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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>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).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2024</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                               |
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| Part I                                                                                     | Annual Report Identification Information                                                                                                                                                                                                                                                                                                                                                                      |
| For calendar plan year 2024 or fiscal plan year beginning 08/01/2024 and ending 07/31/2025 |                                                                                                                                                                                                                                                                                                                                                                                                               |
| A                                                                                          | This return/report is for: <div><div><input type="checkbox"/> a multiemployer plan</div><div><input type="checkbox"/> a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)</div><div><input checked="" type="checkbox"/> a single-employer plan</div><div><input type="checkbox"/> a DFE (specify) _____</div></div> |
| B                                                                                          | This return/report is: <div><div><input type="checkbox"/> the first return/report</div><div><input type="checkbox"/> the final return/report</div><div><input type="checkbox"/> an amended return/report</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months)</div></div>                                                                                                 |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. .... ▶ <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                          |
| D                                                                                          | Check box if filing under: <div><div><input checked="" type="checkbox"/> Form 5558</div><div><input type="checkbox"/> automatic extension</div><div><input type="checkbox"/> the DFVC program</div><div><input type="checkbox"/> special extension (enter description)</div></div>                                                                                                                            |
| E                                                                                          | If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                                                                                      |

|         |                                                                                                                                                                                                                                                                                                                                                     |
|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                                                                                                                                                              |
| 1a      | Name of plan<br>SLOAN VALVE COMPANY FACTORY EMPLOYEES' AMENDED PENSION PLAN                                                                                                                                                                                                                                                                         |
| 1b      | Three-digit plan number (PN) ▶ 001                                                                                                                                                                                                                                                                                                                  |
| 1c      | Effective date of plan<br>07/01/1956                                                                                                                                                                                                                                                                                                                |
| 2a      | Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br>SLOAN VALVE COMPANY<br><br>JAMES C. ALLEN<br>10500 SEYMOUR AVENUE<br>FRANKLIN PARK, IL 60131 |
| 2b      | Employer Identification Number (EIN)<br>36-1787480                                                                                                                                                                                                                                                                                                  |
| 2c      | Plan Sponsor's telephone number<br>847-671-4300                                                                                                                                                                                                                                                                                                     |
| 2d      | Business code (see instructions)<br>332900                                                                                                                                                                                                                                                                                                          |

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

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

|           |                                                   |            |                                                              |
|-----------|---------------------------------------------------|------------|--------------------------------------------------------------|
| SIGN HERE | Filed with authorized/valid electronic signature. | 05/14/2026 | HEATHER DILLARD                                              |
|           | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| SIGN HERE |                                                   |            |                                                              |
|           | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE |                                                   |            |                                                              |
|           | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor<br><br>COMMITTEE FOR SLOAN VALVE COMPANY'S FACTORY EMPLOYEES' AMENDED PENSION<br>JAMES C. ALLEN<br>10500 SEYMOUR AVENUE<br>FRANKLIN PARK, IL 60131                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>3b</b> Administrator's EIN<br>36-3145069<br><br><b>3c</b> Administrator's telephone number<br>847-671-4300                                                      |
| <b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                  |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>5</b> 228                                                                                                                                                       |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) .....<br><b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <b>6a(1)</b> 96<br><b>6a(2)</b> 89<br><b>6b</b> 22<br><b>6c</b> 97<br><b>6d</b> 208<br><b>6e</b> 4<br><b>6f</b> 212<br><b>6g(1)</b><br><b>6g(2)</b><br><b>6h</b> 0 |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>7</b>                                                                                                                                                           |

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

1B 1I

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

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

**a Pension Schedules**

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- (4) ☐ **DCG** (Individual Plan Information) – Number Attached \_\_\_\_\_
- (5) ☐ **MEP** (Multiple-Employer Retirement Plan Information)

**b General Schedules**

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ **A** (Insurance Information) – Number Attached 0
- (4) ☒ **C** (Service Provider Information)
- (5) ☐ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

**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 \_\_\_\_\_

|                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                   |                                                                                                |
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| <div>SCHEDULE SB<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Single-Employer Defined Benefit Plan<br/>Actuarial Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div> | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                                                                    |                                                                                                                                                  |
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| For calendar plan year 2024 or fiscal plan year beginning 08/01/2024 and ending 07/31/2025                                         |                                                                                                                                                  |
| ▶ 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<br>SLOAN VALVE COMPANY FACTORY EMPLOYEES' AMENDED 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<br>SLOAN VALVE COMPANY                                           | D Employer Identification Number (EIN)<br>36-1787480                                                                                             |
| E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |

|        |                                                                                                                                                                                                  |                            |                           |                          |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| Part I | Basic Information                                                                                                                                                                                |                            |                           |                          |
| 1      | Enter the valuation date: Month 08 Day 01 Year 2024                                                                                                                                              |                            |                           |                          |
| 2      | Assets:                                                                                                                                                                                          |                            |                           |                          |
| a      | Market value                                                                                                                                                                                     | 2a                         | 7554181                   |                          |
| b      | Actuarial value                                                                                                                                                                                  | 2b                         | 7554181                   |                          |
| 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                                                                                                                                     | 27                         | 2577444                   | 2577444                  |
| b      | For terminated vested participants                                                                                                                                                               | 105                        | 3209155                   | 3209155                  |
| c      | For active participants                                                                                                                                                                          | 96                         | 4083307                   | 4213829                  |
| d      | Total                                                                                                                                                                                            | 228                        | 9869906                   | 10000428                 |
| 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                          | 5.33 %                    |                          |
| 6      | Target normal cost                                                                                                                                                                               |                            |                           |                          |
| a      | Present value of current plan year accruals                                                                                                                                                      | 6a                         | 0                         |                          |
| b      | Expected plan-related expenses                                                                                                                                                                   | 6b                         | 245000                    |                          |
| c      | Target normal cost                                                                                                                                                                               | 6c                         | 245000                    |                          |

**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.

|                          |                                                                                                                                                                                                                                                                             |                                                                                                                                                                              |
|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div>SIGN<br/>HERE</div> | <div>Signature of actuary</div> <div>KYLE SEVERT, ASA, EA</div> <div>Type or print name of actuary</div> <div>OCTOBER THREE CONSULTING LLC</div> <div>Firm name</div> <div>233 SOUTH WACKER DRIVE<br/>SUITE 8350<br/>CHICAGO, IL 60606</div> <div>Address of the firm</div> | <div>04/24/2026</div> <div>Date</div> <div>26-08782</div> <div>Most recent enrollment number</div> <div>312-878-2440</div> <div>Telephone number (including area code)</div> |
|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Part II Beginning of Year Carryover and Prefunding Balances**

|                                                                                                                                                                      | (a) Carryover balance | (b) Prefunding balance |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                             | 0                     | 2875                   |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                          | 0                     | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                                | 0                     | 2875                   |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>13.31</u> % .....                                                                                | 0                     | 383                    |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                       |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                      |                       | 9219                   |
| <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.31</u> % ..... |                       | 490                    |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                       | 9709                   |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                    | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                         | 0                     | 3258                   |

**Part III Funding Percentages**

|                                                                                                                                                                            |           |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 75.50 % |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 83.51 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 70.81 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %       |

**Part IV Contributions and Liquidity Shortfalls****18** Contributions made to the plan for the plan year by employer(s) and employees:

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 11/08/2024               | 135454                            | 0                               | 02/09/2026               | 50000                             | 0                               |
| 02/24/2025               | 135454                            | 0                               |                          |                                   |                                 |
| 05/12/2025               | 135454                            | 0                               |                          |                                   |                                 |
| 08/06/2025               | 135454                            | 0                               |                          |                                   |                                 |
| 10/20/2025               | 95000                             | 0                               |                          |                                   |                                 |
| 11/06/2025               | 50000                             | 0                               |                          |                                   |                                 |
| <b>Totals ▶</b>          |                                   |                                 | <b>18(b)</b>             | 736816                            | <b>18(c)</b> 0                  |

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

|                                                                                                                         |            |        |
|-------------------------------------------------------------------------------------------------------------------------|------------|--------|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....                    | <b>19a</b> | 0      |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                      | <b>19b</b> | 0      |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date ..... | <b>19c</b> | 705756 |

**20** Quarterly contributions and liquidity shortfalls:

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

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

|               |                                                                            |
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| <b>Part V</b> | <b>Assumptions Used to Determine Funding Target and Target Normal Cost</b> |
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|                                                                                                                                                                                              |                        |                        |                                                                            |
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| <b>21</b> Discount rate:                                                                                                                                                                     |                        |                        |                                                                            |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>4.75 % | 2nd segment:<br>5.18 % | 3rd segment:<br>5.59 % <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....                                                                                                                                                 |                        |                        | <b>21b</b> 4                                                               |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                        |                        | <b>22</b> 65                                                               |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                                                                            |

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| <b>Part VI</b> | <b>Miscellaneous Items</b> |
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|                                                                                                                                                                       |                                                                     |
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| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment..... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>25</b> 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 |
| <b>26</b> Demographic and benefit information                                                                                                                         |                                                                     |
| <b>a</b> 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>b</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 |
| <b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....                                   | <b>27</b>                                                           |

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

|                  |                                                       |
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| <b>Part VIII</b> | <b>Minimum Required Contribution For Current Year</b> |
|------------------|-------------------------------------------------------|

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6c) .....                                                                                                                                          | <b>31a</b>          | 245000             |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 0                  |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 2449505             | 269777             |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |               |
| <b>33</b> 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 ..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....                                                          | <b>34</b>           | 514777             |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                                                                               |                     |                    | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  | <b>36</b>           | 514777             |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  | <b>37</b>           | 705756             |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       | <b>38a</b>          | 190979             |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          | 0                  |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  | <b>40</b>           | 0                  |               |

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| <b>Part IX</b> | <b>Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b> |
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| <b>41</b> 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 checked="" type="checkbox"/> 2020 <input type="checkbox"/> 2021 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2024                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2024 or fiscal plan year beginning 08/01/2024 and ending 07/31/2025 |                                                      |     |
| A Name of plan<br>SLOAN VALVE COMPANY FACTORY EMPLOYEES' AMENDED PENSION PLAN              | B Three-digit plan number (PN) ▶                     | 001 |
|                                                                                            |                                                      |     |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>SLOAN VALVE COMPANY              | D Employer Identification Number (EIN)<br>36-1787480 |     |

|        |                                                 |
|--------|-------------------------------------------------|
| 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 |
|------------------------------------------------------------------------------------------------------------|

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

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

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

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

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

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

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

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

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

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

OCTOBER THREE CONSULTING LLC

27-1175487

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11 15                  | NONE                                                                                              | 61847                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

MORGAN STANLEY

13-2655998

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 28                     | NONE                                                                                              | 36593                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

FIRST STATE TRUST COMPANY

13-3124172

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 21 50                  | NONE                                                                                              | 7818                                                                   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

**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<br>(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<br>(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<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                   |                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| <div>SCHEDULE H</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Financial Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                      |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                   | 2024                                   |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                   | This Form is Open to Public Inspection |

For calendar plan year 2024 or fiscal plan year beginning 08/01/2024 and ending 07/31/2025

|                                                                               |                                                      |
|-------------------------------------------------------------------------------|------------------------------------------------------|
| A Name of plan<br>SLOAN VALVE COMPANY FACTORY EMPLOYEES' AMENDED PENSION PLAN | B Three-digit plan number (PN) ▶ 001                 |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>SLOAN VALVE COMPANY | D Employer Identification Number (EIN)<br>36-1787480 |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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 |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>1a</b>                     | 0                     | 608             |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                       |                 |
| <b>(1)</b> Employer contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1b(1)</b>                  | 121909                | 330454          |
| <b>(2)</b> Participant contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>1b(2)</b>                  |                       |                 |
| <b>(3)</b> Other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1b(3)</b>                  | 24276                 | 30432           |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(1)</b>                  | 527081                | 138063          |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(2)</b>                  | 1189886               | 1750670         |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(A)</b>               | 807164                | 1059788         |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(3)(B)</b>               |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>1c(4)(A)</b>               |                       |                 |
| <b>(B)</b> Common .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(4)(B)</b>               | 2459024               | 1973313         |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>1c(5)</b>                  |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>1c(6)</b>                  |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>1c(7)</b>                  |                       |                 |
| <b>(8)</b> Participant loans .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>1c(8)</b>                  |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>1c(9)</b>                  |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>1c(10)</b>                 |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>1c(11)</b>                 |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(12)</b>                 |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>1c(13)</b>                 | 2568995               | 2073964         |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>1c(14)</b>                 |                       |                 |
| <b>(15)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>1c(15)</b>                 |                       |                 |

|                                                                          |              |                       |                 |
|--------------------------------------------------------------------------|--------------|-----------------------|-----------------|
| <b>1d</b> Employer-related investments:                                  |              | (a) Beginning of Year | (b) End of Year |
| (1) Employer securities.....                                             | <b>1d(1)</b> |                       |                 |
| (2) Employer real property.....                                          | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation.....        | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e).....      | <b>1f</b>    | 7698335               | 7357292         |
| <b>Liabilities</b>                                                       |              |                       |                 |
| <b>g</b> Benefit claims payable.....                                     | <b>1g</b>    |                       |                 |
| <b>h</b> Operating payables.....                                         | <b>1h</b>    | 1665                  | 885             |
| <b>i</b> Acquisition indebtedness.....                                   | <b>1i</b>    |                       |                 |
| <b>j</b> Other liabilities.....                                          | <b>1j</b>    | 142282                | 0               |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j)..... | <b>1k</b>    | 143947                | 885             |
| <b>Net Assets</b>                                                        |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f).....                 | <b>1l</b>    | 7554388               | 7356407         |

**Part II Income and Expense Statement**

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

|                                                                                              |                 |            |           |
|----------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>Income</b>                                                                                |                 | (a) Amount | (b) Total |
| <b>a Contributions:</b>                                                                      |                 |            |           |
| (1) Received or receivable in cash from: (A) Employers.....                                  | <b>2a(1)(A)</b> | 736816     |           |
| (B) Participants.....                                                                        | <b>2a(1)(B)</b> |            |           |
| (C) Others (including rollovers).....                                                        | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions.....                                                               | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , (B), (C), and line <b>2a(2)</b> .....   | <b>2a(3)</b>    |            | 736816    |
| <b>b Earnings on investments:</b>                                                            |                 |            |           |
| (1) Interest:                                                                                |                 |            |           |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit)..... | <b>2b(1)(A)</b> | 1986       |           |
| (B) U.S. Government securities.....                                                          | <b>2b(1)(B)</b> | 64220      |           |
| (C) Corporate debt instruments.....                                                          | <b>2b(1)(C)</b> | 41503      |           |
| (D) Loans (other than to participants).....                                                  | <b>2b(1)(D)</b> |            |           |
| (E) Participant loans.....                                                                   | <b>2b(1)(E)</b> |            |           |
| (F) Other.....                                                                               | <b>2b(1)(F)</b> |            |           |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through (F).....                               | <b>2b(1)(G)</b> |            | 107709    |
| (2) Dividends: (A) Preferred stock.....                                                      | <b>2b(2)(A)</b> |            |           |
| (B) Common stock.....                                                                        | <b>2b(2)(B)</b> | 32594      |           |
| (C) Registered investment company shares (e.g. mutual funds).....                            | <b>2b(2)(C)</b> | 48159      |           |
| (D) Total dividends. Add lines <b>2b(2)(A)</b> , (B), and (C).....                           | <b>2b(2)(D)</b> |            | 80753     |
| (3) Rents.....                                                                               | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: (A) Aggregate proceeds.....                           | <b>2b(4)(A)</b> | 8825418    |           |
| (B) Aggregate carrying amount (see instructions).....                                        | <b>2b(4)(B)</b> | 8776976    |           |
| (C) Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....            | <b>2b(4)(C)</b> |            | 48442     |
| (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....                   | <b>2b(5)(A)</b> |            |           |
| (B) Other.....                                                                               | <b>2b(5)(B)</b> | 131477     |           |
| (C) Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and (B).....       | <b>2b(5)(C)</b> |            |           |

|                                                                                                 |               | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | <b>2b(6)</b>  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | <b>2b(7)</b>  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | <b>2b(8)</b>  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | <b>2b(9)</b>  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | <b>2b(10)</b> |            | 217523    |
| <b>c</b> Other income .....                                                                     | <b>2c</b>     |            | 9889      |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....        | <b>2d</b>     |            | 1332609   |

**Expenses**

|                                                                                             |               |         |         |
|---------------------------------------------------------------------------------------------|---------------|---------|---------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |               |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | <b>2e(1)</b>  | 1269478 |         |
| (2) To insurance carriers for the provision of benefits .....                               | <b>2e(2)</b>  |         |         |
| (3) Other .....                                                                             | <b>2e(3)</b>  |         |         |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                 | <b>2e(4)</b>  |         | 1269478 |
| <b>f</b> Corrective distributions (see instructions) .....                                  | <b>2f</b>     |         |         |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) .....         | <b>2g</b>     |         |         |
| <b>h</b> Interest expense .....                                                             | <b>2h</b>     |         |         |
| <b>i</b> Administrative expenses:                                                           |               |         |         |
| (1) Salaries and allowances .....                                                           | <b>2i(1)</b>  |         |         |
| (2) Contract administrator fees .....                                                       | <b>2i(2)</b>  |         |         |
| (3) Recordkeeping fees .....                                                                | <b>2i(3)</b>  |         |         |
| (4) IQPA audit fees .....                                                                   | <b>2i(4)</b>  |         |         |
| (5) Investment advisory and investment management fees .....                                | <b>2i(5)</b>  | 36593   |         |
| (6) Bank or trust company trustee/custodial fees .....                                      | <b>2i(6)</b>  | 7818    |         |
| (7) Actuarial fees .....                                                                    | <b>2i(7)</b>  | 61847   |         |
| (8) Legal fees .....                                                                        | <b>2i(8)</b>  |         |         |
| (9) Valuation/appraisal fees .....                                                          | <b>2i(9)</b>  |         |         |
| (10) Other trustee fees and expenses .....                                                  | <b>2i(10)</b> |         |         |
| (11) Other expenses .....                                                                   | <b>2i(11)</b> | 154854  |         |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....        | <b>2i(12)</b> |         | 261112  |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | <b>2j</b>     |         | 1530590 |

**Net Income and Reconciliation**

|                                                                               |              |  |         |
|-------------------------------------------------------------------------------|--------------|--|---------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | -197981 |
| <b>l</b> Transfers of assets:                                                 |              |  |         |
| (1) To this plan .....                                                        | <b>2l(1)</b> |  |         |
| (2) From this plan .....                                                      | <b>2l(2)</b> |  |         |

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name: **CROWE LLP**

(2) EIN: **35-0921680**

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

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

**Part IV Compliance Questions**

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

|                                                                                                                                                                                                                                                                                                                  | Yes                                 | No                                  | Amount  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|---------|
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) .....                 |                                     | <input checked="" type="checkbox"/> |         |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) ..... |                                     | <input checked="" type="checkbox"/> |         |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                                                                                                             |                                     | <input checked="" type="checkbox"/> |         |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) .....                                                                                                                  |                                     | <input checked="" type="checkbox"/> |         |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> |                                     | 1000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                          |                                     | <input checked="" type="checkbox"/> |         |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                                       |                                     | <input checked="" type="checkbox"/> |         |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                             |                                     | <input checked="" type="checkbox"/> |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                                                                                                   | <input checked="" type="checkbox"/> |                                     |         |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.) .....                                                                                     | <input checked="" type="checkbox"/> |                                     |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                                                                                                              |                                     | <input checked="" type="checkbox"/> |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                               |                                     | <input checked="" type="checkbox"/> |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                                                                                                     |                                     |                                     |         |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                                                                                                         |                                     |                                     |         |

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

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

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

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

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 571240.

|                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                                       | <div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2024 or fiscal plan year beginning 08/01/2024 and ending 07/31/2025                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>SLOAN VALVE COMPANY FACTORY EMPLOYEES' AMENDED PENSION PLAN                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) ▶ 001                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>SLOAN VALVE COMPANY                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>36-1787480                                            |
| Part I                                                                                                                                                                                                                                                                                                                                                                | Distributions                                                                                                                                                                                                                                                                                    |                                                                                                 |
| All references to distributions relate only to payments of benefits during the plan year.                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                  | 1 0                                                                                             |
| 2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): 22-1211670                                                                                                                  |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 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 12                                                                                            |
| 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)? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input checked="" type="checkbox"/> 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? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock? ..... <input type="checkbox"/> Yes <input type="checkbox"/> 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.) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                        |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Schedule R (Form 5500) 2024 v. 240311                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |

**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: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment).....

**14a**

**b** The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

**14b**

**c** The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....

**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\_\_\_\_\_.

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

**FINANCIAL STATEMENTS**  
July 31, 2025 and 2024

SLOAN VALVE COMPANY FACTORY EMPLOYEES'  
AMENDED PENSION PLAN  
Franklin Park, Illinois

FINANCIAL STATEMENTS  
July 31, 2025 and 2024

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## INDEPENDENT AUDITOR'S REPORT

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

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

We have performed audits of the financial statements of Sloan Valve Company Factory Employees' Amended Pension Plan (the Plan), an employee benefit plan subject to the Employee Retirement Income Security Act of 1974 (ERISA), as permitted by ERISA Section 103(a)(3)(C) (ERISA Section 103(a)(3)(C) audit). The financial statements comprise the statements of net assets available for benefits as of July 31, 2025 and 2024, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management, having determined it is permissible in the circumstances, has elected to have the audits of the Plan's financial statements performed in accordance with ERISA Section 103(a)(3)(C) pursuant to 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. As permitted by ERISA Section 103(a)(3)(C), our audits need not extend to any statements or information related to assets held for investment of the plan (investment information) by a bank or similar institution or insurance carrier that is regulated, supervised, and subject to periodic examination by a state or federal agency, provided that the statements or information regarding assets so held are prepared and certified to by the bank or similar institution or insurance carrier in accordance with 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA (qualified institution).

Management has obtained certifications from a qualified institution as of July 31, 2025 and 2024, and for the years then ended, stating that the certified investment information, as described in Note 3 to the financial statements, is complete and accurate.

***Opinion***

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

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

---

(Continued)

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

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

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

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

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for one year from the date the financial statements are available to be issued.

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

### ***Auditor's Responsibilities for the Audit of the Financial Statements***

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

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Plan's ability to continue as a going concern for a reasonable period of time.

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(Continued)

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

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

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

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

The supplemental schedules of Schedule H, Line 4i – Schedule of Assets (Held at End of Year) and Schedule H, Line 4j – Schedule of Reportable Transactions as of and for the year ended July 31, 2025, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information included in the supplemental schedules, other than that agreed to or derived from the certified investment information, has been subjected to auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with GAAS. For information included in the supplemental schedules that agreed to or is derived from the certified investment information, we compared such information to the related certified investment information.

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

In our opinion

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

*Crowe LLP.*

Crowe LLP

Oakbrook Terrace, Illinois  
May 13, 2026

SLOAN VALVE COMPANY FACTORY EMPLOYEES'  
AMENDED PENSION PLAN  
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS  
July 31, 2025 and 2024

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|                                          | <u>2025</u>         | <u>2024</u>         |
|------------------------------------------|---------------------|---------------------|
| <b>ASSETS</b>                            |                     |                     |
| Investments, at fair value               | \$ 6,995,798        | \$ 7,552,150        |
| Receivables                              |                     |                     |
| Employer contributions                   | 135,454             | 121,909             |
| Accrued income                           | 29,168              | 23,126              |
| Due from broker                          | <u>1,264</u>        | <u>1,150</u>        |
| Total receivables                        | 165,886             | 146,185             |
| Cash, non-interest bearing               | <u>608</u>          | <u>-</u>            |
| Total assets                             | 7,162,292           | 7,698,335           |
| <b>LIABILITIES</b>                       |                     |                     |
| Cash overdraft                           | -                   | 142,282             |
| Due to broker                            | <u>885</u>          | <u>1,665</u>        |
| Total liabilities                        | <u>885</u>          | <u>143,947</u>      |
| <b>NET ASSETS AVAILABLE FOR BENEFITS</b> | <u>\$ 7,161,407</u> | <u>\$ 7,554,388</u> |

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See notes to financial statements.

SLOAN VALVE COMPANY FACTORY EMPLOYEES'  
 AMENDED PENSION PLAN  
 STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS  
 Years ended July 31, 2025 and 2024

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|                                                  | <u>2025</u>         | <u>2024</u>         |
|--------------------------------------------------|---------------------|---------------------|
| <b>Additions to net assets attributed to:</b>    |                     |                     |
| Net appreciation in fair value of investments    | \$ 407,331          | \$ 692,571          |
| Interest and dividends                           | 188,462             | 153,325             |
| Employer contributions                           | <u>541,816</u>      | <u>568,964</u>      |
| Total additions                                  | 1,137,609           | 1,414,860           |
| <b>Deductions from net assets attributed to:</b> |                     |                     |
| Benefits paid directly to participants           | 1,269,478           | 1,155,634           |
| Administrative expenses                          | <u>261,112</u>      | <u>278,182</u>      |
| Total deductions                                 | <u>1,530,590</u>    | <u>1,433,816</u>    |
| <b>Net decrease</b>                              | (392,981)           | (18,956)            |
| <b>Net assets available for benefits</b>         |                     |                     |
| Beginning of year                                | <u>7,554,388</u>    | <u>7,573,344</u>    |
| End of year                                      | <u>\$ 7,161,407</u> | <u>\$ 7,554,388</u> |

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See notes to financial statements.

SLOAN VALVE COMPANY FACTORY EMPLOYEES'  
AMENDED PENSION PLAN  
NOTES TO FINANCIAL STATEMENTS  
July 31, 2025 and 2024

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**NOTE 1 – DESCRIPTION OF THE PLAN**

The following brief description of the Sloan Valve Company Factory Employees' Amended Pension Plan (the Plan) is provided for general information purposes only. Participants should refer to the official plan document, which governs all provisions of the Plan, including eligibility, benefits and participant rights, for a more complete description of the Plan's provisions.

General: The Plan is a defined benefit pension plan subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Effective December 10, 2010, benefit accruals were frozen and no new participants are allowed in the Plan. Participant contributions are not permitted under the Plan.

Participation: The Plan provides retirement benefits to factory, hourly-paid employees who are represented by the United Steel Workers of America, AFL-CIO, or the Pattern Mold & Model Maker's Association of Chicago and Vicinity, and who have completed 60 calendar days of continuous service.

Pension Benefits: Participants with five or more years of service are entitled to pension benefits beginning at normal retirement age (65). For participants employed on or after the age of 60, the later of the age of 65 or the fifth anniversary of participation in the Plan is used to determine the date on which benefits may commence. The Plan permits early retirement beginning at the age of 60 after earning at least ten years of vesting service, as defined in the Plan. Benefits are calculated according to a benefit formula based upon total years of credited service multiplied by an applicable benefit rate.

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

The Plan also provides for disability and deferred vested pension benefits. A participant shall be eligible for a disability retirement pension if employment is terminated as a result of total and permanent disability with at least ten years of vesting service, as defined in the Plan. A participant who terminates employment with Sloan Valve Company (the "Company") before normal retirement and who has earned five years of vesting service, as defined in the Plan, is entitled to pension benefits.

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

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

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(Continued)

SLOAN VALVE COMPANY FACTORY EMPLOYEES'  
AMENDED PENSION PLAN  
NOTES TO FINANCIAL STATEMENTS  
July 31, 2025 and 2024

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**NOTE 2 – SUMMARY OF ACCOUNTING POLICIES**

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

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

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

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

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

Risks and Uncertainties: Investments are exposed to various risks, such as interest rate, market, liquidity, and credit risks. Due to the level of risk associated with certain plan investments as well as the sensitivity of certain fair value estimates to changes in valuation assumptions, it is at least reasonably possible that changes in the values of certain plan investments will occur in the near term and that such changes could materially affect the amounts reported in the statement of net assets available for benefits.

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

Benefit Payments: Benefits are recorded when paid.

**NOTE 3 – CERTIFIED INVESTMENTS**

Certain information related to investments disclosed in the accompanying financial statements and ERISA-required supplemental schedules, including investments held at July 31, 2025 and 2024, and net appreciation in fair value of investments and interest and dividends for the year ended July 31, 2025, was obtained by management and agreed to or derived from information certified as complete and accurate by First State Trust Company (the Trustee of the Plan). Excluded from the investment information certified by the trustee were the fair values of private credit funds. The private credit funds were \$0 and \$324,477 on July 31, 2025 and 2024, respectively, and the net appreciation in the fair values in the private credit funds was \$8,375 and \$102,863 for the years ended July 31, 2025 and 2024.

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(Continued)

SLOAN VALVE COMPANY FACTORY EMPLOYEES'  
AMENDED PENSION PLAN  
NOTES TO FINANCIAL STATEMENTS  
July 31, 2025 and 2024

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**NOTE 4 – FAIR VALUE MEASUREMENTS**

Fair value is the price that would be received by the Plan for an asset or paid by the Plan to transfer a liability (an exit price) in an orderly transaction between market participants on the measurement date in the Plan's principal or most advantageous market for the asset or liability. Fair value measurements are determined by maximizing the use of observable inputs and minimizing the use of unobservable inputs.

The hierarchy places the highest priority on unadjusted quoted market prices in active markets for identical assets or liabilities (Level 1 measurements) and gives the lowest priority to unobservable inputs (Level 3 measurements). The three levels of inputs within the fair value hierarchy are defined as follows:

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

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

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

In some cases, a valuation technique used to measure fair value may include inputs from multiple levels of the fair value hierarchy. The lowest level of significant input determines the placement of the entire fair value measurement in the hierarchy. Transfers between hierarchy measurement levels are recognized by the Plan as of the beginning of the reporting period.

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

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

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

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

*Private Credit Funds:* The fair values of shares of private credit funds are based upon the net asset value of the funds reported by the fund managers as of the Plan's financial statement dates and recent transaction prices. The BlackStone BCRED targets current income and capital appreciation by primarily investing in privately originated and privately negotiated senior secured loans to U.S. companies, including those in the middle market. The BlackStone BCRED was liquidated during 2025.

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(Continued)

SLOAN VALVE COMPANY FACTORY EMPLOYEES'  
AMENDED PENSION PLAN  
NOTES TO FINANCIAL STATEMENTS  
July 31, 2025 and 2024

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

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

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

|                                          |                     | Fair Value Measurements<br>at July 31, 2025, Using                         |                                                           |                                                    |
|------------------------------------------|---------------------|----------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------|
|                                          |                     | Quoted Prices<br>in Active<br>Markets for<br>Identical Assets<br>(Level 1) | Significant<br>Other<br>Observable<br>Inputs<br>(Level 2) | Significant<br>Unobservable<br>Inputs<br>(Level 3) |
|                                          | <u>Total</u>        |                                                                            |                                                           |                                                    |
| Investments:                             |                     |                                                                            |                                                           |                                                    |
| Mutual funds                             | \$ 967,964          | \$ 967,964                                                                 | \$ -                                                      | \$ -                                               |
| Common stocks                            | 1,973,313           | 1,973,313                                                                  | -                                                         | -                                                  |
| Exchange traded funds                    | 1,106,000           | 1,106,000                                                                  | -                                                         | -                                                  |
| Money market funds                       | 138,063             | 138,063                                                                    | -                                                         | -                                                  |
| Corporate bonds                          | 1,059,788           | -                                                                          | 1,059,788                                                 | -                                                  |
| U.S. government and<br>agency securities | <u>1,750,670</u>    | <u>-</u>                                                                   | <u>1,750,670</u>                                          | <u>-</u>                                           |
| Total                                    | <u>6,995,798</u>    | <u>\$ 4,185,340</u>                                                        | <u>\$ 2,810,458</u>                                       | <u>\$ -</u>                                        |
| Total                                    | <u>\$ 6,995,798</u> |                                                                            |                                                           |                                                    |

|                                          |                     | Fair Value Measurements<br>at July 31, 2024, Using                         |                                                           |                                                    |
|------------------------------------------|---------------------|----------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------|
|                                          |                     | Quoted Prices<br>in Active<br>Markets for<br>Identical Assets<br>(Level 1) | Significant<br>Other<br>Observable<br>Inputs<br>(Level 2) | Significant<br>Unobservable<br>Inputs<br>(Level 3) |
|                                          | <u>Total</u>        |                                                                            |                                                           |                                                    |
| Investments:                             |                     |                                                                            |                                                           |                                                    |
| Mutual funds                             | \$ 1,262,219        | \$ 1,262,219                                                               | \$ -                                                      | \$ -                                               |
| Common stocks                            | 2,459,024           | 2,459,024                                                                  | -                                                         | -                                                  |
| Exchange traded funds                    | 982,299             | 982,299                                                                    | -                                                         | -                                                  |
| Money market funds                       | 527,081             | 527,081                                                                    | -                                                         | -                                                  |
| Corporate bonds                          | 807,164             | -                                                                          | 807,164                                                   | -                                                  |
| U.S. government and<br>agency securities | <u>1,189,886</u>    | <u>-</u>                                                                   | <u>1,189,886</u>                                          | <u>-</u>                                           |
| Total                                    | <u>7,227,673</u>    | <u>\$ 5,230,623</u>                                                        | <u>\$ 1,997,050</u>                                       | <u>\$ -</u>                                        |
| *Private credit fund                     | <u>324,477</u>      |                                                                            |                                                           |                                                    |
| Total                                    | <u>\$ 7,552,150</u> |                                                                            |                                                           |                                                    |

(Continued)

SLOAN VALVE COMPANY FACTORY EMPLOYEES'  
AMENDED PENSION PLAN  
NOTES TO FINANCIAL STATEMENTS  
July 31, 2025 and 2024

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

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

**NOTE 5 – FUNDING POLICY**

Employer contributions to the Plan are made in amounts approved by the Company's Board of Directors. Such contributions must adhere to or exceed the minimum funding requirements under ERISA, as determined by the Plan's actuary. The Company's contributions to the Plan for the years ended July 31, 2025 and 2024 satisfied the minimum funding requirements of ERISA. Participant contributions are not permitted under the Plan.

**NOTE 6 – PLAN TERMINATION**

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

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

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

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

**NOTE 7 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500**

The following reconciles net assets available for contribution receivable reported in the financial statements as of July 31, 2025 to Form 5500:

|                                                                        | <u>2025</u>         |
|------------------------------------------------------------------------|---------------------|
| Net assets available for benefits reported in the financial statements | \$ 7,161,407        |
| Difference in employer contribution receivable                         | <u>195,000</u>      |
| Net assets available reported in Form 5500                             | <u>\$ 7,356,407</u> |

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(Continued)

SLOAN VALVE COMPANY FACTORY EMPLOYEES'  
AMENDED PENSION PLAN  
NOTES TO FINANCIAL STATEMENTS  
July 31, 2025 and 2024

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**NOTE 7 – RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500 (Continued)**

The following reconciles the net increase in net assets available for benefits reported in the financial statements for the year ended July 31, 2025 to Form 5500:

|                                                   |                     |
|---------------------------------------------------|---------------------|
| Net decrease reported in the financial statements | \$ (392,981)        |
| Difference in employer contribution receivable    | <u>195,000</u>      |
| Net decrease reported in Form 5500                | <u>\$ (197,981)</u> |

**NOTE 8 – ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS**

Accumulated plan benefits are those future periodic payments, including lump sum distributions that are attributable under the Plan's provisions to the service participating employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' years of credited service. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

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

The significant actuarial assumptions used in the valuation as of July 31, 2024 were as follows:

|                          |                                                   |
|--------------------------|---------------------------------------------------|
| Assumed rate of return:  | 7.25%                                             |
| Expected retirement age: | Graded scale with ages from 60 to 70+             |
| Mortality assumptions    | Pri-2012 Blue Collar mortality with Scale MP-2021 |

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

The actuarial present value of accumulated plan benefit information as of July 31, 2024 was as follows:

|                                                            |                     |
|------------------------------------------------------------|---------------------|
| Actuarial present value of accumulated plan benefits       |                     |
| Vested benefits                                            |                     |
| Participants currently receiving payments                  | \$ 2,181,346        |
| Participants with deferred benefits                        | 2,773,502           |
| Active participants                                        | <u>3,541,459</u>    |
|                                                            | 8,496,307           |
| Nonvested benefits                                         | <u>122,346</u>      |
| Total actuarial present value of accumulated plan benefits | <u>\$ 8,618,653</u> |

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(Continued)

SLOAN VALVE COMPANY FACTORY EMPLOYEES'  
AMENDED PENSION PLAN  
NOTES TO FINANCIAL STATEMENTS  
July 31, 2025 and 2024

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**NOTE 8 – ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS** (Continued)

The change in the actuarial present value of accumulated plan benefits for the year ended July 31, 2024 is as follows:

|                                                                         |                         |
|-------------------------------------------------------------------------|-------------------------|
| Actuarial present value of accumulated plan benefits, July 31, 2023     | \$ 9,443,691            |
| Increase (decrease) during the year attributed to                       |                         |
| Interest accumulation                                                   | 621,295                 |
| Benefit payments                                                        | (1,155,634)             |
| Assumption changes                                                      | (526,284)               |
| Benefits accumulated and demographic experience                         | <u>235,585</u>          |
|                                                                         | <u>(825,038)</u>        |
| <br>Actuarial present value of accumulated plan benefits, July 31, 2024 | <br><u>\$ 8,618,653</u> |

**NOTE 9 – PARTY-IN-INTEREST TRANSACTIONS**

Parties-in-interest are defined under Department of Labor (DOL) regulations as any fiduciary of the Plan, any party rendering service to the Plan, the employer, and certain others. Amounts paid by the Plan to parties-in-interest included fees paid for actuarial, investment management and other services. These transactions are party in interest transactions under ERISA. The Plan invests in a money market fund and Common Stock issued by Morgan Stanley, investment advisor to the Plan and also invests in Bank deposit account of the trustee. These transactions are considered parties in interest transactions. Certain professional fees for the administration and audit of the Plan were paid by the Company. Various administrative functions are performed by officers or employees of the Company. No such officer or employee receives compensation from the Plan.

**NOTE 10 – TAX STATUS OF THE PLAN**

The Internal Revenue Service (IRS) has determined and informed the Company by a letter dated April 20, 2017, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Plan management believes that the Plan is currently being operated in compliance with the applicable requirements of the IRC.

Generally accepted accounting principles in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of July 31, 2025 and 2024, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2021.

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(Continued)

SLOAN VALVE COMPANY FACTORY EMPLOYEES'  
AMENDED PENSION PLAN  
NOTES TO FINANCIAL STATEMENTS  
July 31, 2025 and 2024

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**NOTE 11 - SUBSEQUENT ACTUARIAL VALUATION REPORT – UNAUDITED**

The actuarial information provided below was derived from the actuarial valuation as of July 31, 2025, which was received by the plan administrator subsequent to year end and is provided for informational purposes only. This information has not been audited by independent public accountants.

The plan administrator has received an actuarial valuation as of July 31, 2025, which reports that the actuarial present value of accumulated plan benefits has increased approximately \$1,345,314 from the amount reported as of July 31, 2024. The increase in the actuarial present value of accumulated plan benefits during this period reflects the effect of general Plan experience.

**NOTE 12 – SUBSEQUENT EVENTS**

Plan management has evaluated subsequent events for recognition and disclosure through May 13, 2026, which is the date the financial statements were available to be issued.

# Sloan Valve Company Factory Employees' Amended Pension Plan

EIN / PN 36-1787480 / 001

Schedule SB, Line 26a - Schedule of Active Participant Data

| Attained<br>age | Completed years of credited service as of August 1, 2024 |        |        |          |          |          |          |          |          |           | 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        | -                                                        | 1      | -      | -        | -        | -        | -        | -        | -        | -         | 1     |
| 40 to 44        | -                                                        | 2      | 1      | 2        | -        | -        | -        | -        | -        | -         | 5     |
| 45 to 49        | -                                                        | -      | 1      | 7        | 1        | -        | -        | -        | -        | -         | 9     |
| 50 to 54        | -                                                        | 2      | 5      | 2        | 7        | -        | -        | -        | -        | -         | 16    |
| 55 to 59        | -                                                        | 1      | 2      | 8        | 6        | 1        | 1        | -        | -        | -         | 19    |
| 60 to 64        | -                                                        | 2      | 5      | 6        | 5        | 3        | 8        | 1        | -        | -         | 30    |
| 65 to 69        | -                                                        | 1      | 4      | 1        | 1        | 1        | 1        | 4        | -        | -         | 13    |
| 70 & over       | -                                                        | -      | 1      | -        | -        | -        | -        | 1        | 1        | -         | 3     |
| Total           | -                                                        | 9      | 19     | 26       | 20       | 5        | 10       | 6        | 1        | -         | 96    |



# Sloan Valve Company Factory Employees' Amended Pension Plan

EIN / PN 36-1787480 / 001

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

## Actuarial Assumptions and Methods

### Plan Sponsor Elections

|                          |                                                                                                                                                                                                                                                                         |
|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Yield curve election:    | The plan sponsor did not elect to use the full yield curve under IRC section 430(h)(2)(D)(ii).                                                                                                                                                                          |
| Applicable month:        | The plan sponsor elected to base the segment rates on the rates published in the April immediately preceding the valuation year.                                                                                                                                        |
| Shortfall Amortization:  | The plan sponsor elected to adopt 15-year amortization of the funding shortfall starting with the 2020 plan year, as permitted by Internal Revenue Code (IRC) §430(c)(8) and the Employee Retirement Income Security Act of 1974 (ERISA) §303(c)(8) as amended by ARPA. |
| Interest Rate Smoothing: | The plan sponsor elected to reflect the changes to the IRC §430(h)(2) interest rates made by ARPA starting with the 2020 plan year, as permitted by §9706 of ARPA, for both funding and §436 benefit restrictions purposes.                                             |
| Asset Valuation Method:  | The plan sponsor has elected to set the actuarial value of assets equal to the fair market value of assets, as permitted under Treasury regulation §1.430(g)-1(c)(1)(ii), starting with the 2021 plan year.                                                             |

### Economic Assumptions

|                                                | Funding Target                                                                                                     |                          | PBGC              |
|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------|
|                                                | with<br>stabilization                                                                                              | without<br>stabilization | Funding<br>Target |
| First segment rate (years 0 to 4):             | 4.75%                                                                                                              | 4.75%                    | 4.75%             |
| Second segment rate (years 5 to 19):           | 5.18%                                                                                                              | 5.18%                    | 5.18%             |
| Third segment rate (years 20 and after):       | 5.59%                                                                                                              | 5.16%                    | 5.16%             |
| Effective interest rate (current year):        | 5.33%                                                                                                              | 5.15%                    | N/A               |
| ASC 960 discount rate (current year):          | 7.25%                                                                                                              |                          |                   |
| ASC 960 discount rate for lump sum conversion: | 5.60%, based on the assumed discount rates for lump sum conversion purposes under the 12/31/2024 ASC 715 valuation |                          |                   |

*The interest rates listed above are compounded annually.*



# Sloan Valve Company Factory Employees' Amended Pension Plan

EIN / PN 36-1787480 / 001

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

## Actuarial Assumptions and Methods

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### Demographic Assumptions

#### **RETIREMENT**

The retirement decrement assumptions are summarized in Table 1.

Terminated vested participants are assumed to retire at age 65.

#### **WITHDRAWAL**

The withdrawal decrement assumptions are summarized in Table 2.

#### **DISABILITY**

The disability decrement assumptions are summarized in Table 3.

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

The mortality follows the IRS 2024 Generational Mortality Table based on the rates in the RP-2014 Mortality Tables published by the SOA adjusted for mortality improvement, as prescribed by Treasury regulation section 1.430(h)(3)-1. For ASC 960, the Pri-2012 Blue Collar mortality table with Scale MP-2021.

#### **MORTALITY AND MORTALITY IMPROVEMENT FOR LUMP SUM CONVERSION**

The current 417(e) mortality table for lump sums.

#### **MARITAL STATUS**

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

#### **DECREMENT TIMING**

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

### Other Assumptions

#### **FORM OF PAYMENT**

90% of Participants are assumed to elect a lump sum, and 10% of Participants are assumed to elect a life annuity.

#### **MAXIMUM EARNINGS**

The maximum compensation limit under IRC section 401(a)(17) is \$345,000 for 2024.

#### **MAXIMUM BENEFIT**

The maximum benefit payable under IRC section 415 is \$275,000 for 2024.

#### **EXPENSES**

Prior year administrative expenses paid, adjusted for expected deviations in PBGC premiums for the year. For the 2024 plan year, an amount of \$245,000 was included in the target normal cost.



# Sloan Valve Company Factory Employees' Amended Pension Plan

EIN / PN 36-1787480 / 001

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

## Actuarial Assumptions and Methods

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### Changes in Assumptions from Prior Year and Rationale for Changes

Assumed expenses were changed to \$245,000 to better reflect actual plan experience.

The mortality table for lump sums was updated from the 2023 417(e)(3) mortality table to the 2024 417(e)(3) mortality table.

For ASC 960 purposes, the discount rate was changed from 7.00% to 7.25%.

For ASC 960, the single equivalent lump sum conversion rate was updated from 5.04% to 5.60%, based on the change in the assumed discount rates used for lump sum conversion purposes from the 12/31/2023 ASC 715 valuation to the 12/31/2024 ASC 715 valuation.

### Actuarial Methods

#### **VALUATION DATE**

The valuation date is August 1, 2024.

#### **ACTUARIAL VALUE OF ASSETS**

The actuarial value of assets is equal to the fair market value of assets.

#### **MINIMUM FUNDING METHOD**

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

#### **ASC 960 COST METHOD**

The method used to calculate the ASC 960 present value of accumulated plan benefits is the traditional unit credit cost method. The liability under the unit credit cost method is the value of the accrued pension benefit using service and pay as of the valuation date. The present value of the accrued benefit is calculated using the applicable ASC 960 assumptions.

### Changes in Methods from Prior Year and Rationale for Changes

None.



# Sloan Valve Company Factory Employees' Amended Pension Plan

EIN / PN 36-1787480 / 001

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

## Actuarial Assumptions and Methods

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Table 1 - Retirement Rates

| <u>Age</u> | <u>Rate</u> |
|------------|-------------|
| 60         | 5%          |
| 61         | 5%          |
| 62         | 25%         |
| 63         | 10%         |
| 64         | 10%         |
| 65         | 50%         |
| 66         | 20%         |
| 67         | 20%         |
| 68         | 20%         |
| 69         | 20%         |
| 70+        | 100%        |

Table 2 - Withdrawal Rates

| <u>Age</u> | <u>0</u> | <u>1</u> | <u>2</u> | <u>3</u> | <u>4</u> | <u>5+</u> |
|------------|----------|----------|----------|----------|----------|-----------|
| 20         | 8.16%    | 8.16%    | 8.16%    | 8.16%    | 8.16%    | 8.16%     |
| 25         | 6.46%    | 6.46%    | 6.46%    | 6.46%    | 6.46%    | 6.46%     |
| 30         | 4.93%    | 4.76%    | 4.76%    | 4.76%    | 4.76%    | 4.76%     |
| 35         | 4.93%    | 4.76%    | 4.42%    | 4.25%    | 4.08%    | 3.23%     |
| 40         | 4.93%    | 4.76%    | 4.42%    | 4.25%    | 4.08%    | 2.38%     |
| 45         | 4.93%    | 4.76%    | 4.42%    | 4.25%    | 4.08%    | 1.87%     |
| 50         | 4.93%    | 4.76%    | 4.42%    | 4.25%    | 4.08%    | 1.70%     |
| 55         | 4.93%    | 4.76%    | 4.42%    | 4.25%    | 4.08%    | 1.70%     |
| 60         | 4.93%    | 4.76%    | 4.42%    | 4.25%    | 4.08%    | 1.70%     |

Table 3 - Disability Rates

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

SLOAN VALVE COMPANY FACTORY EMPLOYEES'  
AMENDED PENSION PLAN  
SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS  
July 31, 2025

Name of plan sponsor: Sloan Valve Company  
Employer identification: 36-1787480  
Three-digit plan number: 001

| Description of Investment, Including<br>Identity of Issue, Borrower,<br>Lessor, or Similar Party                   |                                        | Maturity Date, Rate of Interest,<br>Par, Maturity Value, or Shares |           | Cost | Current<br>Value |            |            |        |
|--------------------------------------------------------------------------------------------------------------------|----------------------------------------|--------------------------------------------------------------------|-----------|------|------------------|------------|------------|--------|
| Category (i): A single transaction in excess of 5% of the current value of assets:                                 |                                        |                                                                    |           |      |                  |            |            |        |
| Federated Investors                                                                                                | Federated Investors                    | \$ 508,441                                                         | \$ -      | \$ - | \$ -             | \$ 508,441 | \$ 508,441 | \$ -   |
| Artisan                                                                                                            | Artisan International<br>Value Advisor | 404,507                                                            | -         | -    | -                | 404,507    | 404,507    | -      |
| Oakmark                                                                                                            | International Institutional            | -                                                                  | 394,992   | -    | -                | 394,992    | 394,992    | -      |
| Category (iii): A series of transactions in the same security in excess of 5% of the current value of Plan assets: |                                        |                                                                    |           |      |                  |            |            |        |
| Artisan                                                                                                            | Artisan International<br>Value Advisor | \$ 441,967                                                         | \$ -      | \$ - | \$ -             | \$ 441,967 | \$ 441,967 | \$ -   |
|                                                                                                                    |                                        | -                                                                  | 12,228    | -    | -                | 12,413     | 12,228     | (185)  |
| Federated Investors                                                                                                | Federated Investors                    | 860,429                                                            | -         | -    | -                | 860,429    | 860,429    | -      |
|                                                                                                                    |                                        | -                                                                  | 1,098,461 | -    | -                | 1,098,461  | 1,098,461  | -      |
| Oakmark                                                                                                            | International Institutional            | -                                                                  | 394,912   | -    | -                | 341,802    | 394,912    | 53,110 |

See Independent Auditor's Report.

|                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                   |                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE SB<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Single-Employer Defined Benefit Plan<br/>Actuarial Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div> | <div>OMB No. 1210-0110</div> <div>2024</div> <div>This Form is Open to Public Inspection</div> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|

|                                                                                                                                    |                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| For calendar plan year 2024 or fiscal plan year beginning 08/01/2024 and ending 07/31/2025                                         |                                                                                                                                                  |
| ▶ 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<br>Sloan Valve Company Factory Employees' Amended 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<br>Sloan Valve Company                                           | D Employer Identification Number (EIN)<br>36-1787480                                                                                             |
| E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | F Prior year plan size: <input type="checkbox"/> 100 or fewer <input checked="" type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |

|        |                                                                                                                                                                                                  |                            |                           |                          |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| Part I | Basic Information                                                                                                                                                                                |                            |                           |                          |
| 1      | Enter the valuation date: Month 08 Day 01 Year 2024                                                                                                                                              |                            |                           |                          |
| 2      | Assets:                                                                                                                                                                                          |                            |                           |                          |
| a      | Market value                                                                                                                                                                                     | 2a                         | 7,554,181                 |                          |
| b      | Actuarial value                                                                                                                                                                                  | 2b                         | 7,554,181                 |                          |
| 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                                                                                                                                     | 27                         | 2,577,444                 | 2,577,444                |
| b      | For terminated vested participants                                                                                                                                                               | 105                        | 3,209,155                 | 3,209,155                |
| c      | For active participants                                                                                                                                                                          | 96                         | 4,083,307                 | 4,213,829                |
| d      | Total                                                                                                                                                                                            | 228                        | 9,869,906                 | 10,000,428               |
| 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                          | 5.33%                     |                          |
| 6      | Target normal cost                                                                                                                                                                               |                            |                           |                          |
| a      | Present value of current plan year accruals                                                                                                                                                      | 6a                         | 0                         |                          |
| b      | Expected plan-related expenses                                                                                                                                                                   | 6b                         | 245,000                   |                          |
| c      | Target normal cost                                                                                                                                                                               | 6c                         | 245,000                   |                          |

**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.

|                          |                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                             |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <div>SIGN<br/>HERE</div> | <div>Kyle Severt KS</div> <div>Signature of actuary</div> <div>Kyle Severt, ASA, EA</div> <div>Type or print name of actuary</div> <div>October Three Consulting LLC</div> <div>Firm name</div> <div>233 South Wacker Drive<br/>Suite 8350<br/>Chicago IL 60606</div> <div>Address of the firm</div> | <div>04/24/2026</div> <div>Date</div> <div>2608782</div> <div>Most recent enrollment number</div> <div>312-878-2440</div> <div>Telephone number (including area code)</div> |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|



|                  |                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                             |                                                                     |
|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>Part V</b>    | <b>Assumptions Used to Determine Funding Target and Target Normal Cost</b>                                                                                                                                                                                                                             |                                                                                                                                                                             |                                                                     |
| <b>21</b>        | Discount rate:                                                                                                                                                                                                                                                                                         |                                                                                                                                                                             |                                                                     |
| <b>a</b>         | Segment rates:                                                                                                                                                                                                                                                                                         | <div style="display: flex; justify-content: space-around;"> <div>1st segment:<br/>4.75 %</div> <div>2nd segment:<br/>5.18 %</div> <div>3rd segment:<br/>5.59 %</div> </div> | <input type="checkbox"/> N/A, full yield curve used                 |
| <b>b</b>         | Applicable month (enter code).....                                                                                                                                                                                                                                                                     | <b>21b</b>                                                                                                                                                                  | 4                                                                   |
| <b>22</b>        | Weighted average retirement age .....                                                                                                                                                                                                                                                                  | <b>22</b>                                                                                                                                                                   | 65                                                                  |
| <b>23</b>        | Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute                                                                                                                     |                                                                                                                                                                             |                                                                     |
| <b>Part VI</b>   | <b>Miscellaneous Items</b>                                                                                                                                                                                                                                                                             |                                                                                                                                                                             |                                                                     |
| <b>24</b>        | Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                       |                                                                                                                                                                             |                                                                     |
| <b>25</b>        | 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                                                                                                            |                                                                                                                                                                             |                                                                     |
| <b>26</b>        | Demographic and benefit information                                                                                                                                                                                                                                                                    |                                                                                                                                                                             |                                                                     |
| <b>a</b>         | 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>b</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 |
| <b>27</b>        | If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....                                                                                                                                                                              | <b>27</b>                                                                                                                                                                   |                                                                     |
| <b>Part VII</b>  | <b>Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>                                                                                                                                                                                                                         |                                                                                                                                                                             |                                                                     |
| <b>28</b>        | Unpaid minimum required contributions for all prior years .....                                                                                                                                                                                                                                        | <b>28</b>                                                                                                                                                                   | 0                                                                   |
| <b>29</b>        | Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....                                                                                                                                                                              | <b>29</b>                                                                                                                                                                   | 0                                                                   |
| <b>30</b>        | Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                                                                                                                                                                                                | <b>30</b>                                                                                                                                                                   | 0                                                                   |
| <b>Part VIII</b> | <b>Minimum Required Contribution For Current Year</b>                                                                                                                                                                                                                                                  |                                                                                                                                                                             |                                                                     |
| <b>31</b>        | Target normal cost and excess assets (see instructions):                                                                                                                                                                                                                                               |                                                                                                                                                                             |                                                                     |
| <b>a</b>         | Target normal cost (line 6c).....                                                                                                                                                                                                                                                                      | <b>31a</b>                                                                                                                                                                  | 245,000                                                             |
| <b>b</b>         | Excess assets, if applicable, but not greater than line 31a .....                                                                                                                                                                                                                                      | <b>31b</b>                                                                                                                                                                  | 0                                                                   |
| <b>32</b>        | Amortization installments:                                                                                                                                                                                                                                                                             | Outstanding Balance                                                                                                                                                         | Installment                                                         |
| <b>a</b>         | Net shortfall amortization installment .....                                                                                                                                                                                                                                                           | 2,449,505                                                                                                                                                                   | 269,777                                                             |
| <b>b</b>         | Waiver amortization installment .....                                                                                                                                                                                                                                                                  | 0                                                                                                                                                                           | 0                                                                   |
| <b>33</b>        | 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 .....                                                                                                                             |                                                                                                                                                                             | <b>33</b>                                                           |
| <b>34</b>        | Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....                                                                                                                                                                                       |                                                                                                                                                                             | <b>34</b> 514,777                                                   |
| <b>35</b>        | Balances elected for use to offset funding requirement .....                                                                                                                                                                                                                                           | Carryover balance                                                                                                                                                           | Prefunding balance                                                  |
| <b>36</b>        | Additional cash requirement (line 34 minus line 35).....                                                                                                                                                                                                                                               |                                                                                                                                                                             | <b>36</b> 514,777                                                   |
| <b>37</b>        | Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....                                                                                                                                                                               |                                                                                                                                                                             | <b>37</b> 705,756                                                   |
| <b>38</b>        | Present value of excess contributions for current year (see instructions)                                                                                                                                                                                                                              |                                                                                                                                                                             |                                                                     |
| <b>a</b>         | Total (excess, if any, of line 37 over line 36)                                                                                                                                                                                                                                                        |                                                                                                                                                                             | <b>38a</b> 190,979                                                  |
| <b>b</b>         | Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                                                                                                                                           |                                                                                                                                                                             | <b>38b</b> 0                                                        |
| <b>39</b>        | Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                                                                                                                                                  |                                                                                                                                                                             | <b>39</b> 0                                                         |
| <b>40</b>        | Unpaid minimum required contributions for all years .....                                                                                                                                                                                                                                              |                                                                                                                                                                             | <b>40</b> 0                                                         |
| <b>Part IX</b>   | <b>Pension Funding Relief Under the American Rescue Plan Act of 2021 (See Instructions)</b>                                                                                                                                                                                                            |                                                                                                                                                                             |                                                                     |
| <b>41</b>        | 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 checked="" type="checkbox"/> 2020 <input type="checkbox"/> 2021 |                                                                                                                                                                             |                                                                     |

# Sloan Valve Company Factory Employees' Amended Pension Plan

EIN / PN 36-1787480 / 001

Schedule SB, Line 19 - Discounted Employer Contributions

| Contribution<br>Date | Contribution<br>Amount | # of Days<br>to Discount<br>10.33% | # of Days<br>to Discount<br>5.33% | Discounted<br>Contribution |
|----------------------|------------------------|------------------------------------|-----------------------------------|----------------------------|
| 11/8/2024            | \$135,454              | 0                                  | 99                                | \$133,560                  |
| 2/24/2025            | 135,454                | 9                                  | 198                               | 131,416                    |
| 5/12/2025            | 135,454                | 0                                  | 284                               | 130,090                    |
| 8/6/2025             | 135,454                | 0                                  | 370                               | 128,508                    |
| 10/20/2025           | \$95,000               | 0                                  | 445                               | \$89,172                   |
| 11/6/2025            | \$50,000               | 0                                  | 462                               | \$46,819                   |
| 2/9/2026             | \$50,000               | 0                                  | 557                               | \$46,191                   |
|                      | <u>\$736,816</u>       |                                    |                                   | <u>\$705,756</u>           |

Sloan Valve Company Factory Employees' Amended Pension Plan

EIN / PN 36-1787480 / 001

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

| <u>Age</u> | <u>Probability</u> | <u>Number Retiring</u> | <u>Number Remaining</u> | <u>Result</u> |
|------------|--------------------|------------------------|-------------------------|---------------|
| 60         | 5.00%              | 0.050000               | 0.950000                | 3.000000      |
| 61         | 5.00%              | 0.047500               | 0.902500                | 2.897500      |
| 62         | 25.00%             | 0.225625               | 0.676875                | 13.988750     |
| 63         | 10.00%             | 0.067688               | 0.609188                | 4.264313      |
| 64         | 10.00%             | 0.060919               | 0.548269                | 3.898800      |
| 65         | 50.00%             | 0.274134               | 0.274134                | 17.818734     |
| 66         | 20.00%             | 0.054827               | 0.219308                | 3.618574      |
| 67         | 20.00%             | 0.043862               | 0.175446                | 2.938721      |
| 68         | 20.00%             | 0.035089               | 0.140357                | 2.386066      |
| 69         | 20.00%             | 0.028071               | 0.112285                | 1.936924      |
| 70         | 100.00%            | 0.112285               | 0.000000                | 7.859981      |
|            |                    |                        |                         | 64.608361     |



# Sloan Valve Company Factory Employees' Amended Pension Plan

EIN / PN 36-1787480 / 001

Schedule SB, Part V - Summary of Plan Provisions

## Plan Provisions

### EFFECTIVE DATE

July 1, 1956. Last amended and restated effective August 1, 2015.

### PLAN YEAR

August 1 to July 31.

### ELIGIBILITY

Effective December 10, 2010, no new participants will enter the plan and benefit accruals were frozen.

### DATE OF PARTICIPATION

Sixty days following the date of hire, provided the employee is a member of the Union. Effective December 10, 2010, the plan is frozen to new participants.

### Definitions

### BENEFIT SERVICE

Effective December 10, 2010, no further Benefit Service will be earned under the Plan.

### ACCRUED BENEFIT

Monthly amount of a Participant's Retirement Benefits payable in the form of a Single Life Annuity, commencing on the first day of the month coinciding with or next following the Participant's Normal Retirement Date occurs, or, if later, the first day of the month coinciding with or next following the date on which his employment terminates, in an amount equal to the applicable rate specified below as of the earlier of the determination date or the date of the Employee's Termination of Employment (or the date the Employee otherwise ceases to be an Employee) multiplied by the number of his Years of Benefit Service to the date the amount is determined.

The monthly retirement benefit rates that have been in effect are summarized as follows:

| Effective<br>Date | Monthly<br>Benefit | Effective<br>Date | Monthly<br>Benefit | Effective<br>Date | Monthly<br>Benefit Rate |
|-------------------|--------------------|-------------------|--------------------|-------------------|-------------------------|
| 7/1/1956          | \$1.00             | 10/1/1980         | \$11.00            | 10/1/1996         | \$20.50                 |
| 7/1/1957          | \$1.20             | 10/1/1981         | \$11.50            | 10/1/1997         | \$21.50                 |
| 7/1/1958          | \$2.00             | 10/1/1982         | \$12.00            | 10/1/1998         | \$22.50                 |
| 7/1/1963          | \$2.25             | 10/1/1983         | \$12.50            | 10/1/1999         | \$23.25                 |
| 7/1/1965          | \$2.50             | 10/1/1984         | \$13.00            | 10/1/2000         | \$24.00                 |
| 7/1/1966          | \$2.75             | 10/1/1985         | \$14.00            | 10/1/2001         | \$24.75                 |
| 7/1/1968          | \$3.75             | 10/1/1986         | \$14.50            | 10/1/2002         | \$25.50                 |
| 7/1/1970          | \$4.00             | 10/1/1987         | \$15.00            | 10/1/2003         | \$26.25                 |
| 8/16/1972         | \$5.00             | 10/1/1988         | \$15.50            | 10/1/2004         | \$27.00                 |
| 8/16/1973         | \$6.00             | 10/1/1989         | \$16.00            | 10/1/2005         | \$27.50                 |
| 10/1/1974         | \$7.00             | 10/1/1990         | \$16.50            | 10/1/2006         | \$28.00                 |
| 10/1/1975         | \$8.00             | 10/1/1991         | \$17.00            | 10/1/2007         | \$28.50                 |
| 10/1/1976         | \$9.00             | 10/1/1992         | \$17.50            | 10/1/2009         | \$29.00                 |
| 10/1/1977         | \$10.00            | 10/1/1993         | \$18.00            | 12/10/2010        | \$0.00                  |
| 10/1/1978         | \$10.25            | 10/1/1994         | \$18.50            |                   |                         |
| 10/1/1979         | \$10.50            | 10/1/1995         | \$19.50            |                   |                         |



## Sloan Valve Company Factory Employees' Amended Pension Plan

EIN / PN 36-1787480 / 001

Schedule SB, Part V - Summary of Plan Provisions

### Plan Provisions

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#### **NORMAL RETIREMENT DATE**

The later of (a) the day on which a person attains age 65 or (b) the earlier of (i) the 5th anniversary of the day on which the person commences participation in the Plan or (ii) the day on which he attains age 70.

#### **NORMAL RETIREMENT BENEFIT**

Benefit rate in effect at termination of employment or, if earlier, at time of transfer to office payroll, times years of benefit service.

#### **EARLY RETIREMENT ELIGIBILITY**

After attaining age 60 and completing 10 years of service but before attaining normal retirement.

#### **EARLY RETIREMENT BENEFIT**

The amount determined as for normal retirement based on benefit service and the benefit rate in effect at the time of termination of employment, reduced 1/2% for each month by which benefit commencement precedes age 65.

#### **POSTPONED RETIREMENT ELIGIBILITY**

After attaining eligibility for normal retirement.

#### **POSTPONED RETIREMENT BENEFIT**

The amount determined as for normal retirement based on benefit service and the benefit rate in effect at the time of termination of employment.

#### **DISABILITY RETIREMENT ELIGIBILITY**

After completing 10 years of service but before attaining eligibility for normal retirement.

#### **DISABILITY RETIREMENT BENEFIT**

The greater of (1) or (2) below.

- (1) The amount determined as for normal retirement based on benefit service and the benefit rate in effect at the time of disability.
- (2) \$400. (As long as the employee is disabled, the company provides the same preretirement spouses' benefit as for active employees unless at normal retirement date, the employee elects an optional form of benefit other than the normal form.)

#### **DEFERRED VESTED RETIREMENT ELIGIBILITY**

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

#### **DEFERRED VESTED RETIREMENT COMMENCEMENT**

For employees with at least 10 years of service: between age 60 and eligibility for normal retirement.  
For employees with less than 10 years of service: at eligibility for normal retirement.

#### **DEFERRED VESTED RETIREMENT BENEFIT**

The amount as determined for early retirement.



## Sloan Valve Company Factory Employees' Amended Pension Plan

EIN / PN 36-1787480 / 001

Schedule SB, Part V - Summary of Plan Provisions

### Plan Provisions

---

#### **PRERETIREMENT DEATH BENEFIT ELIGIBILITY**

After becoming vested, and before receiving any benefits under the plan. Payable to surviving spouses of married participants and non spouse beneficiaries of single participants.

#### **PRERETIREMENT DEATH BENEFIT COMMENCEMENT**

At the later of the date of death or the date the employee would have attained age 60.

#### **PRERETIREMENT DEATH BENEFIT**

50% of the amount that would have been payable if the employee had terminated employment on the date of death (if not already terminated), survived to age 60 (if not already age 60), and then begun to receive a life annuity.

#### **AUTOMATIC FORM OF ANNUITY**

For unmarried employees: life annuity.

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

#### **ACTUARIAL EQUIVALENT**

##### Lump Sums

|                       |                                                                                                                                                                                                                                                                                           |
|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Applicable Interest:  | The adjusted first, second and third segment rates applied similar to the rules of IRC Section 430(h)(2)(C) for the second full calendar month preceding the first day of the Plan Year in which the distribution occurs, but determined without regard to the 24 month averaging period. |
| Applicable Mortality: | The current 417(e) table for lump sums                                                                                                                                                                                                                                                    |

##### For all other purposes

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

#### **OPTIONAL FORMS**

Single Life Annuity, Joint and 75% or 100% Surviving Spouse Annuity, Life Annuity With Ten Years Certain, and Lump Sum for married participants. Life Annuity with Ten Years Certain and Lump Sum for unmarried participants.

SLOAN VALVE COMPANY FACTORY EMPLOYEES'  
AMENDED PENSION PLAN  
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
July 31, 2025

|                          |                     |
|--------------------------|---------------------|
| Name of plan sponsor:    | Sloan Valve Company |
| Employer identification: | 36-1787480          |
| Three-digit plan number: | 001                 |

| Description of Investment, Including<br>Identity of Issue, Borrower,<br>Lessor, or Similar Party | Maturity Date, Rate of Interest,<br>Par, Maturity Value, or Shares | Cost      | Current<br>Value |
|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|-----------|------------------|
| <b><u>U.S Government and Agency Securities</u></b>                                               |                                                                    |           |                  |
| U.S. Treasury Bonds & Notes                                                                      | United States Treas Nts 3.7500% 05/31/30                           | \$ 65,644 | \$ 65,392        |
| U.S. Treasury Bonds & Notes                                                                      | United States Treas Nts 4.1250% 11/15/27                           | 156,526   | 157,675          |
| U.S. Treasury Bonds & Notes                                                                      | United States Treas Nts 4.1250% 11/30/29                           | 68,678    | 69,523           |
| U.S. Treasury Bonds & Notes                                                                      | United States Treas Nts 4.2500% 01/15/28                           | 42,307    | 42,323           |
| U.S. Treasury Bonds & Notes                                                                      | United States Treas Nts 4.3750% 07/15/27                           | 184,858   | 184,420          |
| U.S. Treasury Bonds & Notes                                                                      | UNITED STATES TREAS NTS 3.7500% 08/31/31                           | 54,482    | 54,065           |
| U.S. Treasury Bonds & Notes                                                                      | UNITED STATES TREAS NTS 3.7500% 05/15/28                           | 96,940    | 96,654           |
| U.S. Treasury Bonds & Notes                                                                      | UNITED STATES TREAS NTS 4% 05/31/30                                | 130,806   | 131,306          |
| U.S. Treasury Bonds & Notes                                                                      | UNITED STATES TREAS NTS 4.625% 02/15/35                            | 119,772   | 120,552          |
| U.S. Treasury Bonds & Notes                                                                      | US Treasury Note 3.8750% 08/15/33                                  | 21,546    | 21,472           |
| U.S. Treasury Bonds & Notes                                                                      | US Treasury Notes 4.0000% 03/31/30                                 | 114,651   | 114,267          |
| U.S. Treasury Bonds & Notes                                                                      | Us T Bills/zero Cp Dtd Governm                                     | 38,466    | 38,522           |
| Fannie Mae                                                                                       | Fannie Mae 3.5000% 06/01/52                                        | 8,757     | 8,784            |
| Fannie Mae                                                                                       | Fannie Mae 5.0000% 11/01/54                                        | 66,062    | 66,024           |
| Fhlmc Super                                                                                      | Fhlmc Super 30y Fixed 3.5000% 11/25/52                             | 48,370    | 48,533           |
| Fhlmc Super                                                                                      | Fhlmc Super 30y Fixed 5.0000% 01/25/53                             | 13        | 13               |
| FNMA                                                                                             | Fnma Umbs Lng 30 Year 5.0000% 07/25/54                             | 29,642    | 29,731           |
| FNMA                                                                                             | Fnma Umbs Lng 30 Year 5.0000% 11/25/53                             | 30,857    | 30,141           |
| FNMA                                                                                             | Fnma Umbs Lng 30 Year 5.000 5.0000% 10/25/52                       | 32        | 33               |
| Freddie Mac                                                                                      | Freddie 5.0000% 07/25/53                                           | 41,159    | 41,440           |
| Fhlmc Super                                                                                      | Fhlmc Super 30y Fixed 3.5000% 05/01/52                             | 91,139    | 89,569           |
| Fhlmc Super                                                                                      | Fhlmc Super 30y Fixed 3.5000% 06/01/52                             | 44,688    | 44,720           |
| Fhlmc Super                                                                                      | Fhlmc Super 30y Fixed 3.5000% 09/01/52                             | 7,616     | 7,589            |
| Fhlmc Super                                                                                      | Fhlmc Super 30y Fixed 5.0000% 01/01/54                             | 26,935    | 27,058           |
| Fhlmc Super                                                                                      | Fhlmc Super 30y Fixed 5.5000% 08/01/53                             | 49,797    | 49,975           |
| FNMA                                                                                             | Fnma Umbs Lng 30 Year 5.0000% 03/01/54                             | 61,725    | 61,777           |
| FNMA                                                                                             | Fnma Umbs Lng 30 Year 5.0000% 09/01/52                             | 168       | 168              |
| FNMA                                                                                             | Fnma Umbs Lng 30 Year 5.5000% 08/01/54                             | 91,387    | 91,818           |
| Bank of America                                                                                  | Bk Amer Co 5.8190% 09/15/29                                        | 56,441    | 57,126           |
| <i>U.S. Government and Agency Securities Total:</i>                                              |                                                                    | 1,749,464 | 1,750,670        |

(Continued)

SLOAN VALVE COMPANY FACTORY EMPLOYEES'  
 AMENDED PENSION PLAN  
 SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
 July 31, 2025

|                          |                     |
|--------------------------|---------------------|
| Name of plan sponsor:    | Sloan Valve Company |
| Employer identification: | 36-1787480          |
| Three-digit plan number: | 001                 |

| Description of Investment, Including<br>Identity of Issue, Borrower,<br>Lessor, or Similar Party | Maturity Date, Rate of Interest,<br>Par, Maturity Value, or Shares | Cost      | Current<br>Value |
|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|-----------|------------------|
| <b><u>Corporate Bonds</u></b>                                                                    |                                                                    |           |                  |
| Schwab Charles Corp                                                                              | Schwab Charles Corp 4.0000%                                        | \$ 27,305 | \$ 28,575        |
| Air Lease Corp                                                                                   | Air Lease Corp 3.2500% 10/01/29                                    | 53,756    | 56,989           |
| Amreican Elec Pwr Inc                                                                            | American Elec Pwr Inc 5.6250% 03/01/33                             | 55,756    | 57,066           |
| Amgen Inc                                                                                        | Amgen Inc 5.2500% 03/02/30                                         | 57,010    | 57,508           |
| Boeing Co                                                                                        | Boeing Co 2.1960% 02/04/26                                         | 54,585    | 57,243           |
| Dell Intl                                                                                        | Dell Intl Llc 5.5000% 04/01/35                                     | 56,326    | 57,612           |
| Edison Intl                                                                                      | Edison Intl 5.7500% 06/15/27                                       | 28,239    | 28,260           |
| Energy Transfer Operating Lp                                                                     | Energy Transfer Operating Lp5.2500% 04/15/29                       | 55,887    | 57,118           |
| HCA INC                                                                                          | HCA INC. SR GLBL NT 5.2000% 06/01/28                               | 56,405    | 56,971           |
| Oracle Corp                                                                                      | Oracle Corp 4.8000% 08/03/28                                       | 56,124    | 56,590           |
| Sabine Pass Liquefaction LLC                                                                     | Sabine Pass Liquefaction Llc5.0000% 03/15/27                       | 57,078    | 57,229           |
| Viatis Inc                                                                                       | Viatis Inc 2.7000% 06/22/30                                        | 57,154    | 57,590           |
| The Toronto-Dominion Bank                                                                        | Toronto Domin 5.5230% 07/17/28                                     | 56,413    | 56,681           |
| Capital One                                                                                      | Capital One Finl Corp 5.7000% 02/01/30                             | 57,657    | 57,738           |
| Citigroup INC                                                                                    | Citigroup Inc 4.5420% 09/19/30                                     | 57,863    | 57,741           |
| Citigroup INC                                                                                    | Citigroup Inc 5.8270% 02/13/35                                     | 57,115    | 58,001           |
| Goldman Sachs Group Inc                                                                          | Goldman Sachs Group Inc 4.2230% 05/01/29                           | 57,640    | 57,594           |
| US Bancorp                                                                                       | Us Bancorp 2.4910% 11/03/36                                        | 54,080    | 57,649           |
| Wells Fargo                                                                                      | Wells Fargo & Co 3.5260% 03/24/28                                  | 83,165    | 85,633           |
| <i>Corporate Bonds Total:</i>                                                                    |                                                                    | 1,039,558 | 1,059,788        |

(Continued)

SLOAN VALVE COMPANY FACTORY EMPLOYEES'  
AMENDED PENSION PLAN  
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
July 31, 2025

|                          |                     |
|--------------------------|---------------------|
| Name of plan sponsor:    | Sloan Valve Company |
| Employer identification: | 36-1787480          |
| Three-digit plan number: | 001                 |

| Description of Investment, Including<br>Identity of Issue, Borrower,<br>Lessor, or Similar Party | Maturity Date, Rate of Interest,<br>Par, Maturity Value, or Shares | Cost     | Current<br>Value |
|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|----------|------------------|
| <b><u>Common Stocks</u></b>                                                                      |                                                                    |          |                  |
| Abbott Labs                                                                                      | Abbott Labs                                                        | \$ 5,097 | \$ 5,837         |
| AbbVie Inc                                                                                       | AbbVie Inc                                                         | 4,138    | 5,464            |
| Advanced Energy Inds Inc                                                                         | Advanced Energy Inds Inc                                           | 7,037    | 10,089           |
| Air Prods & Chems Inc                                                                            | Air Prods & Chems Inc                                              | 5,190    | 4,830            |
| Airbnb Inc                                                                                       | Airbnb Inc                                                         | 8,146    | 7,626            |
| Akamai Technologies Inc                                                                          | Akamai Technologies Inc                                            | 5,635    | 4,504            |
| Albany Intl Corp New Cl A                                                                        | Albany Intl Corp New Cl A                                          | 8,170    | 5,364            |
| Alphabet Inc Cl A                                                                                | Alphabet Inc Cl A                                                  | 4,883    | 5,216            |
| Altria Group Inc                                                                                 | Altria Group Inc                                                   | 2,629    | 2,826            |
| Amazon Com Inc                                                                                   | Amazon Com Inc                                                     | 18,318   | 28,327           |
| Ameren Corp                                                                                      | Ameren Corp                                                        | 1,625    | 2,031            |
| American Electric Power Inc                                                                      | American Electric Power Inc                                        | 2,432    | 3,010            |
| Ametek Inc New                                                                                   | Ametek Inc New                                                     | 4,140    | 4,558            |
| Analog Devices Inc                                                                               | Analog Devices Inc                                                 | 5,658    | 6,690            |
| Appfolio Inc                                                                                     | Appfolio Inc                                                       | 2,720    | 3,175            |
| Ares Management Corporation                                                                      | ArchRock Inc .0000%                                                | 3,262    | 7,662            |
| Ares Management Corporation                                                                      | Ares Management Corporation                                        | 14,017   | 17,667           |
| AT&T Inc                                                                                         | AT&T Inc                                                           | 3,407    | 6,030            |
| Automatic Data Processing Inc                                                                    | Automatic Data Processing Inc                                      | 3,891    | 4,786            |
| Avery Dennison Corp                                                                              | Avery Dennison Corp                                                | 1,491    | 1,434            |
| Bank America Corp                                                                                | Bank America Corp                                                  | 5,636    | 7,232            |
| Bank Of New York Mellon Corp                                                                     | Bank Of New York Mellon Corp                                       | 3,097    | 6,053            |
| Berkley W R Corp                                                                                 | Berkley W R Corp                                                   | 3,594    | 4,478            |
| Bio Rad Labs Inc                                                                                 | Bio Rad Labs Inc Cl A                                              | 7,855    | 5,463            |
| Blackrock Inc                                                                                    | Blackrock Inc                                                      | 3,615    | 5,164            |
| Blackstone Group Inc                                                                             | Blackstone Group Inc                                               | 1,043    | 1,892            |
| Bristol Myers Squibb Co                                                                          | Bristol Myers Squibb Co                                            | 4,536    | 3,417            |
| Broadcom Inc                                                                                     | Broadcom Inc                                                       | 1,895    | 7,585            |
| Brookfield Corporation                                                                           | Brookfield Corporation                                             | 15,023   | 30,441           |
| Brown & Brown Inc                                                                                | Brown & Brown Inc                                                  | 11,378   | 16,355           |
| C M S Energy Corp                                                                                | C M S Energy Corp                                                  | 1,025    | 1,228            |
| C S X Corp                                                                                       | C S X Corp                                                         | 2,328    | 2,540            |
| Cabot Corp                                                                                       | Cabot Corp                                                         | 3,969    | 4,020            |
| Cadence Design Systems Inc                                                                       | Cadence Design Systems Inc                                         | 6,364    | 8,715            |
| Carmax Inc                                                                                       | Carmax Inc                                                         | 2,517    | 2,015            |
| Carrier Global Corporation                                                                       | Carrier Global Corporation                                         | 8,103    | 8,372            |
| CBRE Group Inc                                                                                   | CBRE Group Inc                                                     | 8,521    | 17,910           |
| Ccc Intelligent Solutions Hld                                                                    | Ccc Intelligent Solutions Hld                                      | 5,625    | 4,729            |
| Celestica Inc                                                                                    | Celestica Inc                                                      | 3,835    | 4,368            |
| Charles Schwab Corp                                                                              | Charles Schwab Corp                                                | 8,646    | 10,457           |
| Chevron Corporation                                                                              | Chevron Corporation                                                | 5,206    | 4,973            |
| Chipotle Mexican Grill                                                                           | Chipotle Mexican Grill-Cl A                                        | 5,829    | 5,703            |

(Continued)

SLOAN VALVE COMPANY FACTORY EMPLOYEES'  
AMENDED PENSION PLAN  
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
July 31, 2025

|                          |                     |
|--------------------------|---------------------|
| Name of plan sponsor:    | Sloan Valve Company |
| Employer identification: | 36-1787480          |
| Three-digit plan number: | 001                 |

| Description of Investment, Including<br>Identity of Issue, Borrower,<br>Lessor, or Similar Party | Maturity Date, Rate of Interest,<br>Par, Maturity Value, or Shares | Cost     | Current<br>Value |
|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|----------|------------------|
| <b><u>Common Stocks</u></b> (Continued)                                                          |                                                                    |          |                  |
| Cirrus Logic Inc                                                                                 | Cirrus Logic Inc                                                   | \$ 5,903 | \$ 7,691         |
| Cisco Sys Inc                                                                                    | Cisco Sys Inc                                                      | 5,650    | 7,965            |
| Cme Group Inc.                                                                                   | Cme Group Inc.                                                     | 3,819    | 5,180            |
| Coca Cola Co                                                                                     | Coca Cola Co                                                       | 3,346    | 3,663            |
| Comcast Corp                                                                                     | Comcast Corp-CI A                                                  | 5,307    | 4,420            |
| Connectone Bancorp Inc                                                                           | Connectone Bancorp Inc                                             | 3,989    | 4,698            |
| Conocophillips                                                                                   | Conocophillips                                                     | 3,347    | 2,930            |
| Copart Inc                                                                                       | Copart Inc                                                         | 14,166   | 19,900           |
| CoStar Group Inc.                                                                                | CoStar Group Inc.                                                  | 14,738   | 19,609           |
| Cummins Inc                                                                                      | Cummins Inc                                                        | 1,398    | 2,159            |
| D T E Energy Company                                                                             | D T E Energy Company                                               | 978      | 1,198            |
| Danaher Corp                                                                                     | Danaher Corp                                                       | 9,427    | 9,060            |
| Darling International Inc                                                                        | Darling International Inc                                          | 10,846   | 6,897            |
| Datadog Inc                                                                                      | Datadog Inc                                                        | 6,391    | 8,358            |
| Denny's Corp                                                                                     | Denny's Corp                                                       | 8,206    | 3,069            |
| Digi Intl Inc                                                                                    | Digi Intl Inc                                                      | 7,143    | 7,370            |
| Disney Walt Co                                                                                   | Disney Walt Co                                                     | 4,342    | 5,197            |
| Dominos Pizza Inc                                                                                | Dominos Pizza Inc                                                  | 7,741    | 10,213           |
| Dynatrace Inc                                                                                    | Dynatrace Inc                                                      | 6,587    | 6,787            |
| Eagle Materials Inc                                                                              | Eagle Materials Inc                                                | 1,590    | 1,664            |
| Eastgroup Pptys Inc Reit                                                                         | Eastgroup Pptys Inc Reit                                           | 5,609    | 5,572            |
| eBay Inc                                                                                         | eBay Inc                                                           | 1,601    | 2,715            |
| Ecolab Inc                                                                                       | Ecolab Inc                                                         | 4,398    | 6,052            |
| Enersys                                                                                          | Enersys                                                            | 8,594    | 8,051            |
| Entegris Inc                                                                                     | Entegris Inc                                                       | 14,519   | 11,691           |
| Entergy Corp                                                                                     | Entergy Corp                                                       | 2,224    | 3,812            |
| Eog Res Inc                                                                                      | Eog Res Inc                                                        | 2,446    | 2,434            |
| ESC GCI Liberty Inc                                                                              | ESC GCI LIBERTY INC SRD42                                          | -        | 178              |
| Exxon Mobil Corp                                                                                 | Exxon Mobil Corp                                                   | 8,801    | 9,439            |
| Fair Isaac Corp                                                                                  | Fair Isaac Corp                                                    | 10,040   | 11,251           |
| Fastenal Co                                                                                      | Fastenal Co                                                        | 4,790    | 7,973            |
| Fb Finl Corp                                                                                     | Fb Finl Corp                                                       | 5,222    | 8,826            |
| Firstcash Holdings Inc                                                                           | Firstcash Holdings Inc                                             | 5,869    | 7,743            |
| Floor & Decor Hldgs Inc                                                                          | Floor & Decor Hldgs Inc                                            | 6,906    | 6,136            |
| Formfactor Inc                                                                                   | Formfactor Inc                                                     | 5,097    | 4,262            |
| Franklin Electric Co Inc                                                                         | Franklin Electric Co Inc                                           | 5,512    | 5,620            |
| Gallagher Arthur J & Co                                                                          | Gallagher Arthur J & Co                                            | 15,361   | 16,506           |
| Gartner Inc CI A                                                                                 | Gartner Inc CI A                                                   | 6,587    | 5,751            |
| General Dynamics Corp                                                                            | General Dynamics Corp                                              | 3,790    | 4,351            |
| General Electric Co                                                                              | General Electric Co                                                | 5,370    | 8,035            |
| General Mls Inc                                                                                  | General Mls Inc                                                    | 1,931    | 1,379            |
| Gilead Sciences Inc                                                                              | Gilead Sciences Inc                                                | 2,749    | 2,864            |

(Continued)

SLOAN VALVE COMPANY FACTORY EMPLOYEES'  
AMENDED PENSION PLAN  
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
July 31, 2025

|                          |                     |
|--------------------------|---------------------|
| Name of plan sponsor:    | Sloan Valve Company |
| Employer identification: | 36-1787480          |
| Three-digit plan number: | 001                 |

| Description of Investment, Including<br>Identity of Issue, Borrower,<br>Lessor, or Similar Party | Maturity Date, Rate of Interest,<br>Par, Maturity Value, or Shares | Cost     | Current<br>Value |
|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|----------|------------------|
| <b><u>Common Stocks</u></b> (Continued)                                                          |                                                                    |          |                  |
| Graco Inc                                                                                        | Graco Inc                                                          | \$ 2,569 | \$ 2,591         |
| Hackett Group Inc                                                                                | Hackett Group Inc                                                  | 4,994    | 5,918            |
| Heico Corp New                                                                                   | Heico Corp New CI A                                                | 14,340   | 29,164           |
| Hexcel Corp                                                                                      | Hexcel Corp                                                        | 8,464    | 7,848            |
| Hilton Worldwide Holdings                                                                        | Hilton Worldwide Holdings                                          | 14,430   | 27,612           |
| Home Depot Inc                                                                                   | Home Depot Inc                                                     | 5,516    | 6,716            |
| Honeywell Intl Inc                                                                               | Honeywell Intl Inc                                                 | 5,443    | 6,011            |
| Horace Mann Educators Corp New                                                                   | Horace Mann Educators Corp New                                     | 2,294    | 3,157            |
| Hyatt Hotels Corp                                                                                | Hyatt Hotels Corp - CI A                                           | 2,758    | 5,362            |
| Idexx Labs Inc                                                                                   | Idexx Labs Inc                                                     | 6,387    | 7,477            |
| Illinois Tool Wks Inc                                                                            | Illinois Tool Wks Inc                                              | 3,097    | 3,180            |
| Insperty Inc                                                                                     | Insperty Inc                                                       | 7,939    | 4,656            |
| International Business Machines Corp                                                             | International Business Machines Corp                               | 3,501    | 6,142            |
| Intuit                                                                                           | Intuit                                                             | 8,980    | 14,575           |
| Intuitive Surgical Inc                                                                           | Intuitive Surgical Inc                                             | 5,816    | 5,430            |
| J P Morgan Chase & Co                                                                            | J P Morgan Chase & Co                                              | 8,687    | 17,618           |
| Jack In The Box Inc                                                                              | Jack In The Box Inc                                                | 9,330    | 2,876            |
| Johnson & Johnson                                                                                | Johnson & Johnson                                                  | 9,563    | 9,795            |
| Kimball Electronics Inc                                                                          | Kimball Electronics Inc                                            | 8,045    | 6,472            |
| Kkr & Co Inc                                                                                     | Kkr & Co Inc                                                       | 24,692   | 38,844           |
| Kla-Tencor Corp                                                                                  | Kla-Tencor Corp                                                    | 9,326    | 11,530           |
| Lam Research Corp.                                                                               | Lam Research Corp.                                                 | 2,949    | 3,737            |
| Lennar Corp                                                                                      | Lennar Corp                                                        | 7,489    | 9,251            |
| Liberty Media Corp Del                                                                           | Liberty Media Corp Del                                             | 2,054    | 2,705            |
| Liberty Media Corp Del                                                                           | Liberty Media Corp Del Com Lbty Liv S C                            | 1,622    | 1,613            |
| Liberty Media Corp Del                                                                           | Liberty Media Corp Del Com Lbty One S C                            | 4,026    | 7,373            |
| Littelfuse Inc                                                                                   | Littelfuse Inc                                                     | 7,596    | 8,448            |
| Live Nation Inc                                                                                  | Live Nation Inc                                                    | 9,044    | 15,952           |
| LPL Financial Holdings Inc                                                                       | LPL Financial Holdings Inc                                         | 8,474    | 9,307            |
| Markel Corporation                                                                               | Markel Corporation                                                 | 9,269    | 15,833           |
| Marsh & McLennan Cos Inc                                                                         | Marsh & McLennan Cos Inc                                           | 4,083    | 4,667            |
| Martin Marietta Matls Inc                                                                        | Martin Marietta Matls Inc                                          | 10,326   | 15,458           |
| Marvell Technology Group Ltd                                                                     | Marvell Technology Group Ltd                                       | 10,680   | 13,100           |
| Mc Donald's Corporation                                                                          | Mc Donald's Corporation                                            | 5,255    | 5,737            |
| Merck & Co Inc                                                                                   | Merck & Co Inc                                                     | 3,497    | 2,683            |
| Meritage Homes Corporation                                                                       | Meritage Homes Corporation                                         | 4,341    | 4,886            |
| Microsoft Corp                                                                                   | Microsoft Corp                                                     | 29,014   | 44,581           |
| Mondelez International Inc                                                                       | Mondelez International Inc                                         | 4,007    | 3,783            |
| Monolithic Power                                                                                 | Monolithic Power                                                   | 9,955    | 12,552           |
| Moodys Corp                                                                                      | Moodys Corp                                                        | 2,537    | 3,957            |
| Moog Inc CI A                                                                                    | Moog Inc CI A                                                      | 4,239    | 8,053            |
| Morgan Stanley                                                                                   | Morgan Stanley                                                     | 3,654    | 5,841            |

(Continued)

SLOAN VALVE COMPANY FACTORY EMPLOYEES'  
AMENDED PENSION PLAN  
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
July 31, 2025

|                          |                     |
|--------------------------|---------------------|
| Name of plan sponsor:    | Sloan Valve Company |
| Employer identification: | 36-1787480          |
| Three-digit plan number: | 001                 |

| Description of Investment, Including<br>Identity of Issue, Borrower,<br>Lessor, or Similar Party | Maturity Date, Rate of Interest,<br>Par, Maturity Value, or Shares | Cost     | Current<br>Value |
|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|----------|------------------|
| <b><u>Common Stocks</u></b> (Continued)                                                          |                                                                    |          |                  |
| Msci Inc                                                                                         | Msci Inc                                                           | \$ 9,424 | \$ 10,301        |
| NextEra Energy                                                                                   | NextEra Energy                                                     | 1,526    | 1,526            |
| Northrop Grumman Corp                                                                            | Northrop Grumman Corp                                              | 3,872    | 4,991            |
| Nov Inc                                                                                          | Nov Inc                                                            | 6,216    | 5,095            |
| Nvidia Corp                                                                                      | Nvidia Corp                                                        | 7,785    | 33,973           |
| O'Reilly Automotive                                                                              | O'Reilly Automotive                                                | 14,038   | 24,482           |
| Oxford Industries Inc                                                                            | Oxford Industries Inc                                              | 8,661    | 4,276            |
| Packaging Corp Of America                                                                        | Packaging Corp Of America                                          | 1,609    | 1,893            |
| Papa Johns Intl Inc                                                                              | Papa Johns Intl Inc                                                | 6,050    | 6,319            |
| Parker Hannifin Corp                                                                             | Parker Hannifin Corp                                               | 3,151    | 6,672            |
| Penn Natl Gaming Inc                                                                             | Penn Natl Gaming Inc                                               | 7,065    | 5,562            |
| Pepsico Inc                                                                                      | Pepsico Inc                                                        | 2,493    | 2,051            |
| Perimeter Solutions Inc Common Stock                                                             | Perimeter Solutions Inc Common Stock                               | 1,297    | 2,710            |
| Pnc Financial Services Group                                                                     | Pnc Financial Services Group                                       | 3,665    | 4,471            |
| Procore Technologies Inc                                                                         | Procore Technologies Inc                                           | 3,665    | 3,271            |
| Procter & Gamble Co                                                                              | Procter & Gamble Co                                                | 7,290    | 7,482            |
| Progressive Corp Ohio                                                                            | Progressive Corp Ohio                                              | 11,161   | 12,111           |
| Prologis Inc                                                                                     | Prologis Inc                                                       | 1,677    | 1,508            |
| Public Storage Inc                                                                               | Public Storage Inc                                                 | 1,393    | 1,386            |
| Public Svc Enterprise Group Inc                                                                  | Public Svc Enterprise Group Inc                                    | 1,306    | 1,750            |
| Qualcomm Inc                                                                                     | Qualcomm Inc                                                       | 1,718    | 1,468            |
| Raymond James Financial Inc                                                                      | Raymond James Financial Inc                                        | 3,088    | 5,497            |
| Roper Inds Inc New                                                                               | Roper Inds Inc New                                                 | 11,565   | 14,045           |
| Ross Stores Inc                                                                                  | Ross Stores Inc                                                    | 2,878    | 3,527            |
| Ryan Specialty Group Hldgs Inc                                                                   | Ryan Specialty Group Hldgs Inc                                     | 3,130    | 2,840            |
| S & T Bancorp Inc                                                                                | S & T Bancorp Inc                                                  | 5,832    | 6,229            |
| Sanmina Corp                                                                                     | Sanmina Corp                                                       | 5,177    | 11,494           |
| Servicenow Inc.                                                                                  | Servicenow Inc.                                                    | 6,803    | 10,091           |
| Shopify Inc-Class A                                                                              | Shopify Inc-Class A                                                | 6,646    | 9,356            |
| Snowflake Inc                                                                                    | Snowflake Inc                                                      | 3,651    | 3,693            |
| Southern Company                                                                                 | Southern Company                                                   | 3,184    | 4,146            |
| Steelcase Inc.                                                                                   | Steelcase Inc.                                                     | 4,521    | 5,382            |
| Techtarget Inc Com New                                                                           | Techtarget Inc Com New                                             | 5,920    | 2,252            |
| Teledyne Technologies Inc                                                                        | Teledyne Technologies Inc                                          | 4,353    | 6,115            |
| Texas Instruments Inc                                                                            | Texas Instruments Inc                                              | 1,675    | 1,775            |
| The Trade Desk Inc                                                                               | The Trade Desk Inc                                                 | 6,631    | 7,899            |
| Tjx Cos Inc                                                                                      | Tjx Cos Inc                                                        | 2,925    | 3,784            |
| Toast Inc                                                                                        | Toast Inc                                                          | 3,191    | 3,924            |
| Transdigm Group Inc                                                                              | Transdigm Group Inc                                                | 13,291   | 29,102           |
| Trinity Industries Inc                                                                           | Trinity Industries Inc                                             | 5,529    | 4,660            |
| Triumph Bancorp Inc                                                                              | Triumph Bancorp Inc                                                | 5,453    | 5,553            |
| Tyler Technologies Inc                                                                           | Tyler Technologies Inc                                             | 7,015    | 11,429           |

(Continued)

SLOAN VALVE COMPANY FACTORY EMPLOYEES'  
AMENDED PENSION PLAN  
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
July 31, 2025

|                          |                     |
|--------------------------|---------------------|
| Name of plan sponsor:    | Sloan Valve Company |
| Employer identification: | 36-1787480          |
| Three-digit plan number: | 001                 |

| Description of Investment, Including<br>Identity of Issue, Borrower,<br>Lessor, or Similar Party | Maturity Date, Rate of Interest,<br>Par, Maturity Value, or Shares | Cost     | Current<br>Value |
|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|----------|------------------|
| <b><u>Common Stocks</u></b> (Continued)                                                          |                                                                    |          |                  |
| Uber Technologies Inc                                                                            | Uber Technologies Inc                                              | \$ 5,405 | \$ 8,163         |
| Union Pac Corp                                                                                   | Union Pac Corp                                                     | 4,193    | 4,180            |
| United Fire Group Inc                                                                            | United Fire Group Inc                                              | 2,687    | 3,292            |
| Unitedhealth Group Inc                                                                           | Unitedhealth Group Inc                                             | 5,763    | 2,530            |
| Vail Resorts Inc                                                                                 | Vail Resorts Inc                                                   | 2,393    | 1,503            |
| Valero Energy Corp                                                                               | Valero Energy Corp                                                 | 2,405    | 2,463            |
| Veeva Systems Inc                                                                                | Veeva Systems Inc-Class A                                          | 9,128    | 13,499           |
| Veralto Corp Shs                                                                                 | Veralto Corp Shs                                                   | 7,027    | 8,464            |
| Verisk Analytics Inc                                                                             | Verisk Analytics Inc Cl A                                          | 8,441    | 10,195           |
| Viavi Solutions Inc                                                                              | Viavi Solutions Inc                                                | 3,831    | 4,342            |
| Visa Inc                                                                                         | Visa Inc-Class A                                                   | 13,670   | 19,169           |
| Vulcan Materials Co                                                                              | Vulcan Materials Co                                                | 14,461   | 23,450           |
| Wal Mart Stores Inc                                                                              | Wal Mart Stores Inc                                                | 4,651    | 9,084            |
| Waste Mgmt Inc Del                                                                               | Waste Mgmt Inc Del                                                 | 3,223    | 4,182            |
| Waters Corp                                                                                      | Waters Corp                                                        | 3,645    | 3,579            |
| WEC Energy Group Inc                                                                             | WEC Energy Group Inc                                               | 1,697    | 1,998            |
| Wells Fargo & Co New                                                                             | Wells Fargo & Co New                                               | 4,060    | 6,888            |
| Wesbanco Inc                                                                                     | Wesbanco Inc                                                       | 5,343    | 6,327            |
| West Pharmaceutical Service Inc                                                                  | West Pharmaceutical Service Inc                                    | 8,528    | 7,478            |
| Workday Inc                                                                                      | Workday Inc - Class A                                              | 6,286    | 5,569            |
| Wsfs Finl Corp                                                                                   | Wsfs Finl Corp                                                     | 4,237    | 6,581            |
| 3i Group Plc                                                                                     | 3i Group Plc                                                       | 3,031    | 5,146            |
| Accenture Plc                                                                                    | Accenture Plc Cl A                                                 | 6,962    | 5,491            |
| Adyen N V                                                                                        | Adyen N V                                                          | 5,994    | 5,913            |
| Agnico Eagle Mines Ltd                                                                           | Agnico Eagle Mines Ltd                                             | 2,339    | 2,386            |
| Airbus Group                                                                                     | Airbus Group (Netherlands)                                         | 8,495    | 9,144            |
| Alcon Inc                                                                                        | Alcon Inc                                                          | 4,514    | 4,351            |
| Arch Capital Group Ltd                                                                           | Arch Capital Group Ltd                                             | 3,783    | 5,404            |
| Argenx Se                                                                                        | Argenx Se                                                          | 7,361    | 9,968            |
| ASML Holdings NV                                                                                 | ASML Holdings NV                                                   | 6,464    | 6,355            |
| Astrazeneca Plc Adr                                                                              | Astrazeneca Plc Adr                                                | 8,961    | 9,575            |
| Axa Adr                                                                                          | Axa Adr                                                            | 6,858    | 7,132            |
| Bae Sys Plc Spons Adr                                                                            | Bae Sys Plc Spons Adr                                              | 5,972    | 5,894            |
| Banco Santander Cent Hispano S A                                                                 | Banco Santander Cent Hispano S A                                   | 6,118    | 6,113            |
| Brambles Ltd Sponsored ADR                                                                       | Brambles Ltd Sponsored ADR                                         | 5,200    | 8,410            |
| Brookfield Asset Management Ltd                                                                  | Brookfield Asset Management Ltd                                    | 4,051    | 6,163            |
| Brookfield Infrastructure Corp                                                                   | Brookfield Infrastructure Corp Com Sub Vtg A                       | 13,946   | 14,718           |
| Brookfield Renewable Corp                                                                        | Brookfield Renewable Corp Cl A Ex Sub Vtg                          | 5,494    | 6,264            |
| Byd Co Ltd Unspns Adr                                                                            | Byd Co Ltd Unspns Adr                                              | 4,937    | 4,305            |
| Check Point Software Tech Lt Ord                                                                 | Check Point Software Tech Lt Ord                                   | 7,392    | 6,769            |
| Chubb Ltd                                                                                        | Chubb Ltd                                                          | 4,773    | 6,377            |
| Cie Financiere Rich Unspns Adr                                                                   | Cie Financiere Rich Unspns Adr                                     | 5,485    | 4,780            |

(Continued)

SLOAN VALVE COMPANY FACTORY EMPLOYEES'  
AMENDED PENSION PLAN  
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
July 31, 2025

|                          |                     |
|--------------------------|---------------------|
| Name of plan sponsor:    | Sloan Valve Company |
| Employer identification: | 36-1787480          |
| Three-digit plan number: | 001                 |

| Description of Investment, Including<br>Identity of Issue, Borrower,<br>Lessor, or Similar Party | Maturity Date, Rate of Interest,<br>Par, Maturity Value, or Shares | Cost     | Current<br>Value |
|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|----------|------------------|
| <b>Common Stocks</b> (Continued)                                                                 |                                                                    |          |                  |
| Compass Group Plc                                                                                | Compass Group Plc                                                  | \$ 3,185 | \$ 3,239         |
| Danone-Spons Adr                                                                                 | Danone-Spons Adr                                                   | 9,062    | 10,213           |
| Deutsche Telekom Ag Spons Adr                                                                    | Deutsche Telekom Ag Spons Adr                                      | 2,901    | 4,468            |
| E. On SE Spons Adr                                                                               | E. On SE Spons Adr                                                 | 7,424    | 7,633            |
| Eaton Corp Plc                                                                                   | Eaton Corp Plc                                                     | 2,079    | 2,677            |
| Ferrari N V                                                                                      | Ferrari N V                                                        | 5,379    | 6,245            |
| Givaudan Sa Unspns Adr                                                                           | Givaudan Sa Unspns Adr                                             | 4,152    | 4,908            |
| Hdfc Bk Ltd Spons Adr                                                                            | Hdfc Bk Ltd Spons Adr                                              | 7,373    | 8,829            |
| Helen Of Troy Limited                                                                            | Helen Of Troy Limited                                              | 6,842    | 2,198            |
| Hermes International ADR                                                                         | Hermes International ADR                                           | 6,037    | 6,071            |
| Hoya Corporation-Adr                                                                             | Hoya Corporation-Adr                                               | 6,168    | 6,755            |
| Inditex Unspns Adr                                                                               | Inditex Unspns Adr                                                 | 7,463    | 9,075            |
| Intesa Sanpaolo Spons Adr                                                                        | Intesa Sanpaolo Spons Adr                                          | 5,251    | 10,754           |
| L'oreal Co Adr                                                                                   | L'oreal Co Adr                                                     | 6,134    | 6,923            |
| Lenova Group Ltd Spons Adr                                                                       | Lenova Group Ltd Spons Adr                                         | 4,807    | 4,269            |
| Linde Plc                                                                                        | Linde Plc                                                          | 7,749    | 9,693            |
| London Stock Exchange Group ADR                                                                  | London Stock Exchange Group ADR                                    | 5,542    | 6,269            |
| Luxfer Holdings Plc                                                                              | Luxfer Holdings Plc                                                | 5,292    | 5,457            |
| Medtronic Plc                                                                                    | Medtronic Plc                                                      | 3,667    | 3,948            |
| Mitsubishi Heavy Industries                                                                      | Mitsubishi Heavy Industries Lt Un-sponsored Ad                     | 5,608    | 7,575            |
| Mitsubishi Ufj Financial-Adr                                                                     | Mitsubishi Ufj Financial-Adr                                       | 6,514    | 7,423            |
| Natwest Group Plc                                                                                | Natwest Group Plc                                                  | 9,152    | 10,289           |
| Nomura Research Institute Ltd                                                                    | Nomura Research Institute Ltd                                      | 2,350    | 3,272            |
| Novo-Nordisk A S Spons Adr                                                                       | Novo-Nordisk A S Spons Adr                                         | 10,015   | 4,848            |
| Novozymes A/S - Unspns ADR                                                                       | Novozymes A/S - Unspns ADR                                         | 3,259    | 2,996            |
| Prysmian Spa                                                                                     | Prysmian Spa                                                       | 4,731    | 5,606            |
| Relx Plc Spon ADR                                                                                | Relx Plc Spon ADR                                                  | 8,142    | 11,468           |
| Safran AS ADR (France)                                                                           | Safran AS ADR (France)                                             | 5,613    | 10,106           |
| Sap Aktiengesellschaft Spns Adr                                                                  | Sap Aktiengesellschaft Spns Adr                                    | 8,799    | 16,326           |
| Scheider Elect SA-Unsp ADR France                                                                | Scheider Elect SA-Unsp ADR France                                  | 7,980    | 9,248            |
| Sea Ltd                                                                                          | Sea Ltd                                                            | 8,547    | 13,011           |
| Siemens Energy Ag                                                                                | Siemens Energy Ag                                                  | 7,689    | 12,568           |
| Sony Corp Adr                                                                                    | Sony Corp Adr                                                      | 9,877    | 12,695           |
| Spotify Technology S A                                                                           | Spotify Technology S A                                             | 9,524    | 10,653           |
| Straumann Hldg Ag                                                                                | Straumann Hldg Ag                                                  | 5,058    | 4,315            |
| Taiwan Semiconductor Spons Adr                                                                   | Taiwan Semiconductor Spons Adr                                     | 15,654   | 17,656           |
| Te Connectivity Plc                                                                              | Te Connectivity Plc                                                | 2,455    | 3,371            |
| Tencent Hldgs Ltd Unspns Adr                                                                     | Tencent Hldgs Ltd Unspns Adr                                       | 6,466    | 6,805            |
| Terumo Corp                                                                                      | Terumo Corp                                                        | 6,258    | 5,584            |
| Tesco Plc                                                                                        | Tesco Plc                                                          | 8,773    | 10,721           |
| Tokio Marine Holdings Spons Adr                                                                  | Tokio Marine Holdings Spons Adr                                    | 6,925    | 7,362            |
| Tokyo Electron Ltd Unspns Adr                                                                    | Tokyo Electron Ltd Unspns Adr                                      | 11,659   | 10,877           |

(Continued)

SLOAN VALVE COMPANY FACTORY EMPLOYEES'  
AMENDED PENSION PLAN  
SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
July 31, 2025

|                          |                     |
|--------------------------|---------------------|
| Name of plan sponsor:    | Sloan Valve Company |
| Employer identification: | 36-1787480          |
| Three-digit plan number: | 001                 |

| Description of Investment, Including<br>Identity of Issue, Borrower,<br>Lessor, or Similar Party | Maturity Date, Rate of Interest,<br>Par, Maturity Value, or Shares | Cost         | Current<br>Value |
|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|--------------|------------------|
| <b><u>Common Stocks</u></b> (Continued)                                                          |                                                                    |              |                  |
| Trane Technologies Plc                                                                           | Trane Technologies Plc                                             | \$ 8,213     | \$ 11,518        |
| Ucb S A                                                                                          | Ucb S A                                                            | 4,794        | 5,452            |
| Unicredit Spa                                                                                    | Unicredit Spa                                                      | 6,638        | 7,693            |
| Unilever Plc                                                                                     | Unilever Plc                                                       | 7,802        | 8,355            |
| Waste Connections Inc                                                                            | Waste Connections Inc                                              | 5,217        | 5,416            |
| Wix.com LTD                                                                                      | Wix.com LTD                                                        | 1,446        | 1,911            |
| Zai Lab Ltd                                                                                      | Zai Lab Ltd                                                        | 3,929        | 4,914            |
| Avalonbay Communities Inc                                                                        | Avalonbay Communities Inc                                          | 1,464        | 1,407            |
| Four Corners Ppty Tr Inc                                                                         | Four Corners Ppty Tr Inc                                           | 4,751        | 4,821            |
| Pebblebrook Hotel                                                                                | Pebblebrook Hotel                                                  | 6,160        | 5,075            |
| Welltower Inc                                                                                    | Welltower Inc                                                      | 1,081        | 1,271            |
| <i>Common Stocks Total:</i>                                                                      |                                                                    | 1,589,912    | 1,973,313        |
| <b><u>Mutual Funds</u></b>                                                                       |                                                                    |              |                  |
| Federated Investors                                                                              | Federated Investors                                                | 121,102      | 121,102          |
| Artisan                                                                                          | Artisan International Value Advisor                                | 429,554      | 438,765          |
| Fidelity                                                                                         | Fidelity Advisor Focused Emerging Markets                          | 325,545      | 408,097          |
| <i>Mutual Funds Total:</i>                                                                       |                                                                    | 876,201      | 967,964          |
| <b><u>Exchange Traded Funds</u></b>                                                              |                                                                    |              |                  |
| iShares                                                                                          | iShares Core SP 500 ETF                                            | 274,053      | 521,253          |
| iShares                                                                                          | iShares Tr Rus Top 200 Etf                                         | 211,198      | 295,995          |
| Vanguard                                                                                         | Vanguard Value ETF                                                 | 217,576      | 288,752          |
| <i>Exchange Traded Funds Total:</i>                                                              |                                                                    | 702,827      | 1,106,000        |
| <b><u>Money Market Funds</u></b>                                                                 |                                                                    |              |                  |
| First State Trust Company                                                                        | FDIC Bank Deposit Fund FST                                         | 101          | 101              |
| Morgan Stanley                                                                                   | Morgan Stanley Bank Deposit                                        | 115,014      | 115,014          |
| Morgan Stanley                                                                                   | MSBNA PREFERRED SAVINGS- QC 4.000%                                 | 22,948       | 22,948           |
| <i>Money Market Funds Total:</i>                                                                 |                                                                    | 138,063      | 138,063          |
|                                                                                                  |                                                                    | \$ 6,096,025 | \$ 6,995,798     |

See Independent Auditor's Report.

# Sloan Valve Company Factory Employees' Amended Pension Plan

EIN / PN 36-1787480 / 001

Schedule SB, Line 32 - Schedule of Amortization Bases

| <u>Type of Base</u> | <u>Valuation Date</u><br><u>Established</u> | <u>Amortization</u><br><u>Installment</u> | Years                                                    | <u>Present Value</u><br><u>of Future</u><br><u>Installments</u> |
|---------------------|---------------------------------------------|-------------------------------------------|----------------------------------------------------------|-----------------------------------------------------------------|
|                     |                                             |                                           | <u>Remaining</u><br><u>Amortization</u><br><u>Period</u> |                                                                 |
| Shortfall           | 8/1/2020                                    | 220,002                                   | 11                                                       | 1,911,849                                                       |
| Shortfall           | 8/1/2021                                    | (171,867)                                 | 12                                                       | (1,592,161)                                                     |
| Shortfall           | 8/1/2022                                    | 268,154                                   | 13                                                       | 2,630,436                                                       |
| Shortfall           | 8/1/2023                                    | (5,473)                                   | 14                                                       | (56,525)                                                        |
| Shortfall           | 8/1/2024                                    | (41,039)                                  | 15                                                       | (444,094)                                                       |
|                     |                                             | <hr/> 269,777                             |                                                          | <hr/> 2,449,505                                                 |

Sloan Valve Company Factory Employees' Amended Pension Plan  
EIN / PN 36-1787480 / 001  
Schedule SB, Line 24 - Change in Actuarial Assumptions

**Change in Actuarial Assumptions**

Assumed expenses were changed to \$245,000 to better reflect actual plan experience.