of the Target Liability and Target Normal Cost. The Target Liability represents the present value of benefits accumulated as of the valuation date. The present value is calculated by projecting future payments of the accrued benefit, adjusting for probability of receipt according to demographic assumptions, and discounting the payments back to the valuation date using the segment interest rates. Payments expected within five years of the valuation date are discounted using the first segment rate, payments expected at least five but within 20 years of the valuation date are discounted using the second segment rate, and payments expected at least 20 years from the valuation date are discounted using the third segment rate. The calculation of the Target Normal Cost is identical, except that the future payment stream is based on the benefit expected to accrue during the plan year.

Asset Method

We used financial data submitted by the trustee as of the valuation date without further audit. We have reviewed the information for internal consistency, and we have no reason to doubt its substantial accuracy.

Funding Actuarial Value of Assets Method

The Actuarial Value of Assets is determined by averaging three market values: the market value as of the current year valuation date and the two market values at each of the prior two years' valuation dates. The two prior year market values are adjusted for any benefit payments, expenses, contributions, and expected returns that occurred between their respective valuation dates and the current year valuation date. The Actuarial Value of Assets is adjusted to be no greater than 110% and no less than 90% of the market value of assets as of the current year valuation date.

Accrued contributions are discounted back to the valuation date at the prior year's effective interest rate.

Changes in methods since the prior valuation

None.

MET-PRO TECHNOLOGIES LLC CONSOLIDATED PENSION PLAN

EIN 46-2630972 PN 001

**SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
Year Ended December 31, 2024**

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identity of Party Involved	Description of Asset and Transaction	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
CATEGORY (i)-SINGLE TRANSACTIONS IN EXCESS OF 5% OF PLAN ASSETS						
Comerica Short Term Fund	Money Market Fund	\$ -	\$ 3,122,497	\$ 3,122,497	\$ 3,122,497	\$ -
CATEGORY (iii)-SERIES OF TRANSACTIONS IN EXCESS OF 5% OF PLAN ASSETS						
Comerica Short Term Fund	Money Market Fund					
	Purchases (99)	5,155,158	-	5,155,158	5,155,158	-
	Sales (28)	-	5,276,998	5,276,998	5,276,998	-

**SCHEDULE SB
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

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

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

▶ Round off amounts to nearest dollar.

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

A Name of plan MET-PRO TECHNOLOGIES LLC CONSOLIDATED PENSION PLAN		B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF MET-PRO TECHNOLOGIES LLC		D Employer Identification Number (EIN) 46-2630972	
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 type="checkbox"/> 101-500 <input checked="" 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	23,450,774	
	b Actuarial value	2b	24,244,900	
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	374	19,991,757	19,991,757
	b For terminated vested participants	119	4,696,685	4,696,685
	c For active participants	28	1,341,919	1,341,919
	d Total	521	26,030,361	26,030,361
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	5.05%	
6	Target normal cost			
	a Present value of current plan year accruals	6a	0	
	b Expected plan-related expenses	6b	390,000	
	c Target normal cost	6c	390,000	

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	<p style="font-size: 1.2em; color: blue;">David B. Reid <i>DBR</i></p> <p style="font-size: 0.8em;">Signature of actuary</p>	<p style="font-size: 1.2em; color: blue;">10/6/2025</p> <p style="font-size: 0.8em;">Date</p>
	<p>David B. Reid</p> <p style="font-size: 0.8em;">Type or print name of actuary</p>	<p>2306971</p> <p style="font-size: 0.8em;">Most recent enrollment number</p>
	<p>CBIZ</p> <p style="font-size: 0.8em;">Firm name</p>	<p>215-587-0700</p> <p style="font-size: 0.8em;">Telephone number (including area code)</p>
	<p>1845 Walnut Street, 10th Floor</p> <p>Philadelphia PA 19103</p> <p style="font-size: 0.8em;">Address of the firm</p>	

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

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

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

21 Discount rate:

a Segment rates:	1st segment: 4.75 %	2nd segment: 4.87 %	3rd segment: 5.59%	<input type="checkbox"/> N/A, full yield curve used
-------------------------	------------------------	------------------------	-----------------------	---

b Applicable month (enter code)..... **21b** 4

22 Weighted average retirement age **22** 64

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	390,000
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	1,785,461	173,852
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	563,852
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	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	563,852
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	564,488

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

a Total (excess, if any, of line 37 over line 36)	38a	636
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

Met-Pro Technologies LLC Consolidated Pension Plan
EIN: 46-2630972 Plan: 001
Attachment to the 2024 Form 5500 Schedule SB

Schedule SB, line 22 - Description of Weighted Average Retirement Age

Age	Rate of Retirement	Percent not Retiring	Percent Retiring	Weighted Average
55	1.00%	99.00%	1.00%	0.55
56	1.00%	98.01%	0.99%	0.55
57	1.00%	97.03%	0.98%	0.56
58	1.00%	96.06%	0.97%	0.56
59	1.00%	95.10%	0.96%	0.57
60	5.00%	90.35%	4.75%	2.85
61	10.00%	81.32%	9.03%	5.51
62	10.00%	73.19%	8.13%	5.04
63	25.00%	54.89%	18.30%	11.53
64	25.00%	41.17%	13.72%	8.78
65	25.00%	30.88%	10.29%	6.69
66	40.00%	18.53%	12.35%	8.15
67	20.00%	14.82%	3.71%	2.48
68	20.00%	11.86%	2.96%	2.02
69	20.00%	9.49%	2.37%	1.64
70	100.00%	0.00%	9.49%	6.64
				64.12

Average retirement age is rounded to 64.

Schedule SB, Part V - SUMMARY OF PRINCIPAL PLAN PROVISIONS

Legacy Salaried Plan

Type of Plan	The Plan is a defined benefit plan.
Effective Date	September 1, 1968. The Plan was restated effective February 1, 2012 and most recently amended effective January 1, 2016.
Eligibility for Participation	Any salaried employee of Met-Pro Technologies LLC who is not covered by a collective bargaining agreement becomes eligible to participate on date of hire. Employees hired on or after April 15, 2006 are not eligible to participate.
Credited Service	An employee's benefits under the Plan are based on credited service which is equal to the sum of Past Service and Future Credited Service. Past Service is equal to the employee's years of service since his date of hire and before his Past Service Date. However, service before January 1, 1970 for employees of System (Oxy) Division; before August 1, 1970 for employees of Stiles-Kem Division; before July 1, 1977 for employees of Sethco Division; before October 1, 1985 for employees of Dean Pump Division; before July 1, 1988 for employees of Duall Division; before July 1, 1993 for employees of Mefiag Division; before February 1, 1997 for employees of Strobic Air; before November 1, 1998 for employees of Flex Kleen Division; and before June 1, 2002 for employees of Pristine Hydrochemical is not used in calculating credited service. Past Service Dates are as follows:

<u>Division</u>	<u>Past Service</u>
Corporation	September 1, 1975
Systems (Non-oxy)	September 1, 1975
Fybroc	September 1, 1975
Keystone Filter	September 1, 1975
Sethco	September 1, 1977
Stiles-Kem	September 1, 1977
Systems (Oxy)	September 1, 1979
Dean Pump	September 1, 1986
Duall	September 1, 1990
Mefiag	September 1, 1993
Strobic Air	February 1, 1997
Flex Kleen	November 1, 1998
Pristine Hydro chemical	June 1, 2002

**Credited Service
(continued)**

Future Credited Service shall equal one year for each full Plan Year for which the Eligible Employee has 1,000 or more hours of service. For any Plan Year in which the employee is an Eligible Employee for less than the full Plan Year, he shall accrue one-twelfth of a year of Future Credited Service for each month in which he has completed at least 83 1/3 hours of service. Credited service was frozen as of December 31, 2006.

Initial Anniversary Date

Division	Past Service
Corporation	September 1, 1968
Systems (Non-oxy)	September 1, 1968
Fybroc	September 1, 1975
Keystone	September 1, 1975
Sethco	September 1, 1977
Stiles-Kem	September 1, 1977
Systems (Oxy)	September 1, 1979

Compensation

Gross salary, commissions, and bonuses paid to employees during the calendar year, with a \$200,000 (as indexed in accordance with IRC Section 401(a)(17)) limit on compensation.

Normal Retirement Date

First day of the month coincident with or next following the participant's 65th birthday.

Normal Form of Pension

The normal form of pension for a Participant who is not married is a single life annuity. The normal form of pension for a Participant who is married on the date his pension commences is a lifetime pension with 50 percent of such pension continued to the spouse if the spouse survives the Participant. The amount of the lifetime pension shall be equal to the Actuarial Equivalent of the pension amount he would have received if he had been single.

Accrued Monthly Pension For a participant who was hired on or before December 15, 1982 and whose Past Service Date is prior to September 1, 1986, the Accrued Monthly Pension is equal to the greater of (1) or (2) or (3) or (4). For other participants, the Accrued Monthly Pension is equal to the greater of (2) or (3) or (4).

- 1) 1/12 of the sum of (a), (b), and (c):
 - a) 0.75% of the participant's base wage or salary on his Initial Anniversary Date, up to \$7,800, plus 1.20% of base wage or salary in excess of \$7,800, multiplied by Credited Service on his Initial Anniversary Date.
 - b) For each Plan Year beginning with the Plan Year commencing on the participant's Initial Anniversary Date and ending with the Plan Year beginning on September 1, 1988, 0.75% of the Participant's base wage or salary at the beginning of the Plan Year, up to \$7,800, plus 1.75% of such base wage or salary in excess of \$7,800, multiplied by Credited Service earned during the Plan Year.
 - c) For each Plan Year beginning with the Plan Year commencing on September 1, 1989, 1.65% of the Participant's Compensation.
- 2) 1% of Average Monthly Compensation, multiplied by Credited Service. Average Monthly Compensation is equal to 1/60 of the Participant's Compensation for the five full calendar years preceding termination of employment.
- 3) \$22.00 multiplied by Credited Service.
- 4) \$62.50 per month.

Benefit accruals were frozen at December 31, 2006.

Normal Retirement Benefit Accrued Monthly Pension payable on Normal Retirement Date.

Early Retirement Benefit **Eligibility:** Retirement before Normal Retirement Date and on or after attaining age 55 and completing three years of service.

Benefit: Vested Portion of Monthly Accrued Pension determined as of early retirement date, reduced by 5/9 percent for each of the first 60 months, and 5/18 percent for each of the next 60 months by which his pension commences before his Normal Retirement Date.

Late Retirement Benefit **Eligibility:** Retirement after Normal Retirement Date.

Benefit: The greater of (a) and (b):

- a) Accrued Monthly Pension at age 65, actuarially increased to Retirement Age.
- b) Accrued Monthly Pension at age of Retirement.

Vested Benefit **Eligibility:** Employee terminates employment with three or more years of service and is not eligible for Normal or Early Retirement.

Benefit: Vested Portion of Monthly Accrued Pension payable at Normal Retirement Date or a reduced benefit beginning as early as age 55. The reduction is equal to 5/9 percent for each of the first 60 months, and 5/18 percent for each of the next 60 months by which his pension commences before his Normal Retirement Date. The vested portion of the benefit is as follows:

Completed Years of Service	Vesting Percent
Less than 3	0%
3	20%
4	40%
5	60%
6	80%
7 or more	100%

Monthly Pre-Retirement Survivor Benefit Upon the death of a vested employee or former employee, his designated beneficiary will receive a single life pension equal in value to the present value of the employee's vested Monthly Accrued Pension. This benefit will start on the earliest date which the Participant could have begun to receive benefits if he had survived (the first day of the month following the Participant's death if the Participant had been eligible at the time of his death to begin receiving benefits).

Changes since the Prior Valuation None.

Legacy Hourly Plan

Type of Plan	The Plan is a defined benefit plan.
Effective Date	September 1, 1977. The Plan was restated effective February 1, 2012 and most recently amended effective January 1, 2016.
Eligibility for Participation	Any hourly-rate employee of Met-Pro Technologies LLC who is not covered by a collective bargaining agreement (unless the agreement specifies participation) becomes eligible to participate on the September 1 st coincident with or next following the date on which he has completed at least six months of service. Employees hired on or after April 15, 2006 are not eligible to participate in the Plan.
Credited Service	An employee's benefits under the Plan are based on credited service which is equal to the sum of Past Service and Future Credited Service. Past Service is equal to the employee's years of service since his date of hire and before his Past Service Date. However, service before October 1, 1985 for employees of Dean Pump Division; before July 1, 1988 for employees of Duall Division; before July 1, 1993 for employees of Mefiag Division; before July 1, 1977 for employees of Sethco Division; before August 1, 1970 for employees of Stiles-Kem Division; before January 1, 1970 for employees of System (Oxy) Division; before February 1, 1997 for employees of Strobic Air; before November 1, 1998 for employees of Flex Kleen Division; and before June 1, 2002 for employees of Pristine Hydrochemical is not used in calculating credited service. Past Service Dates are as follows:

Division	Past Service
Corporation	September 1, 1975
Systems (Non-oxy)	September 1, 1975
Fybroc	September 1, 1975
Keystone Filter	September 1, 1975
Sethco	September 1, 1977
Stiles-Kem	September 1, 1977
Systems (Oxy)	September 1, 1979
Dean Pump	September 1, 1986
Duall	September 1, 1990
Mefiag	September 1, 1993
Strobic Air	February 1, 1997
Flex Kleen	November 1, 1998
Pristine Hydrochemical	June 1, 2002

Credited Service (continued)	<p>Future Credited Service shall equal one year for each full Plan Year for which the Eligible Employee has 1,000 or more hours of service. For any Plan Year in which the employee is an Eligible Employee for less than the full Plan Year, he shall accrue one-twelfth of a year of Future Credited Service for each month in which he has completed at least 83 1/3 hours of service. Credited Service for those participants not employed at Fybroc was frozen as of December 31, 2006. Credited Service for those participants employed at Fybroc was frozen as of December 31, 2008.</p>
Normal Retirement Date	<p>First day of the month coincident with or next following the participant's 65th birthday.</p>
Normal Form of Pension	<p>The normal form of pension for a Participant who is not married is a single life annuity. The normal form of pension for a Participant who is married on the date his pension commences is a lifetime pension with 50 percent of such pension continued to the spouse if the spouse survives the Participant. The amount of the lifetime pension shall be equal to the Actuarial Equivalent of the pension amount he would have received if he had been single.</p>
Accrued Monthly Pension	<p>For Participants not employed at Fybroc: Effective January 1, 2005, the Accrued Monthly Pension is \$24.00 for each year of Credited Service. Benefit accruals were frozen at December 31, 2006.</p> <p>For Participants employed at Fybroc: Effective January 1, 2008, the Accrued Monthly Pension is \$25.00 for each year of Credited Service. Benefit accruals were frozen at December 31, 2008.</p>
Normal Retirement Benefit	<p>Accrued Monthly Pension payable on Normal Retirement Date.</p>
Early Retirement Benefit	<p>Eligibility: Retirement before Normal Retirement Date and on or after attaining age 55 and completing three years of service.</p> <p>Benefit: Vested Portion of Monthly Accrued Pension determined as of early retirement date, reduced by 5/9 percent for each of the first 60 months, and 5/18 percent for each of the next 60 months by which his pension commences before his Normal Retirement Date.</p>
Late Retirement Benefit	<p>Eligibility: Retirement after Normal Retirement Date.</p> <p>Benefit: The greater of (a) and (b):</p> <ul style="list-style-type: none">a) Accrued Monthly Pension at age 65, actuarially increased to Retirement Age.b) Accrued Monthly Pension at age of Retirement.

Vested Benefit

Eligibility: Employee terminates employment with three or more years of service and is not eligible for Normal or Early Retirement.

Benefit: Vested Portion of Monthly Accrued Pension payable at Normal Retirement Date or a reduced benefit beginning as early as age 55. The reduction is equal to 5/9 percent for each of the first 60 months, and 5/18 percent for each of the next 60 months by which his pension commences before his Normal Retirement Date. The vested portion of the benefit is as follows:

Completed Years of Service	Vesting Percent
Less than 3	0%
3	20%
4	40%
5	60%
6	80%
7 or more	100%

Monthly Pre-Retirement Spouse Benefit

Upon the death of a vested employee or former employee, his spouse will receive a single life pension. If the Participant was eligible for early retirement, his spouse will receive the same benefit she would have received if the Participant had retired the day before his death and had chosen the normal form of benefit. If the Participant was not eligible for early retirement, his spouse will receive a lifetime benefit commencing on the first day the employee would have been eligible to receive a benefit. The amount of the benefit will be the same as if the employee had terminated employment on the date of his death, survived to age 55, retired under the Joint and 50% survivor form of pension, and then died. In the case of the death of a former employee, the amount of the benefit would be the same as if he had survived to age 55, retired under Joint and 50% survivor form of pension, and then died.

Changes since the Prior Valuation

None.

Kirk & Blum Plan

Type of Plan	The Plan is a defined benefit plan.
Effective Date	December 31, 1958. The Plan was restated effective January 1, 2012 and most recently amended effective January 1, 2016.
Eligibility for Participation	All employees of the Kirk & Blum Manufacturing Company become eligible to participate on the 1 st of the month following membership in the Sheet Metal Workers Local International, Local Union 183. The Plan has no active participants since January 1, 2015.
Years of Service	One Year of Service is granted if 1,000 Hours of Service is performed during the Plan Year.
Normal Retirement Date	The first day of the month coinciding with or next following the later of the Participant's 65th birthday or the 5th anniversary of the date on which participation in the Plan commenced.
Pension Credit	<p>Pension Credits shall mean the sum of units earned by a Participant for hours actually worked by the Participant for the Employer and hours for which such Participant is compensated by the Employer but for which no work is performed including but not limited to vacation time, paid holidays, sick leave, etc.</p> <p>The Pension Credits with which a Participant is to be credited for any one Plan Year shall be determined as follows:</p>

Hours of Service	Pension Credit
Less than 100	0.0
100 - 199	0.2
200 - 399	0.3
400 - 599	0.4
600 - 799	0.5
800 - 999	0.6
1,000 - 1,199	0.7
1,200 - 1,399	0.8
1,400 - 1,599	0.9
More than 1,600	1.0

Accrued Monthly Pension Sum of the Pension Credits earned in a given time period times the benefit rate in effect for that period.

Time Period	Benefit Rate
Before 09/01/63	\$1.50
09/01/63 - 03/21/72	\$1.75
03/21/72 - 03/01/75	\$5.00
03/01/75 - 03/31/87	\$9.00
04/01/87 - 03/31/88	\$11.00
04/01/88 - 03/31/89	\$13.00
04/01/89 - 03/31/90	\$14.00
04/01/90 - 03/31/91	\$16.00
04/01/91 - 03/31/92	\$18.00
04/01/92 - 03/31/93	\$19.00
04/01/93 - 03/31/94	\$21.00
04/01/94 - 03/31/95	\$23.00
04/01/95 - 03/31/96	\$25.00
04/01/96 - 03/31/97	\$28.00
04/01/97 - 03/31/98	\$30.00
04/01/98 - 03/31/99	\$32.00
04/01/99 - 03/31/00	\$34.00
04/01/00 - 03/31/01	\$36.00
04/01/01 - 03/31/03	\$38.00
04/01/03 - 03/31/04	\$39.00
04/01/04 - 03/31/08	\$40.00
04/01/08 and after	\$41.00

Normal Retirement Benefit Accrued Monthly Pension payable on Normal Retirement Date.

Early Retirement Benefit **Eligibility:** The first day of the month coinciding with or next following the later of the Participant's 62nd birthday or 5 Years of Service.

Benefit: Calculated as for Normal Retirement without reduction for early commencement.

Disability Benefit **Eligibility:** Total and Permanent Disability as determined under the Social Security Act.

Benefit: Calculated as for Normal Retirement payable immediately without reduction for early commencement.

Late Retirement Benefit **Eligibility:** Retirement after Normal Retirement Date.

Benefit: The greater of (a) and (b):

- a) Accrued Monthly Pension at age 65, actuarially increased to Retirement Age.
- b) Accrued Monthly Pension at age of Retirement.

MET-PRO TECHNOLOGIES LLC CONSOLIDATED PENSION PLAN

EIN 46-2630972 PN 001

**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2024**

(a)	(b) and (c)	Number of Shares/Units or Face Value	(d) Cost	(e) Current Value
Identity of Issue / Description of Investment				
INVESTMENTS AT FAIR VALUE:				
REGISTERED INVESTMENT COMPANIES				
iShares Core MSCI EAFE Fund		14,293	\$ 1,073,316	\$ 1,004,512
iShares MSCI Index Fund		21,518	1,222,653	1,122,379
iShares Russell 2000 Fund		7,633	1,686,384	1,686,588
Pimco Enhanced Low Duration Fund		15,241	1,525,399	1,447,743
Pimco Enhanced Short Maturity Active Fund		12,858	1,292,104	1,265,356
Pimco Enhanced Short Maturity Fund		12,697	1,293,962	1,274,017
Pimco Income Fund		174,646	2,003,342	1,837,274
Pimco Total Return Fund		12,901	1,369,807	1,166,508
Reagan Total Return Income Fund - Institutional		23,059	278,551	295,851
Reagan Total Return Income Fund - Investment		30	380	374
Vaneck EFT Trust Natural Fund		16,920	538,451	485,096
Vanguard Growth Index Fund		12,778	3,315,152	5,244,602
Vanguard Mid-Cap Growth Fund		6,910	1,526,576	1,753,413
Vanguard Mid-Cap Value Fund		11,023	1,567,912	1,783,191
Vanguard Value Vipers Index Fund		27,046	3,845,619	4,578,887
Total Registered Investment Companies				<u>24,945,791</u>
MONEY MARKET FUND SHARES				
* Comerica Short Term Fund		165,788	165,788	165,788
U.S. GOVERNMENT SECURITIES				
Federal Home Loan Mtg Corp Partn C Group NBR A8-8896 Gold Pool, 5.50%, due September 2039		392	431	<u>392</u>
TOTAL				<u><u>\$ 25,111,971</u></u>

* Party-in-interest, but not prohibited transactions.

SCHEDULE SB ATTACHMENT
Line 32 - Schedule of Amortization Bases

Plan Name: Met-Pro Technologies LLC Consolidated Pension Plan

EIN/PN: 46-2630972/001

Valuation Date: January 1, 2024

<u>Original Valuation</u>	<u>Remaining Years</u>	<u>Amortization Type</u>	<u>Outstanding Balance</u>	<u>Current Year Amortization</u>
1/1/2024	15.00	15 Year	(771,464)	(70,188)
1/1/2023	14.00	15 Year	2,556,925	244,040