

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2009 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009			
A This return/report is for:	☐ a multiemployer plan;	☐ a multiple-employer plan; or	
	☒ a single-employer plan;	☐ a DFE (specify) ____	
B This return/report is:	☐ the first return/report;	☐ the final return/report;	
	☐ an amended return/report;	☐ a short plan year return/report (less than 12 months).	
C If the plan is a collectively-bargained plan, check here.	☐		
D Check box if filing under:	☒ Form 5558;	☐ automatic extension;	☐ the DFVC program;
	☐ special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a Name of plan RETIREMENT PLAN FOR POWER TRANSMISSION EMPLOYEES OF IMO INDUSTRIES, INC.	1b Three-digit plan number (PN) ►	081	
	1c Effective date of plan	01/01/2002	
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) COLFAX CORPORATION 8730 STONY POINT PARKWAY, SUITE 150 RICHMOND, VA 23235	2b Employer Identification Number (EIN)	54-1887631	
	2c Sponsor's telephone number	804-560-4070	
	2d Business code (see instructions)	333200	

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/04/2010	STEVEN W. WEIDENMULLER
	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

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") COLFAX CORPORATION 8730 STONY POINT PARKWAY, SUITE 150 RICHMOND, VA 23235	3b Administrator's EIN 54-1887631 3c Administrator's telephone number 804-560-4070
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN	
5 Total number of participants at the beginning of the plan year	5	3881
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	0
b Retired or separated participants receiving benefits.....	6b	1978
c Other retired or separated participants entitled to future benefits.....	6c	1685
d Subtotal. Add lines 6a , 6b , and 6c	6d	3663
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	146
f Total. Add lines 6d and 6e	6f	3809
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	0
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 1G 1I 1A 3H

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ 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

b General Schedules

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

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

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

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

A Name of plan <u>RETIREMENT PLAN FOR POWER TRANSMISSION EMPLOYEES OF IMO INDUSTRIES, INC.</u>	B Three-digit plan number (PN) ▶ <u>081</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>COLFAX CORPORATION</u>	D Employer Identification Number (EIN) <u>54-1887631</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2009</u>	
2 Assets:	
a Market value	2a <u>87640867</u>
b Actuarial value	2b <u>96404953</u>
3 Funding target/participant count breakdown	
	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment	3a <u>2090</u> <u>72689533</u>
b For terminated vested participants	3b <u>1791</u> <u>33145133</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>0</u>
(2) Vested benefits	3c(2) <u>0</u>
(3) Total active	3c(3) <u>0</u>
d Total	3d <u>3881</u> <u>105834666</u>
4 If the plan is at-risk, check the box and complete items (a) and (b)	☐
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 at-risk for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>8.23</u> %
6 Target normal cost	6 <u>400000</u>

Statement by Enrolled Actuary

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

SIGN HERE	<u>09/30/2010</u>
Signature of actuary	Date
<u>BRIAN D. EVITTS</u>	<u>08-05995</u>
Type or print name of actuary	Most recent enrollment number
<u>THE SAVITZ ORGANIZATION</u>	<u>215-587-0700</u>
Firm name	Telephone number (including area code)
<u>1845 WALNUT STREET</u> <u>SUITE 1400</u> <u>PHILADELPHIA, PA 19103</u>	
Address of the firm	

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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	1534041	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	1534041	0
9	Amount remaining (Item 7 minus item 8).....	0	0
10	Interest on item 9 using prior year's actual return of <u>-18.14</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		0
b	Interest on (a) using prior year's effective rate of <u>6.03</u> %		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance.....		0
12	Reduction in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	0	0

Part III Funding percentages			
14	Funding target attainment percentage.....	14	91.09 %
15	Adjusted funding target attainment percentage.....	15	91.09 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	89.07 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
05/01/2009	670000	0			
07/15/2009	670000	0			
10/15/2009	670000	0			
12/31/2009	1100000	0			
Totals ►			18(b)	3110000	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a 0
b Contributions made to avoid restrictions adjusted to valuation date	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c 2940234
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes ☒ No
c If 20a is "Yes," see instructions and complete the following table as applicable:	

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

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used
b Applicable month (enter code)				21b 2
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☐ Yes ☒ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	400000
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	9429712	1965406
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	2365406
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	2365406
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	2940234
38 Interest-adjusted excess contributions for current year (see instructions).....	38	574828
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan RETIREMENT PLAN FOR POWER TRANSMISSION EMPLOYEES OF IMO INDUSTRIES, INC.	B Three-digit plan number (PN) ▶	081
C Plan sponsor's name as shown on line 2a of Form 5500 COLFAX CORPORATION	D Employer Identification Number (EIN) 54-1887631	

Part I	Service Provider Information (see instructions)
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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 disclosure 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)

SEI INVESTMENTS

23-1707341

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 15 17 21 27 28	NONE	346488	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<div>SCHEDULE D</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div>		<div>DFE/Participating Plan 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>		<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009					
A Name of plan RETIREMENT PLAN FOR POWER TRANSMISSION EMPLOYEES OF IMO INDUSTRIES, INC.				B Three-digit plan number (PN) ▶ 081	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 COLFAX CORPORATION				D Employer Identification Number (EIN) 54-1887631	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: SEI OPPORTUNITY COLLECTIVE FUND					
b Name of sponsor of entity listed in (a): COLFAX CORPORATION					
c EIN-PN 51-6567688-015		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13805121	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or	

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</u>		
A Name of plan <u>RETIREMENT PLAN FOR POWER TRANSMISSION EMPLOYEES OF IMO INDUSTRIES, INC.</u>	B Three-digit plan number (PN) ►	<u>081</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>COLFAX CORPORATION</u>	D Employer Identification Number (EIN) <u>54-1887631</u>	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	149170	0
(2) Participant contributions	1b(2)	0	0
(3) Other.....	1b(3)	164376	139751
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	1100361
(2) U.S. Government securities.....	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other.....	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts.....	1c(9)	13497904	13805121
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	73835442	80214211
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	0	0

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	87646892	95259444

Liabilities

g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	157093
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	157093

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	87646892	95102351
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	3110000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		3110000

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	32	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		32

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	3010652	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		3010652

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	2546182	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	2546182	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	408214	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		408214
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-100998
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		11408200
c Other income.....	2c		876
d Total income. Add all income amounts in column (b) and enter total.....	2d		17836976

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	9712697	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		9712697
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	110396	
(3) Investment advisory and management fees	2i(3)	236092	
(4) Other	2i(4)	318663	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		665151
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		10377848

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		7459128
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		3669

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) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

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

(1) Name: MITCHELL, WIGGINS & COMPANY, LLP

(2) EIN: 54-0565834

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, 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 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If yes, enter the amount of any plan assets that reverted to the employer this year ☐ Yes ☒ No Amount:

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
WARREN PUMPS LLC PENSION PLAN FOR HOURLY RATED EMPLOYEES - LOCAL NO. 81250	54-1887631	057

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection.
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan <u>RETIREMENT PLAN FOR POWER TRANSMISSION EMPLOYEES OF IMO INDUSTRIES, INC.</u>	B Three-digit plan number (PN) ▶ <u>081</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>COLFAX CORPORATION</u>	D Employer Identification Number (EIN) <u>54-1887631</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>23-1707341</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>3</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☒ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule R (Form 5500) 2009
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (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 items 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 items 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 items 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 items 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 items 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 items 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 participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	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 item 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 items (a) through (c)

- a** Enter the percentage of plan assets held as:

Stock: 48.0% Investment-Grade Debt: 26.0% High-Yield Debt: 5.0% Real Estate: 0.0% Other: 21.0%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☒ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate item 19(b)?

☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

**RETIREMENT PLAN FOR POWER TRANSMISSION
EMPLOYEES OF IMO INDUSTRIES INC.**

FINANCIAL REPORT

DECEMBER 31, 2009

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INDEPENDENT AUDITORS' REPORT

To the Retirement Plan Committee of
Retirement Plan for Power Transmission Employees of
Imo Industries Inc.

We were engaged to audit the accompanying statements of net assets available for benefits of Retirement Plan for Power Transmission Employees of Imo Industries Inc., (the Plan) as of December 31, 2009 and 2008, and the related statement of changes in net assets available for benefits for the year ended December 31, 2009, and the supplemental schedules as listed in the accompanying table of contents. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by SEI Private Trust Company, the current trustee of the Plan except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that the trustee holds the Plan's investment assets and executes investment transactions. As disclosed in Note 4, the Plan Administrator has obtained certifications from the trustees regarding the completeness and accuracy of the investment information provided to the Plan Administrator by the trustee as of and for the year ended December 31, 2009, and as of December 31, 2008.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified or provided by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Mitchell, Wiggins & Company LLP

Richmond, Virginia
September 1, 2010

**RETIREMENT PLAN FOR POWER TRANSMISSION EMPLOYEES OF
IMO INDUSTRIES INC.**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2009 and 2008**

ASSETS	2009	2008
Investments, at fair value:		
Mutual Funds	\$80,214,211	\$73,835,442
Common/Collective Trust	13,805,121	13,497,904
Money Market	1,100,361	-
Total investments	95,119,693	87,333,346
Receivables:		
Employer's contribution	-	149,170
Accrued income	139,751	164,376
Total assets	95,259,444	87,646,892
Liabilities		
Accounts Payable	157,093	-
Net assets available for benefits	\$95,102,351	\$87,646,892

See Notes to Financial Statements.

**RETIREMENT PLAN FOR POWER TRANSMISSION EMPLOYEES OF
IMO INDUSTRIES INC.**

**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year Ended December 31, 2009**

Additions:	
Interest and dividend income	\$ 3,011,560
Net appreciation in fair value of investments	11,715,416
Contributions:	
Employer	<u>3,110,000</u>
Total additions	<u>17,836,976</u>
Deductions:	
Benefits paid to participants	9,712,697
Administrative expenses	<u>665,151</u>
Total deductions	<u>10,377,848</u>
Net increase	<u>7,459,128</u>
Transfers out	<u>3,669</u>
Net assets available for benefits, beginning	<u>87,646,892</u>
Net assets available for benefits, ending	<u>\$95,102,351</u>

See Notes to Financial Statements.

RETIREMENT PLAN FOR POWER TRANSMISSION EMPLOYEES OF IMO INDUSTRIES INC.

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of the Plan

The following description of the Retirement Plan for Power Transmission Employees of Imo Industries Inc., (the Plan) provides only general information. Participants should refer to the Plan document for a complete description of the Plan's provisions.

General: The Plan is a noncontributory defined benefit plan which covers substantially all domestic power transmission employees of Imo Industries Inc. and subsidiaries (the Company), who have completed one year of service, provided they are at least 21 years of age. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

The Retirement Plan for Power Transmission Employees of Imo Industries Inc., was established effective January 1, 2002. Effective close of business December 31, 2001, assets and liabilities with respect to certain participants in the Retirement Plan for Salaried U. S. Employees of Imo Industries Inc. and Affiliates (the "Prior Plan") were spun off from the Prior Plan. These assets and liabilities were transferred to the Plan effective January 1, 2002 (the "Spin Off Date"). Notwithstanding any other provision of the Plan to the contrary, a Participant's vested interest in his Accrued Benefit under the Plan on and after the Spin Off Date shall be not less than his vested interest in his benefit accrued under the Prior Plan on the day immediately preceding the Spin Off Date.

Effective close of business November 30, 2004, assets and liabilities with respect to certain participants in the Plan were spun off from the Plan. The assets and liabilities totaling \$4,699,206 were transferred to Altra Industrial Motion, Inc., effective March 16, 2005.

Effective close of business December 31, 2003 (the "Merger Date"), the following plans were merged into and made part of the Plan: Pension Plan for Employees of Warner Electric Holdings, Inc., in Wichita Falls, Texas, Covered by The International Association of Machinists and Aerospace Workers AFL-CIO, and Aeronautical Industrial District Lodge 776, Local Lodge 2771; Pension Plan for Employees of Warner Electric Holdings, Inc., in Roscoe and South Beloit, Illinois, Covered by The United Steelworkers of America, Local Union No. 3245; Pension Plan for Employees of Warner Electric Holdings, Inc., in Warren, Michigan, Covered by The International Union, United Automobile, Aerospace, and Agricultural Implement Workers of America (UAW), Local Number 155. Each such plan shall be known as a "Merged Plan" (collectively, the "Merged Plans"). In no event shall a Participant's vested interest in his Accrued Benefit under the Plan on and after the Merger Date be less than his vested interest in his accrued benefit or benefits under the Merged Plans immediately prior to the Merger Date.

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of the Plan (Continued)

Effective January 31, 1999, the Plan's benefits were frozen for all participants, except those covered by the Collective Bargaining Agreement (the Agreement) between Delroyd Worm Gear Division and the United Steelworkers of America, AFL-CIO-CLC Local Union 6061 (the Union) and those employees located at an "active location." For purposes of this Plan, an active location means: (1) the Warner Electric Holdings, Inc., Wichita Falls, Texas plant, (2) the Warner Electric Holdings, Inc., South Beloit, Illinois plant, and (3) the Warner Electric Holdings, Inc., Roscoe, Illinois plant. As a result, no benefit accruals will be made and new employees will not be eligible to participate in the Plan, except for those employees defined above.

Plan administration: Overall responsibility for administering the Plan rests with the Company's Retirement Plans Committee which is appointed by the board of directors of the Company. SEI Private Trust Company (the Trustee) is responsible for the management and control of the Plan's assets and has certain discretionary authority and control over such assets. SEI Private Trust Company is the asset custodian (the Asset Custodian) of the Plan.

Contributions and funding policy: The Company's funding policy is to make contributions to the Plan as necessary to meet minimum funding requirements, as determined by the Plan's independent actuary. Voluntary employee contributions are not permitted. The Plan is in compliance with applicable ERISA minimum funding requirements for the Plan years ended December 31, 2009 and 2008.

Participation and benefits: The Plan provides for normal retirement benefits upon reaching age 65 and has provisions for early, deferred, and disability benefits for those participants who are eligible to receive such benefits. Benefits are determined under the Plan based on a final average salary formula or a flat dollar benefit multiplied by years of service. A vested participant who terminates for any reason other than retirement, disability, or death is entitled to the monthly vested termination benefit beginning on his/her normal retirement date in the amount of his/her accrued benefit. Participants may elect to receive their distributions, subject to certain plan provisions, in the form of an annuity or in a lump-sum payment. In the absence of an election in writing to the contrary, married participants will receive benefits in the form of an automatic joint and contingent annuity. If the participant's accrued benefit is less than \$5,000, the participant is paid a lump-sum payment as soon as practicable after his/her termination date.

Vesting: Participants become 100 percent vested at the earlier of completion of five years of vesting service, or attainment of normal retirement age.

Note 2. Summary of Significant Accounting Policies

Basis of accounting: The accompanying financial statements have been prepared using the accrual method of accounting.

NOTES TO FINANCIAL STATEMENTS

Note 2. Summary of Significant Accounting Policies (Continued)

Use of estimates: The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires the Plan's management to make estimates and assumptions that affect the amounts reported in the financial statements and disclosures. Actual results could differ from these estimates.

Investments: The Plan's interest in its investments is valued at market value, as quoted by an outside pricing service and includes investments made by SEI Private Trust Company (the trustee) in equity securities, fixed income securities, hedge funds, and cash equivalent reserves. The Plan utilizes various investment instruments which in general are exposed to various risks, such as interest rate, credit and overall market volatility. Due to the risk associated with certain investments, it is reasonably possible that changes in the values of the investments could occur in the near term and such changes could materially affect the amounts reported in the statements of net assets available for benefits.

Net appreciation (depreciation) in fair value of investments: Net realized and unrealized appreciation (depreciation) is recorded in the accompanying statement of changes in net assets available for benefits as net appreciation (depreciation) in the fair value of investments.

Administrative expenses: Colfax Corporation, the Plan sponsor, provides certain administrative and accounting services to the Plan at no cost and also pays the cost of audit services. The cost of services provided to the Plan by the actuary, trustee, and custodian are paid directly from Plan assets.

Note 3. Plan Termination

The Company has the right under the Plan to modify the benefits provided to active employees and retirees, to discontinue its contributions at any time, and to terminate the Plan subject to the provisions set forth in ERISA.

In the event the Plan is terminated and its assets are distributed and this distribution results in a liability of the Pension Benefit Guaranty Corporation (PBGC), the assets shall be allocated and distributed in a manner agreed upon by the PBGC and the pension committee of the Plan sponsor. If this distribution does not result in a liability of the PBGC, the assets shall be allocated on the basis of actuarial valuations to the extent permitted by the PBGC to provide pensions for life to all participants and their surviving beneficiaries in the order of priority prescribed by Section 4044 of ERISA. Any residual assets of the Plan will be distributed to the Company, provided all liabilities of the Plan to participants and beneficiaries have been satisfied.

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

NOTES TO FINANCIAL STATEMENTS

Note 3. Plan Termination (Continued)

Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the maximum amount of an individual's monthly benefit that the PBGC guarantees.

Note 4. Certified Information

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. The assets of the Plan were held by SEI Private Trust Company (Asset Custodian) as of December 31, 2009 and 2008, respectively.

Accordingly, the Asset Custodian has certified that the investments, accrued investment income, and investment income included in the accompanying financial statements and supplemental schedules are complete and accurate.

As permitted under such an election, the plan administrator has instructed the Plan's independent public accountants not to perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedules.

The fair values of the individual investments that represent 5 percent or more of the Plan's net assets available for benefits as of December 31, 2009 and 2008, are as follows:

	2009	2008
SEI Large Cap Disciplined Equity #295	\$29,068,891	\$26,438,029
SEI Small/Mid Cap Equity Fund #296	8,213,189	5,083,388
SEI World Equity EX-US Fund Class A #280	11,579,462	10,764,375
SEI Emerging Markets Debt Fund #270	6,084,950	4,919,638
SEI Opportunity Collective Fund	13,805,121	13,497,904
SEI High Yield Bond #284	5,927,584	*
SEI Long Duration Fund	15,939,510	*
SEI Extended Duration Bond Fund Class A	*	18,472,082

*Amounts are not in excess of 5 percent of Plan's net assets

NOTES TO FINANCIAL STATEMENTS

Note 4. Certified Information (Continued)

During 2009, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value in the amount of \$11,715,416 as follows:

Mutual Funds	\$ 11,408,200
Common/Collective Trust	<u>307,216</u>
	<u>\$ 11,715,416</u>

Note 5. Interest in Colfax Corporation Pension Plans' Master Trust

During 2004, all of the Plan's investment assets were transferred to the Master Trust which was established by Colfax Corporation and was administered by Prudential Retirement Insurance and Annuity Company. Use of the Master Trust permits the commingling of the trust assets of a number of pension plans of Colfax Corporation and its subsidiaries for investment and administrative purposes. Although the assets were commingled in the Master Trust, Prudential Retirement Insurance and Annuity Company maintained supporting records for the purposes of allocating the investment income to the various participating trusts.

The investment accounts of the Master Trust were valued at estimated fair value at the end of each month based on quoted market prices of the mutual funds underlying the investments. The unrealized gain or loss was allocated to each plan within the Master Trust based on the units held by each plan. Interest, dividends, and realized gains and losses were allocated to the Plan based on the units of the investments attributed to the Plan.

Effective March 1, 2008, the Colfax Master Trust was dissolved and the Trust's assets were transferred into separate identifiable trusts.

Note 6. Accumulated Plan Benefits

Accumulated plan benefits represent the estimated future periodic payments, including lump-sum distributions, under the Plan's provisions that are attributable to services, rendered by employees through the valuation date. Accumulated plan benefits include benefits expected to be paid to the following: (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' highest average compensation during any consecutive 60-month period of credited service. The accumulated plan benefits for active employees are based on their average compensation during the five years ending on the date as of which the benefit information is presented. Benefits payable under all circumstances (i.e., retirement, death, disability, and termination of employment) are included to the extent they are deemed attributable to employee service rendered to the valuation date.

NOTES TO FINANCIAL STATEMENTS

Note 6. Accumulated Plan Benefits (Continued)

The actuarial present value of accumulated plan benefits is determined by the Plan's actuary, and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements, such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. Significant actuarial assumptions used in the valuation as of January 1, 2009 and 2008, are as follows:

- Interest rate compounded annually – 8.75 and 8.75 percent, 2009 and 2008, respectively.
- Mortality basis – RP-2000 projected to 2015 for annuitants and to 2023 for non-annuitants.
- Retirement age – Based on variable rates consistent with past and anticipated plan experience beginning at age 55 and assuming 100 percent at age 65.

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

The accumulated plan benefit information as of January 1, 2009 and 2008, is as follows:

	2009	2008
Actuarial present value of accumulated vested pension benefits:		
Participants currently receiving payments	\$ 70,805,204	\$ 72,076,451
Other participants	30,321,971	30,404,762
	<u>101,127,175</u>	<u>102,481,213</u>
Actuarial present value of accumulated nonvested pension benefits	-	-
Total actuarial present value of accumulated plan pension benefits	<u>\$ 101,127,175</u>	<u>\$ 102,481,213</u>

The change in the actuarial present value of accumulated pension benefits as of January 1, 2009 and 2008, consists of the following:

	2009	2008
Actuarial present value of accumulated pension benefits, beginning	\$ 102,481,213	\$ 97,125,383
Interest	8,509,282	8,305,171
Distributions with weighted interest	(10,464,554)	(9,691,412)
Benefits accumulated	601,234	1,371,652
Assumption changes	-	5,370,419
Net increase (decrease)	<u>(1,354,038)</u>	<u>5,355,830</u>
Actuarial present value of accumulated pension benefits, ending	<u>\$ 101,127,175</u>	<u>\$ 102,481,213</u>

NOTES TO FINANCIAL STATEMENTS

Note 7. Tax Status

The Internal Revenue Service issued a determination letter dated January 16, 2008, stating that the Plan was designed in accordance with applicable Internal Revenue Code (IRC) requirements as of that date. The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, the Plan administrator believes that the Plan was qualified and the related trust was tax-exempt as of the financial statement dates.

Note 8. Party-In-Interest Transactions

Certain investments are held and managed by the Asset Custodian. Therefore, these investments and investment transactions qualify as party-in-interest transactions. Fees paid by the Plan for investment management services amounted to \$346,488 for the year ended December 31, 2009.

Note 9. Fair Value Measurements

Current accounting standards establish a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under current accounting standards are described below:

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

Level 2. Inputs to the valuation methodology include:

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

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

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

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

NOTES TO FINANCIAL STATEMENTS

Note 9. Fair Value Measurements (Continued)

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2009 and 2008.

Common/collective trust: Valued at the net asset value of shares held by the trust, as provided by the trustee.

Mutual funds: Valued at the net asset value of shares held by the plan at year-end.

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.

The following tables sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2009 and 2008:

	December 31, 2009			
	Level 1	Level 2	Level 3	Total
Mutual Funds				
Equity funds	\$48,861,542	\$ -	\$ -	\$48,861,542
Fixed income funds	31,352,669	-	-	31,352,669
Common/Collective Trust	13,805,121	-	-	13,805,121
Total Assets at Fair Value	\$94,019,332	\$ -	\$ -	\$94,019,332

	December 31, 2008			
	Level 1	Level 2	Level 3	Total
Mutual Funds				
Equity funds	\$42,285,792	\$ -	\$ -	\$42,285,792
Fixed income funds	31,549,650	-	-	31,549,650
Common/Collective Trust	13,497,904	-	-	13,497,904
Total Assets at Fair Value	\$87,333,346	\$ -	\$ -	\$87,333,346

NOTES TO FINANCIAL STATEMENTS

Note 10. Accounting for Uncertain Tax Positions

Effective January 1, 2009, the Plan adopted the accounting standard “Accounting for Uncertain Tax Positions.” This accounting standard provides detailed guidance for financial statement recognition, measurement, and disclosure of uncertain tax positions recognized in the Plan’s financial statements. It requires an entity to recognize the financial statement impact of a tax position when it is more likely than not that the position will not be sustained upon examination. The adoption of this standard had no material effect on the Plan’s net assets available for benefits and the Plan’s changes in net assets available for benefits. The Plan is subject to the Employee Retirement Income Security Act of 1974 (ERISA). Therefore the Plan is required to report certain information annually to federal government agencies, including the U.S. Department of Labor (DOL) and the Internal Revenue Service. The tax years of 2006 to 2008 remain subject to examination by the taxing authorities.

The Plan includes penalties and interest assessed by income taxing authorities as deductions from net assets available for benefits. The Plan did not have any penalties or interest relating to income taxes for the years ended December 31, 2009 and 2008.

Note 11. Subsequent Events

Management has evaluated subsequent events through September 1, 2010, the date which the financial statements were available for issue.

RETIREMENT PLAN FOR POWER TRANSMISSION EMPLOYEES OF IMO INDUSTRIES INC.**EIN: 21-0733751****Plan Number: 081****SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES****(Form 5500, Schedule H, Item 4i)****December 31, 2009**

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
*	SEI Private Trust Company	SEI Large Cap Disciplined Equity #295	\$ 33,439,401	\$ 29,068,891
*	SEI Private Trust Company	SEI Small/Mid Cap Equity Fund #296	8,443,420	8,213,189
*	SEI Private Trust Company	SEI World Equity Ex-US Fund Class A #280	13,300,092	11,579,462
*	SEI Private Trust Company	SEI Core Fixed Income Fund #285	3,413,873	3,400,625
*	SEI Private Trust Company	SEI Emerging Markets Debt Fund #270	6,002,048	6,084,950
*	SEI Private Trust Company	SEI High Yield Bond #284	5,885,557	5,927,584
*	SEI Private Trust Company	SEI Long Duration Fund	12,915,574	15,939,510
*	SEI Private Trust Company	SEI Opportunity Collective Fund	16,000,000	13,805,121
*	SEI Private Trust Company	SEI Daily Income Prime Obligation Fund #34	1,100,361	1,100,361

***Represents a party-in-interest (See Note 8).**

RETIREMENT PLAN FOR POWER TRANSMISSION EMPLOYEES OF IMO INDUSTRIES INC.

EIN: 21-0733751
Plan Number: 081

SCHEDULE OF REPORTABLE TRANSACTIONS
(Form 5500, Schedule H, Item 4j)
Year Ended December 31, 2009

Identity of Party	Description of Investment	Number of Purchases	Purchase Price	Number of Sales	Selling Price	Cost of Assets Sold	Net Gain on Sale
Aggregate transactions: SEI Private Trust Company*	SEI Large Cap Disciplined Equity #295	8	\$ 986,038	21	\$ 4,342,848	\$ 5,927,050	\$ (1,584,202)

*Represents a party-in-interest (See Note 8).

Schedule SB, Line 23 - STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

Interest Rates:

Target Interest Rate: 2009 IRS Statutory Full Yield Curve (two-month lookback).
SFAS 35 Interest Rate: 8.75% per year, compounded annually.

Mortality:

Target Liability: IRS 2009 Static Mortality Table.
SFAS 35: RP-2000 projected to 2015 for annuitants and to 2023 for non-annuitants.

Withdrawal:

Participants are assumed to terminate employment for reasons other than death, disability, or retirement in accordance with annual rates varying by age. The following table illustrates the assumed number of such terminations per year:

Years of Service	Age 25	Age 40	Age 55
< 1	20.0%	20.0%	20.0%
1-2	15.0%	15.0%	15.0%
2-3	10.0%	10.0%	10.0%
> 3	13.2%	6.3%	2.2%

Disability:

Sample rates varying by age:

<u>Age</u>	<u>Rate</u>
25	0.1%
40	0.2%
55	0.9%

Assumed Retirement Age:

Sample rates varying with age:

<u>Age</u>	<u>Rate</u>
55	7.0%
62	20.0%
65	100.0%

Expenses:

Expenses are assumed to be \$400,000 during 2009.

Schedule SB, Line 23 - STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

Survivor's Benefit:

It is assumed that husbands are three years older than wives and that 80% of the male Participants and 80% of the female Participants who are or will become eligible for coverage under the Survivor's Benefit will be survived by an eligible survivor.

Asset Valuation Method:

Recognition of gains and losses above or below the assumed rate of return over a two-year period, adjusted, if necessary, to remain no greater than 110% of market value, nor less than 90% of market value. The assumed rate of return for each year is the lesser of 6.00% and the third segment rate of the IRS Spot Segment Rate Table in effect for each year.

Changes since the Prior Valuation:

The funding interest rate was changed from segment rates using a two-month lookback: 5.31% for the first five years, 5.88% for the next 15 years, and 6.40% for all years thereafter, to the 2009 IRS Statutory Full Yield Curve (in connection with the IRS bulletin released on March 31, 2009, the plan is incorporating the ability to use a two-month lookback for determining the yield curve for 2009).

The mortality table was changed from the IRS 2008 Static Mortality Table to the IRS 2009 Static Mortality Table.

Effective January 1, 2009, administrative expenses paid out of plan assets are included in the calculation of the plan's minimum required contribution.

The asset valuation method was changed from Market Value of Assets to a two-year smoothing method described above.

RETIREMENT PLAN FOR POWER TRANSMISSION EMPLOYEES OF IMO INDUSTRIES INC.

EIN: 21-0733751

Plan Number: 081

SCHEDULE OF REPORTABLE TRANSACTIONS

(Form 5500, Schedule H, Item 4j)

Year Ended December 31, 2009

Identity of Party	Description of Investment	Number of Purchases	Purchase Price	Number of Sales	Selling Price	Cost of Assets Sold	Net Gain on Sale
Aggregate transactions: SEI Private Trust Company*	SEI Large Cap Disciplined Equity #295	8	\$ 986,038	21	\$ 4,342,848	\$ 5,927,050	\$ (1,584,202)

*Represents a party-in-interest (See Note 8).

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

► **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 RETIREMENT PLAN FOR POWER TRANSMISSION EMPLOYEES OF IMO INDUSTRIES, INC.	B Three-digit plan number (PN) ►	<u>081</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF COLFAX CORPORATION	D Employer Identification Number (EIN) 54-1887631	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500		

Part I Basic Information			
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2009</u>			
2 Assets:			
a Market value.....	2a	87640867	
b Actuarial value.....	2b	96404953	
3 Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	2090	72689533
b For terminated vested participants	3b	1791	33145133
c For active participants:			
(1) Non-vested benefits.....	3c(1)		0
(2) Vested benefits.....	3c(2)		0
(3) Total active	3c(3)	0	0
d Total.....	3d	3881	105834666
4 If the plan is at-risk, check the box and complete items (a) and (b) ☐			
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 at-risk for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	8.23%	
6 Target normal cost.....	6	400000	

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

SIGN HERE	Brian D. Evitts <i>BDE</i> _____ Signature of actuary BRIAN D. EVITTS _____ Type or print name of actuary THE SAVITZ ORGANIZATION _____ Firm name 1845 WALNUT STREET SUITE 1400 PHILADELPHIA PA 19103 _____ Address of the firm	<div style="text-align: right;"> <i>9/30/2010</i> _____ Date 0805995 _____ Most recent enrollment number 215-587-0700 _____ Telephone number (including area code) </div>
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Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	1534041	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	1534041	0
9 Amount remaining (Item 7 minus item 8).....	0	0
10 Interest on item 9 using prior year's actual return of <u>-18.14</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		0
b Interest on (a) using prior year's effective rate of <u>6.03</u> %		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance.....		0
12 Reduction in balances due to elections or deemed elections.....	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	0	0

Part III Funding percentages

14 Funding target attainment percentage.....	14	91.09 %
15 Adjusted funding target attainment percentage.....	15	91.09 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	89.07 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
05/01/2009	670000	0			
07/15/2009	670000	0			
10/15/2009	670000	0			
12/31/2009	1100000	0			
Totals ►			18(b)	3110000	18(c) 0

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

a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	2940234

20 Quarterly contributions and liquidity shortfalls:

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

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:			
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %
			☒ N/A, full yield curve used
b Applicable month (enter code)			21b 2
22 Weighted average retirement age			22 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.		☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.		☒ Yes ☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.		☐ Yes ☒ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....	27	

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29).....	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	400000
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	9429712	1965406
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	2365406
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	2365406
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	2940234
38 Interest-adjusted excess contributions for current year (see instructions).....	38	574828
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

Schedule SB, line 19 - Discounted Employer Contributions

Date of Contribution	Contribution Amount	Applicable Plan Year	Effective Interest Rate	Late Contribution Interest Rate	Discounted Contributions
5/1/2009	670,000	2009	8.23%	13.23%	651,777
7/15/2009	670,000	2009	8.23%	N/A	642,280
10/15/2009	670,000	2009	8.23%	N/A	629,604
12/31/2009	1,100,000	2009	8.23%	N/A	1,016,573
Total	3,110,000				2,940,234

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

<u>Age</u>	<u>Count</u>	<u>Ret. Rate</u>	<u># Ret</u>	
55	1000.000	7.00%	70.000	3850.000
56	930.000	7.00%	65.100	3645.600
57	864.900	6.50%	56.219	3204.455
58	808.682	5.00%	40.434	2345.176
59	768.247	6.00%	46.095	2719.596
60	722.153	7.00%	50.551	3033.041
61	671.602	7.50%	50.370	3072.579
62	621.232	20.00%	124.246	7703.274
63	496.985	14.00%	69.578	4383.411
64	427.407	15.00%	64.111	4103.112
65	363.296	100.00%	363.296	23614.262
Average Retirement Age				61.675

Schedule SB, line 32 - Schedule of Amortization Bases

<u>Base Type</u>	<u>Date Established</u>	<u>Present Value of Remaining Installments</u>	<u>Remaining Amortization Period (Years)</u>	<u>Amortization Installment</u>
Shortfall	1/1/2009	(3,917,549)	7.000	(695,164)
Shortfall	1/1/2008	13,347,261	6.000	2,660,570
Total		<u>\$ 9,429,712</u>		<u>\$ 1,965,406</u>

Schedule SB, line 25 - Change in Method

The funding interest rate was changed from segment rates, using a two-month lookback, of 5.31% for the first five years, 5.88% for the next 15 years, and 6.40% for all years thereafter, to the 2009 IRS Statutory Full Yield Curve (in connection with the IRS bulletin released on March 31, 2009, the plan is incorporating the ability to use a two-month lookback for determining the yield curve for 2009).

The asset valuation method was changed from Market Value of Assets to a two-year asset averaging method, as allowed by IRS Notice 2009-22.

Schedule SB, Line 23 - STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

Interest Rates:

Target Interest Rate: 2009 IRS Statutory Full Yield Curve (two-month lookback).
SFAS 35 Interest Rate: 8.75% per year, compounded annually.

Mortality:

Target Liability: IRS 2009 Static Mortality Table.
SFAS 35: RP-2000 projected to 2015 for annuitants and to 2023 for non-annuitants.

Withdrawal:

Participants are assumed to terminate employment for reasons other than death, disability, or retirement in accordance with annual rates varying by age. The following table illustrates the assumed number of such terminations per year:

Years of Service	Age 25	Age 40	Age 55
< 1	20.0%	20.0%	20.0%
1-2	15.0%	15.0%	15.0%
2-3	10.0%	10.0%	10.0%
> 3	13.2%	6.3%	2.2%

Disability:

Sample rates varying by age:

<u>Age</u>	<u>Rate</u>
25	0.1%
40	0.2%
55	0.9%

Assumed Retirement Age:

Sample rates varying with age:

<u>Age</u>	<u>Rate</u>
55	7.0%
62	20.0%
65	100.0%

Expenses:

Expenses are assumed to be \$400,000 during 2009.

Schedule SB, Line 23 - STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

Survivor's Benefit:

It is assumed that husbands are three years older than wives and that 80% of the male Participants and 80% of the female Participants who are or will become eligible for coverage under the Survivor's Benefit will be survived by an eligible survivor.

Asset Valuation Method:

Recognition of gains and losses above or below the assumed rate of return over a two-year period, adjusted, if necessary, to remain no greater than 110% of market value, nor less than 90% of market value. The assumed rate of return for each year is the lesser of 6.00% and the third segment rate of the IRS Spot Segment Rate Table in effect for each year.

Changes since the Prior Valuation:

The funding interest rate was changed from segment rates using a two-month lookback: 5.31% for the first five years, 5.88% for the next 15 years, and 6.40% for all years thereafter, to the 2009 IRS Statutory Full Yield Curve (in connection with the IRS bulletin released on March 31, 2009, the plan is incorporating the ability to use a two-month lookback for determining the yield curve for 2009).

The mortality table was changed from the IRS 2008 Static Mortality Table to the IRS 2009 Static Mortality Table.

Effective January 1, 2009, administrative expenses paid out of plan assets are included in the calculation of the plan's minimum required contribution.

The asset valuation method was changed from Market Value of Assets to a two-year smoothing method described above.

Schedule SB, Part V - SUMMARY OF PLAN PROVISIONS

Covered Employees

As of December 31, 2001 a plan spin-off of certain participants from the Retirement Plan for Salaried U.S. Employees of Imo Industries Inc. and Affiliates occurred.

Eligibility

Age 21 and one year of service.

Salary

January 1 salary rate, plus bonuses and overtime. Annual compensation is limited by the limit under Includable Compensation under IRC 401 (a)(17).

Final Average Salary

Average of highest five consecutive salaries out of last ten years.

Monthly pension benefit

A participant's accrued monthly pension benefit shall be the sum of base and excess portions for each year of services from date of plan entry.

<u>Period of Service</u>	<u>Base</u>	<u>Excess</u>
Tier 1, first 25 years	0.85% of pay	0.65% of pay above Covered Comp.
Tier 2, next 10 years	0.40% of pay	0.40% of pay above Covered Comp.

Boston Gear Charlotte employees receive a 1.15% base percentage for Tier 1 Service.

As of January 31, 1999, no further benefits will accrue. Active employees at time received a benefit enhancement equal to 20% of the Base benefit.

Minimum Benefit

\$16.50 per month for each year of service from the later of date of hire and date of division acquisition.

Normal Retirement Pension:

Eligibility

Age 65.

Benefit

Monthly pension benefit determined as of Normal Retirement Date.

Early Retirement Pension

Eligibility

Attainment of age 55 and completion of ten years of service

Schedule SB, Part V - SUMMARY OF PLAN PROVISIONS

Early Retirement Pension (continued)

Benefit

Monthly pension benefit determined as of early retirement date reduced for prior to Normal Retirement Date as follows:

For active members with age plus years of service greater than 75, early retirement reduction factors are split between the Base and Excess portions of the current benefit formula. Reduction of base benefit is 3% from age 65. Reduction of excess benefit is the maximum early retirement factors from the IRS permitted disparity rules.

For active members age 55 with ten years of service who are not eligible under the Rule of 75, the entire benefit is reduced by IRS maximum integration factors.

Deferred Retirement Pension

Eligibility

Retirement after Normal Retirement Date.

Benefit

The deferred retirement benefit is equal to the monthly pension benefit payable at the employee's actual retirement date reflecting service and salary to the date of termination.

Vested Retirement Pension

Eligibility

Completion of five years of service or attainment of age 65.

Benefit

Monthly pension benefit determined as of termination, date reduced actuarially for payment before Normal Retirement Date.

Death Benefits

Eligibility

Completion of five years of service.

Benefit

If eligible for early retirement, 50% of member's accrued benefit as of date of death. Actuarially reduced if surviving spouse if more than three years younger than member.

Otherwise, 50% of the benefit the member would have received had he/she quit employment the day before death and elected a 50% joint and survivor option to commence at the earliest possible retirement date.

Forms of Payment

Normal form

Life annuity; or if married, an actuarially equivalent 50% joint and survivor annuity.

Schedule SB, Part V - SUMMARY OF PLAN PROVISIONS

Forms of Payment (continued)

Optional forms

50%, 66 2/3%, or 100% joint and contingent survivor, five-, ten- or 15-year period certain, Social Security level income option with early retirement.

Florence Distribution Center

Eligibility

All hourly employees participate.

Monthly pension benefit

Effective January 1, 1993, the monthly pension benefit was equal to \$15.00 per month for each year of service to a maximum of 35 years.

In no event will a participant's retirement benefit exceed the limits set forth in the Internal Revenue Code Section 415.

As of January 31, 1999, no further benefits will accrue. Active employees as of that date will receive a 20% increase in benefits.

Normal Retirement Pension:

Eligibility

Later of age 65 and the fifth anniversary of plan participation

Benefit

Monthly pension benefit determined as of Normal Retirement Date.

Early Retirement Pension

Eligibility

Attainment of age 55 and completion of ten years of service

Benefit

Monthly pension benefit determined as of early retirement date reduced by 0.5% for each full month of payment before Normal Retirement Date.

Deferred Retirement Pension

Eligibility

Retirement after Normal Retirement Date.

Benefit

The deferred retirement benefit is equal to the monthly pension benefit payable at the employee's actual retirement date reflecting service and salary to the date of termination.

Schedule SB, Part V - SUMMARY OF PLAN PROVISIONS

Vested Retirement Pension

Eligibility

Completion of five years of service.

Benefit

Monthly pension benefit determined as of early retirement date reduced by 0.5% for each full month of payment before Normal Retirement Date.

Death Benefits

Eligibility

Vested and married at date of death.

Benefit

If eligible for early retirement, 50% of member's early retirement benefit as of date of death.

Otherwise, 50% of the benefit the member would have received had he/she quit employment the day before death and elected a 50% joint and survivor option to commence at the earliest possible retirement date.

Disability Benefits

Eligibility

Completion of ten years of service.

Benefit

Monthly pension benefit is payable immediately and is based on service at time of disability.

Forms of Payment

Normal form

Actuarially equivalent 50% joint and survivor annuity if married on date benefits commence; life annuity if single.

Optional forms

50%, 66 2/3%, or 100% joint and contingent survivor, five-, ten- or 15-year period certain, Social Security level income option with early retirement.

Fincor Division

Eligibility

All hourly employees participate.

Monthly pension benefit

Effective January 1, 1993, the monthly pension benefit was equal to \$12.00 per month for each year of service to a maximum of 30 years.

Schedule SB, Part V - SUMMARY OF PLAN PROVISIONS

Monthly pension benefit (continued)

In no event will a participant's retirement benefit exceed the limits set forth in the Internal Revenue Code Section 415.

As of January 31, 1999, no further benefits will accrue. Active employees as of that date will receive a 20% increase in benefits.

Normal Retirement Pension:

Eligibility

Later of age 65 and the fifth anniversary of plan participation

Benefit

Monthly pension benefit determined as of Normal Retirement Date.

Early Retirement Pension

Eligibility

Attainment of age 60 and completion of 15 years of service.

Benefit

Monthly pension benefit determined as of early retirement date reduced by 0.5% for each full month of payment before Normal Retirement Date.

Deferred Retirement Pension

Eligibility

Retirement after Normal Retirement Date.

Benefit

The deferred retirement benefit is equal to the monthly pension benefit payable at the employee's actual retirement date reflecting service and salary to the date of termination.

Vested Retirement Pension

Eligibility

Completion of five years of service.

Benefit

Monthly pension benefit determined as of early retirement date reduced by 0.5% for each full month of payment before Normal Retirement Date.

Death Benefits

Eligibility

Vested and married at date of death.

Schedule SB, Part V - SUMMARY OF PLAN PROVISIONS

Death Benefits (continued)

If eligible for early retirement, 50% of member's early retirement benefit as of date of death.

Otherwise, 50% of the benefit the member would have received had he/she quit employment the day before death and elected a 50% joint and survivor option to commence at the earliest possible retirement date.

Disability Benefits

Eligibility

Completion of ten years of service.

Benefit

Monthly pension benefit is payable immediately and is based on service at time of disability.

Forms of Payment

Normal form

Actuarially equivalent 50% joint and survivor annuity if married on date benefits commence; life annuity if single.

Optional forms

50%, 66 2/3%, or 100% joint and contingent survivor, five-, ten-, or 15-year period certain, Social Security level income option with early retirement.

Hourly Paid Employees of Imo Industries Inc.
Local 6061, AFL-CIO (Delroyd)

Eligibility

Employed in Bargaining Unit.

Monthly pension benefit

Monthly pension benefit is equal to the benefit multiplier based upon termination period times years and fractional years of continuous service.

<u>Termination Period</u>	<u>Benefit Multiplier</u>
After December 1, 1992	\$24.00
September 9, 1991 - September 30, 1992	21.00
September 9, 1990 - September 8, 1991	20.00
September 9, 1989 - September 8, 1990	19.00
September 6, 1986 - September 8, 1989	17.76
September 10, 1985 - September 5, 1986	17.00
September 10, 1983 - September 9, 1985	16.00
September 7, 1982 - September 9, 1983	15.00
September 7, 1981 - September 6, 1982	14.00
September 7, 1980 - September 6, 1981	13.00

Schedule SB, Part V - SUMMARY OF PLAN PROVISIONS

Normal Retirement Pension:

Eligibility

Age 65.

Benefit

Monthly pension benefit determined as of Normal Retirement Date.

Early Retirement Pension

Eligibility

Later of age 55 or the date age plus service equals 75.

Benefit

Monthly pension benefit determined as of early retirement date reduced by 4% per year of payment before age 62.

Deferred Retirement Pension

Eligibility

Retirement after Normal Retirement Date.

Benefit

The deferred retirement benefit is equal to the monthly pension benefit payable at the employee's actual retirement date reflecting service to the date of termination.

Vested Retirement Pension

Eligibility

Completion of five years of service or attaining age 65.

Benefit

Monthly pension benefit determined as of termination date payable without reduction at age 62.

Death Benefits

Eligibility

Vested and married for one year prior to death.

Benefit

If eligible for early retirement, 50% of member's early retirement benefit as of date of death. Actuarially reduced as if the 50% joint and survivor option were elected.

Otherwise, 50% of the benefit the member would have received had he/she quit employment the day before death and elected a 50% joint and survivor option to commence at the earliest possible retirement date.

Schedule SB, Part V - SUMMARY OF PLAN PROVISIONS

Disability Benefits

Eligibility

Completion of ten years of continuous service.

Benefit

\$300 per month until member's Normal Retirement date, at which time the member will receive a Normal Retirement Benefit based upon service through the last day of employment.

Forms of Payment

Normal form

Life annuity.

Warner Electric in Wichita Falls, Texas

Eligibility

Each employee who was a Participant of Lodge No. 776 of the International Association of Machinists and Aerospace Workers Union is automatically eligible. Other employees become eligible on the day on which he first performs an Hour of Service.

Monthly pension benefit

Effective January 1, 1999 the monthly pension benefit is equal to \$19.00 per month for all Credited Service after August 14, 1986 and \$15.56 per month for all Credited Service earned before that date.

Credited Service

- (1) All full and fractional years of service since August 14, 1986 while employed on an hourly basis by Wichita Clutch plant, Industrial Power Transmission Division, Dana Corporation, plus
- (2) All full year and fractional years of past service ending on August 13, 1986 only for Employees with less than ten years of vesting service under the Prior Plan as of August 13, 1986.

Service since August 14, 1986 is earned in accordance with the following schedule:

<u>Hours of Service in Plan Year</u>	<u>Months of Credited Service</u>
Less than 680	0
Exactly 680	4
681 - 850	5
851 - 1,020	6
1,020 - 1,190	7
1,191 - 1,360	8
1,361 - 1,530	9
1,531 - 1,700	10
1,701 - 1,800	11
1,801 and over	12

Schedule SB, Part V - SUMMARY OF PLAN PROVISIONS

Normal Retirement Pension:

Eligibility

Age 65.

Benefit

Monthly pension benefit determined as of Normal Retirement Date.

Early Retirement Pension

Eligibility

Attainment of age 60 and completion of ten years of Credited Service.

Benefit

Monthly pension benefit determined as of early retirement date reduced by 0.5% for each full month of payment before age 65.

Vested Retirement Pension

Eligibility

Completion of five years of service.

Benefit

Monthly pension benefit determined as of termination date reduced by 0.5% for each full month of payment before age 65.

Death Benefits

Eligibility

Vested and married at date of death.

Benefit

If eligible for early retirement, 50% of member's early retirement benefit as of date of death.

Otherwise, 50% of the benefit the member would have received had he/she quit employment the day before death and elected a 50% joint and survivor option to commence at the earliest possible retirement date.

Disability Benefits

Eligibility

Completion of ten years of service prior to age 65.

Benefit

The monthly pension benefit determined at date of disability shall be 10% greater than the early retirement benefit. In no event shall the benefit exceed the unreduced monthly pension benefit. For a covered employee whose disability pension is effective before he attains age 55, the amount shall be computed as if he were 55. The benefit shall commence no sooner than the seventh month of disability.

Schedule SB, Part V - SUMMARY OF PLAN PROVISIONS

Forms of Payment

Normal form

Life annuity; or if married, a 50% joint and survivor annuity.

Supplemental Benefit

Supplemental Benefits provided to certain employees with benefit amounts as follows:

<u>Employee</u>	<u>Normal Ret. Date</u>	<u>Amount of Supplement</u>
Coy Cox	Dec-89	\$191.12
Robert Grantom	Sep-94	\$191.12
Tom Hall	Jun-91	\$152.64
Jerry Loudamy	Oct-04	\$80.00
D.J. Sheppard	Dec-07	\$76.01
Arnold Petersen	Mar-95	\$56.38
Willie Goolsby	Aug-16	\$41.86
Gary Land	Apr-20	\$27.79
A.G. Walton	Dec-18	\$27.49
Doug Arnold	Jul-07	\$25.25
Marcus McAdoo	Jan-01	\$11.66

The supplement will be reduced should any of these employees retire before their normal retirement date. (Currently, the Amount of the reduction is 1/2 of 1% for each month an employee is younger than 65 at retirement.) Also, surviving spouses will not be entitled to any portion of a supplement.

Medicare Benefit

Eligibility

Retiree or surviving spouse receiving normal, early, or disability (but not deferred vested) retirement, who is age 65 or over or otherwise eligible for Medicare, Part B.

Benefit

\$20.00 per month after age 65, or earlier eligibility for Medicare, Part B.

Warner Electric in Roscoe and South Beloit, IL

Eligibility

Each employee who are members of United Steelworkers of America, Local Union No. 3245 and employed at the South Beloit or Roscoe, Illinois plants.

Monthly pension benefit

The Monthly Unit times years of Credited Service:

- 1) \$25.00 for terminations between January 30, 1998 and January 31, 1999
- 2) \$27.50 for terminations between February 1, 1999 and January 30, 2000
- 3) \$28.75 for terminations between January 31, 2000 and January 28, 2001
- 4) \$30.00 for terminations between January 29, 2001 and January 25, 2004
- 5) \$31.00 for terminations on or after January 26, 2004

Schedule SB, Part V - SUMMARY OF PLAN PROVISIONS

Credited Service

- (1) All full and fractional years of service since last date of hire computed to the nearest one-tenth year.
- (2) If employee has worked more than 60 days and less than two years, a break in service occurs when absence from work equals length of service.
- (3) Employees with two or more years of service may be absent two years without a break in service, or longer if the reason for absence is military, paternity or maternity leave.
- (4) Vested employees who become re-employed following a break in service accrue Credited Service from before and after the break.

Normal Retirement Pension:

Eligibility

Attainment of age 62 and completion of five years of Credited Service.

Benefit

Monthly pension benefit determined as of Normal Retirement Date.

Early Retirement Pension

Eligibility

Attainment of age 57 and completion of five years of Credited Service.

Benefit

Monthly pension benefit determined as of early retirement date reduced according to the following schedule:

<u>Age</u>	<u>Early Retirement Factor</u>
57	0.6968
58	0.7458
59	0.7998
60	0.8597
61	0.9260
62	1.0000

Providing the pension benefit, including to the Surviving Spouse, will be unreduced for employees retiring on or after age 57 with 30 or more years of Credited Service.

Vested Retirement Pension

Eligibility

Completion of five years of service.

Benefit

Monthly pension benefit determined as of termination date reduced according to the schedule of factors for early retirement.

Schedule SB, Part V - SUMMARY OF PLAN PROVISIONS

Survivor Benefits

Eligibility

Former and active vested employees and retirees who have elected the Normal Form of the Survivor Benefit.

Benefit

1) Active Vested and Terminated Vested Employees Eligible for Early and Normal Retirement:

Monthly Survivor Benefit shall be equal to 50% of the Accrued Benefit the employee would have received had he retired the day before his death. Benefit payment begins on the first day of the month following the date of death.

2) Retirement Employees:

Monthly Survivor Benefit equal to the percentage of benefit that the retiree has elected assuming a Joint and Survivor Option was chosen. Benefit payment begins on the first day of the month following the date of death.

3) Active Vested and Terminated Vested Employees Not Eligible for Normal or Early Retirement:

Monthly Survivor Benefit shall be equal to 50% of the monthly benefit to which the employee would have been entitled had he terminated on the earlier of his termination date or date of death, survived to early retirement date and had begun receiving benefits that day, and died the next day. Benefit payment begins on early retirement date.

Reduction

Pension Benefit of retiree is reduced actuarially for Survivor Benefit Option.

Disability Benefits

Eligibility

Completion of five years of Credited Service prior to age 62.

Benefit

The monthly pension benefit determined at date of disability shall be the greater of \$300.00 or the Accrued Benefit at date of disability, payable only after six consecutive months of disability.

Forms of Payment

Normal form

Life annuity; or if married, a 100% joint and survivor annuity.

Lump Sum

Participants who have attained at least age 57 with 30+ years of service may elect a lump sum.

Supplemental Benefit

None.

Schedule SB, Part V - SUMMARY OF PLAN PROVISIONS

Warner Electric in Warren, Michigan

Eligibility

Each employee who was a member of the Warren, Michigan facility is automatically eligible. Other employees become eligible on the day on which they first perform an Hour of Service. Employees hired on or after December 3, 2001 are not eligible to participate.

Monthly pension benefit

Effective January 1, 1999, the monthly pension benefit is equal to \$32.50 times years of Credited Service.

Credited Service

On or after January 1, 1996, 1/12 a year of Credited Service will be granted for each month an Employee:

- 1) Is on the active payroll and has at least an Hour of Service
- 2) Is on an approved sick leave of absence because of occupational injury or disease incurred in the course of his employment with the Company
- 3) Is on an approved leave of absence because of maternity, union business, Peace Corps, or military service.

Credited service is only granted for the first five years of a continuous sick leave, and for four years in the armed forces; unless reemployment rights under federal law allow a longer time.

Normal Retirement Pension:

Eligibility

Age 65.

Benefit

Monthly pension benefit determined as of Normal Retirement Date.

Early Retirement Pension

Eligibility

Attainment of age 60 and completion of 10 years of Credited Service; or between ages 55 and 60 with age plus Credited Service equaling 85 or more; or 30 years of Credited Service.

Benefit

Monthly pension benefit determined as of early retirement date reduced by an early retirement factor for payment before age 62.

An early retirement benefit is recalculated at age 62 and one month without the early retirement percentage if retiring from active employment with either 30+ years of Credited Service or age plus Credited Service equals 85 or more.

Schedule SB, Part V - SUMMARY OF PLAN PROVISIONS

Special Early Retirement

Eligibility

Actively employed within 12 months of plant closing and age 55 with ten or more years of Credited Service.

Benefit

Unreduced early retirement benefit plus a temporary benefit of \$28.00 per month for each year of Credited Service up to 25 years.

Early Retirement Supplement

Eligibility

Retirement before age 62 with 30 or more years of Credited Service (not available if pension service date is after January 1, 1991).

Benefit

In lieu of the early retirement benefit, \$2,100 per month will be paid until age 62.

Interim Supplement

Eligibility

Retirement between ages 55 and 62 with less than 30 years of Credited Service (not available if pension service date is after January 1, 1991).

The interim supplement is paid based on age at retirement:

<u>Age</u>	<u>Monthly Amount per year of Credited Service</u>
55	\$14.83
56	\$17.45
57	\$20.57
58	\$24.09
59	\$27.48
60-62	\$31.75

Vested Retirement Pension

Eligibility

Completion of five years of service.

Benefit

Monthly pension benefit determined as of termination date reduced by an early retirement factor for each full month of payment before age 62.

Schedule SB, Part V - SUMMARY OF PLAN PROVISIONS

Survivor Benefits

Eligibility

Vested and married at date of death.

Benefit

If eligible for early retirement or disabled (age 55 and older with 10+ years of Credited Service and receiving disability benefits), 60% of member's early retirement benefit as of date of death.

Otherwise, 50% of the benefit the member would have received has he/she quit employment the day before death and elected a 50% joint and survivor option to commence at the earliest possible retirement date.

Disability Benefits

None

Forms of Payment

Normal Form

Life annuity; or if married, a 60% joint and survivor annuity.

Medicare Benefit

Eligibility

Retiree or surviving spouse receiving normal or early retirement, who is age 65 or over or otherwise eligible for Medicare, Part B.

Benefit

\$61.00 per month after age 65.

Ameridrives International Pension Fund for Hourly Employees
Represented by Local #3199-10 United Steelworkers

Eligibility

Immediate.

Monthly pension benefit

The greater of (a) or (b)

(a) 1% of Average Monthly Earnings (10 years, frozen as of 10/1/2001) times credited service up to 45 years (only service until 10/1/2004 is counted).

(b) \$30.00 (increasing to \$31.50 effective October 1, 2002, \$33 effective October 1, 2003, and \$34 effective September 20, 2004) times credited service up to 45 years.

Schedule SB, Part V - SUMMARY OF PLAN PROVISIONS

Normal Retirement Pension:

Eligibility

Later of age 65 and the fifth anniversary of plan participation

Benefit

Monthly pension benefit determined as of Normal Retirement Date.

Early Retirement Pension

Eligibility

Attainment of age 60 and completion of 15 years of service.

Benefit

Monthly pension benefit determined as of early retirement date reduced by 0.5% for each full month of payment before Normal Retirement Date.

For Employees who retire with at least 30 years of service, the 0.5% monthly deduction does not apply and a \$225 monthly supplement is payable at age 62.

Special Retirement Pension

Eligibility

70 point (age plus service) and 10 years of service or 80 points provided that service is broken by permanent shutdown, layoff, or disability.

Benefit

Unreduced normal retirement pension plus a \$300 monthly supplement payable until the earlier of age 62 or eligibility for Social Security disability benefits.

Vested Retirement Pension

Eligibility

Completion of five years of service.

Benefit

Monthly pension benefit determined as of termination date reduced by 0.5% for each full month of payment before Normal Retirement Date.

Death Benefits

Eligibility

Married at date of death.

Benefit

If eligible for early retirement, 50% of member's early retirement benefit as of date of death.

Otherwise, 50% of the benefit the member would have received had he/she quit employment the day before death and elected a 50% joint and survivor option to commence at the earliest possible retirement date.

Schedule SB, Part V - SUMMARY OF PLAN PROVISIONS

Death Benefits (continued)

If the employee had attained age 50 with 15 years of service at death, the surviving spouse shall receive a benefit of at least \$100 per month.

Disability Benefit

Eligibility

Completion of 15 years of service.

Benefit

The unreduced monthly accrued normal retirement benefit that is payable immediately and is based on service at the time of disability.

Forms of Payment

Normal Form

Actuarially equivalent 50% joint and survivor annuity if married on date benefits commence;
10 year certain and continuous if single.

Special Payment

For those who retire under normal, early or special early retirement, an initial payment equal to 13 weeks of vacation pay will be made in lieu of the first three months of benefit payments.

Schedule SB, Part V - SUMMARY OF PLAN PROVISIONS

Covered Employees

As of December 31, 2001 a plan spin-off of certain participants from the Retirement Plan for Salaried U.S. Employees of Imo Industries Inc. and Affiliates occurred.

Eligibility

Age 21 and one year of service.

Salary

January 1 salary rate, plus bonuses and overtime. Annual compensation is limited by the limit under Includable Compensation under IRC 401 (a)(17).

Final Average Salary

Average of highest five consecutive salaries out of last ten years.

Monthly pension benefit

A participant's accrued monthly pension benefit shall be the sum of base and excess portions for each year of services from date of plan entry.

<u>Period of Service</u>	<u>Base</u>	<u>Excess</u>
Tier 1, first 25 years	0.85% of pay	0.65% of pay above Covered Comp.
Tier 2, next 10 years	0.40% of pay	0.40% of pay above Covered Comp.

Boston Gear Charlotte employees receive a 1.15% base percentage for Tier 1 Service.

As of January 31, 1999, no further benefits will accrue. Active employees at time received a benefit enhancement equal to 20% of the Base benefit.

Minimum Benefit

\$16.50 per month for each year of service from the later of date of hire and date of division acquisition.

Normal Retirement Pension:

Eligibility

Age 65.

Benefit

Monthly pension benefit determined as of Normal Retirement Date.

Early Retirement Pension

Eligibility

Attainment of age 55 and completion of ten years of service

Schedule SB, Part V - SUMMARY OF PLAN PROVISIONS

Early Retirement Pension (continued)

Benefit

Monthly pension benefit determined as of early retirement date reduced for prior to Normal Retirement Date as follows:

For active members with age plus years of service greater than 75, early retirement reduction factors are split between the Base and Excess portions of the current benefit formula. Reduction of base benefit is 3% from age 65. Reduction of excess benefit is the maximum early retirement factors from the IRS permitted disparity rules.

For active members age 55 with ten years of service who are not eligible under the Rule of 75, the entire benefit is reduced by IRS maximum integration factors.

Deferred Retirement Pension

Eligibility

Retirement after Normal Retirement Date.

Benefit

The deferred retirement benefit is equal to the monthly pension benefit payable at the employee's actual retirement date reflecting service and salary to the date of termination.

Vested Retirement Pension

Eligibility

Completion of five years of service or attainment of age 65.

Benefit

Monthly pension benefit determined as of termination, date reduced actuarially for payment before Normal Retirement Date.

Death Benefits

Eligibility

Completion of five years of service.

Benefit

If eligible for early retirement, 50% of member's accrued benefit as of date of death. Actuarially reduced if surviving spouse if more than three years younger than member.

Otherwise, 50% of the benefit the member would have received had he/she quit employment the day before death and elected a 50% joint and survivor option to commence at the earliest possible retirement date.

Forms of Payment

Normal form

Life annuity; or if married, an actuarially equivalent 50% joint and survivor annuity.

Schedule SB, Part V - SUMMARY OF PLAN PROVISIONS

Forms of Payment (continued)

Optional forms

50%, 66 2/3%, or 100% joint and contingent survivor, five-, ten- or 15-year period certain, Social Security level income option with early retirement.

Florence Distribution Center

Eligibility

All hourly employees participate.

Monthly pension benefit

Effective January 1, 1993, the monthly pension benefit was equal to \$15.00 per month for each year of service to a maximum of 35 years.

In no event will a participant's retirement benefit exceed the limits set forth in the Internal Revenue Code Section 415.

As of January 31, 1999, no further benefits will accrue. Active employees as of that date will receive a 20% increase in benefits.

Normal Retirement Pension:

Eligibility

Later of age 65 and the fifth anniversary of plan participation

Benefit

Monthly pension benefit determined as of Normal Retirement Date.

Early Retirement Pension

Eligibility

Attainment of age 55 and completion of ten years of service

Benefit

Monthly pension benefit determined as of early retirement date reduced by 0.5% for each full month of payment before Normal Retirement Date.

Deferred Retirement Pension

Eligibility

Retirement after Normal Retirement Date.

Benefit

The deferred retirement benefit is equal to the monthly pension benefit payable at the employee's actual retirement date reflecting service and salary to the date of termination.

Schedule SB, Part V - SUMMARY OF PLAN PROVISIONS

Vested Retirement Pension

Eligibility

Completion of five years of service.

Benefit

Monthly pension benefit determined as of early retirement date reduced by 0.5% for each full month of payment before Normal Retirement Date.

Death Benefits

Eligibility

Vested and married at date of death.

Benefit

If eligible for early retirement, 50% of member's early retirement benefit as of date of death.

Otherwise, 50% of the benefit the member would have received had he/she quit employment the day before death and elected a 50% joint and survivor option to commence at the earliest possible retirement date.

Disability Benefits

Eligibility

Completion of ten years of service.

Benefit

Monthly pension benefit is payable immediately and is based on service at time of disability.

Forms of Payment

Normal form

Actuarially equivalent 50% joint and survivor annuity if married on date benefits commence; life annuity if single.

Optional forms

50%, 66 2/3%, or 100% joint and contingent survivor, five-, ten- or 15-year period certain, Social Security level income option with early retirement.

Fincor Division

Eligibility

All hourly employees participate.

Monthly pension benefit

Effective January 1, 1993, the monthly pension benefit was equal to \$12.00 per month for each year of service to a maximum of 30 years.

Schedule SB, Part V - SUMMARY OF PLAN PROVISIONS

Monthly pension benefit (continued)

In no event will a participant's retirement benefit exceed the limits set forth in the Internal Revenue Code Section 415.

As of January 31, 1999, no further benefits will accrue. Active employees as of that date will receive a 20% increase in benefits.

Normal Retirement Pension:

Eligibility

Later of age 65 and the fifth anniversary of plan participation

Benefit

Monthly pension benefit determined as of Normal Retirement Date.

Early Retirement Pension

Eligibility

Attainment of age 60 and completion of 15 years of service.

Benefit

Monthly pension benefit determined as of early retirement date reduced by 0.5% for each full month of payment before Normal Retirement Date.

Deferred Retirement Pension

Eligibility

Retirement after Normal Retirement Date.

Benefit

The deferred retirement benefit is equal to the monthly pension benefit payable at the employee's actual retirement date reflecting service and salary to the date of termination.

Vested Retirement Pension

Eligibility

Completion of five years of service.

Benefit

Monthly pension benefit determined as of early retirement date reduced by 0.5% for each full month of payment before Normal Retirement Date.

Death Benefits

Eligibility

Vested and married at date of death.

Schedule SB, Part V - SUMMARY OF PLAN PROVISIONS

Death Benefits (continued)

If eligible for early retirement, 50% of member's early retirement benefit as of date of death.

Otherwise, 50% of the benefit the member would have received had he/she quit employment the day before death and elected a 50% joint and survivor option to commence at the earliest possible retirement date.

Disability Benefits

Eligibility

Completion of ten years of service.

Benefit

Monthly pension benefit is payable immediately and is based on service at time of disability.

Forms of Payment

Normal form

Actuarially equivalent 50% joint and survivor annuity if married on date benefits commence; life annuity if single.

Optional forms

50%, 66 2/3%, or 100% joint and contingent survivor, five-, ten-, or 15-year period certain, Social Security level income option with early retirement.

Hourly Paid Employees of Imo Industries Inc.
Local 6061, AFL-CIO (Delroyd)

Eligibility

Employed in Bargaining Unit.

Monthly pension benefit

Monthly pension benefit is equal to the benefit multiplier based upon termination period times years and fractional years of continuous service.

<u>Termination Period</u>	<u>Benefit Multiplier</u>
After December 1, 1992	\$24.00
September 9, 1991 - September 30, 1992	21.00
September 9, 1990 - September 8, 1991	20.00
September 9, 1989 - September 8, 1990	19.00
September 6, 1986 - September 8, 1989	17.76
September 10, 1985 - September 5, 1986	17.00
September 10, 1983 - September 9, 1985	16.00
September 7, 1982 - September 9, 1983	15.00
September 7, 1981 - September 6, 1982	14.00
September 7, 1980 - September 6, 1981	13.00

Schedule SB, Part V - SUMMARY OF PLAN PROVISIONS

Normal Retirement Pension:

Eligibility

Age 65.

Benefit

Monthly pension benefit determined as of Normal Retirement Date.

Early Retirement Pension

Eligibility

Later of age 55 or the date age plus service equals 75.

Benefit

Monthly pension benefit determined as of early retirement date reduced by 4% per year of payment before age 62.

Deferred Retirement Pension

Eligibility

Retirement after Normal Retirement Date.

Benefit

The deferred retirement benefit is equal to the monthly pension benefit payable at the employee's actual retirement date reflecting service to the date of termination.

Vested Retirement Pension

Eligibility

Completion of five years of service or attaining age 65.

Benefit

Monthly pension benefit determined as of termination date payable without reduction at age 62.

Death Benefits

Eligibility

Vested and married for one year prior to death.

Benefit

If eligible for early retirement, 50% of member's early retirement benefit as of date of death. Actuarially reduced as if the 50% joint and survivor option were elected.

Otherwise, 50% of the benefit the member would have received had he/she quit employment the day before death and elected a 50% joint and survivor option to commence at the earliest possible retirement date.

Schedule SB, Part V - SUMMARY OF PLAN PROVISIONS

Disability Benefits

Eligibility

Completion of ten years of continuous service.

Benefit

\$300 per month until member's Normal Retirement date, at which time the member will receive a Normal Retirement Benefit based upon service through the last day of employment.

Forms of Payment

Normal form

Life annuity.

Warner Electric in Wichita Falls, Texas

Eligibility

Each employee who was a Participant of Lodge No. 776 of the International Association of Machinists and Aerospace Workers Union is automatically eligible. Other employees become eligible on the day on which he first performs an Hour of Service.

Monthly pension benefit

Effective January 1, 1999 the monthly pension benefit is equal to \$19.00 per month for all Credited Service after August 14, 1986 and \$15.56 per month for all Credited Service earned before that date.

Credited Service

(1) All full and fractional years of service since August 14, 1986 while employed on an hourly basis by Wichita Clutch plant, Industrial Power Transmission Division, Dana Corporation, plus

(2) All full year and fractional years of past service ending on August 13, 1986 only for Employees with less than ten years of vesting service under the Prior Plan as of August 13, 1986.

Service since August 14, 1986 is earned in accordance with the following schedule:

<u>Hours of Service in Plan Year</u>	<u>Months of Credited Service</u>
Less than 680	0
Exactly 680	4
681 - 850	5
851 - 1,020	6
1,020 - 1,190	7
1,191 - 1,360	8
1,361 - 1,530	9
1,531 - 1,700	10
1,701 - 1,800	11
1,801 and over	12

Schedule SB, Part V - SUMMARY OF PLAN PROVISIONS

Normal Retirement Pension:

Eligibility

Age 65.

Benefit

Monthly pension benefit determined as of Normal Retirement Date.

Early Retirement Pension

Eligibility

Attainment of age 60 and completion of ten years of Credited Service.

Benefit

Monthly pension benefit determined as of early retirement date reduced by 0.5% for each full month of payment before age 65.

Vested Retirement Pension

Eligibility

Completion of five years of service.

Benefit

Monthly pension benefit determined as of termination date reduced by 0.5% for each full month of payment before age 65.

Death Benefits

Eligibility

Vested and married at date of death.

Benefit

If eligible for early retirement, 50% of member's early retirement benefit as of date of death.

Otherwise, 50% of the benefit the member would have received had he/she quit employment the day before death and elected a 50% joint and survivor option to commence at the earliest possible retirement date.

Disability Benefits

Eligibility

Completion of ten years of service prior to age 65.

Benefit

The monthly pension benefit determined at date of disability shall be 10% greater than the early retirement benefit. In no event shall the benefit exceed the unreduced monthly pension benefit. For a covered employee whose disability pension is effective before he attains age 55, the amount shall be computed as if he were 55. The benefit shall commence no sooner than the seventh month of disability.

Schedule SB, Part V - SUMMARY OF PLAN PROVISIONS

Forms of Payment

Normal form

Life annuity; or if married, a 50% joint and survivor annuity.

Supplemental Benefit

Supplemental Benefits provided to certain employees with benefit amounts as follows:

<u>Employee</u>	<u>Normal Ret. Date</u>	<u>Amount of Supplement</u>
Coy Cox	Dec-89	\$191.12
Robert Grantom	Sep-94	\$191.12
Tom Hall	Jun-91	\$152.64
Jerry Loudamy	Oct-04	\$80.00
D.J. Sheppard	Dec-07	\$76.01
Arnold Petersen	Mar-95	\$56.38
Willie Goolsby	Aug-16	\$41.86
Gary Land	Apr-20	\$27.79
A.G. Walton	Dec-18	\$27.49
Doug Arnold	Jul-07	\$25.25
Marcus McAdoo	Jan-01	\$11.66

The supplement will be reduced should any of these employees retire before their normal retirement date. (Currently, the Amount of the reduction is 1/2 of 1% for each month an employee is younger than 65 at retirement.) Also, surviving spouses will not be entitled to any portion of a supplement.

Medicare Benefit

Eligibility

Retiree or surviving spouse receiving normal, early, or disability (but not deferred vested) retirement, who is age 65 or over or otherwise eligible for Medicare, Part B.

Benefit

\$20.00 per month after age 65, or earlier eligibility for Medicare, Part B.

Warner Electric in Roscoe and South Beloit, IL

Eligibility

Each employee who are members of United Steelworkers of America, Local Union No. 3245 and employed at the South Beloit or Roscoe, Illinois plants.

Monthly pension benefit

The Monthly Unit times years of Credited Service:

- 1) \$25.00 for terminations between January 30, 1998 and January 31, 1999
- 2) \$27.50 for terminations between February 1, 1999 and January 30, 2000
- 3) \$28.75 for terminations between January 31, 2000 and January 28, 2001
- 4) \$30.00 for terminations between January 29, 2001 and January 25, 2004
- 5) \$31.00 for terminations on or after January 26, 2004

Schedule SB, Part V - SUMMARY OF PLAN PROVISIONS

Credited Service

- (1) All full and fractional years of service since last date of hire computed to the nearest one-tenth year.
- (2) If employee has worked more than 60 days and less than two years, a break in service occurs when absence from work equals length of service.
- (3) Employees with two or more years of service may be absent two years without a break in service, or longer if the reason for absence is military, paternity or maternity leave.
- (4) Vested employees who become re-employed following a break in service accrue Credited Service from before and after the break.

Normal Retirement Pension:

Eligibility

Attainment of age 62 and completion of five years of Credited Service.

Benefit

Monthly pension benefit determined as of Normal Retirement Date.

Early Retirement Pension

Eligibility

Attainment of age 57 and completion of five years of Credited Service.

Benefit

Monthly pension benefit determined as of early retirement date reduced according to the following schedule:

<u>Age</u>	<u>Early Retirement Factor</u>
57	0.6968
58	0.7458
59	0.7998
60	0.8597
61	0.9260
62	1.0000

Providing the pension benefit, including to the Surviving Spouse, will be unreduced for employees retiring on or after age 57 with 30 or more years of Credited Service.

Vested Retirement Pension

Eligibility

Completion of five years of service.

Benefit

Monthly pension benefit determined as of termination date reduced according to the schedule of factors for early retirement.

Schedule SB, Part V - SUMMARY OF PLAN PROVISIONS

Survivor Benefits

Eligibility

Former and active vested employees and retirees who have elected the Normal Form of the Survivor Benefit.

Benefit

1) Active Vested and Terminated Vested Employees Eligible for Early and Normal Retirement:

Monthly Survivor Benefit shall be equal to 50% of the Accrued Benefit the employee would have received had he retired the day before his death. Benefit payment begins on the first day of the month following the date of death.

2) Retirement Employees:

Monthly Survivor Benefit equal to the percentage of benefit that the retiree has elected assuming a Joint and Survivor Option was chosen. Benefit payment begins on the first day of the month following the date of death.

3) Active Vested and Terminated Vested Employees Not Eligible for Normal or Early Retirement:

Monthly Survivor Benefit shall be equal to 50% of the monthly benefit to which the employee would have been entitled had he terminated on the earlier of his termination date or date of death, survived to early retirement date and had begun receiving benefits that day, and died the next day. Benefit payment begins on early retirement date.

Reduction

Pension Benefit of retiree is reduced actuarially for Survivor Benefit Option.

Disability Benefits

Eligibility

Completion of five years of Credited Service prior to age 62.

Benefit

The monthly pension benefit determined at date of disability shall be the greater of \$300.00 or the Accrued Benefit at date of disability, payable only after six consecutive months of disability.

Forms of Payment

Normal form

Life annuity; or if married, a 100% joint and survivor annuity.

Lump Sum

Participants who have attained at least age 57 with 30+ years of service may elect a lump sum.

Supplemental Benefit

None.

Schedule SB, Part V - SUMMARY OF PLAN PROVISIONS

Warner Electric in Warren, Michigan

Eligibility

Each employee who was a member of the Warren, Michigan facility is automatically eligible. Other employees become eligible on the day on which they first perform an Hour of Service. Employees hired on or after December 3, 2001 are not eligible to participate.

Monthly pension benefit

Effective January 1, 1999, the monthly pension benefit is equal to \$32.50 times years of Credited Service.

Credited Service

On or after January 1, 1996, 1/12 a year of Credited Service will be granted for each month an Employee:

- 1) Is on the active payroll and has at least an Hour of Service
- 2) Is on an approved sick leave of absence because of occupational injury or disease incurred in the course of his employment with the Company
- 3) Is on an approved leave of absence because of maternity, union business, Peace Corps, or military service.

Credited service is only granted for the first five years of a continuous sick leave, and for four years in the armed forces; unless reemployment rights under federal law allow a longer time.

Normal Retirement Pension:

Eligibility

Age 65.

Benefit

Monthly pension benefit determined as of Normal Retirement Date.

Early Retirement Pension

Eligibility

Attainment of age 60 and completion of 10 years of Credited Service; or between ages 55 and 60 with age plus Credited Service equaling 85 or more; or 30 years of Credited Service.

Benefit

Monthly pension benefit determined as of early retirement date reduced by an early retirement factor for payment before age 62.

An early retirement benefit is recalculated at age 62 and one month without the early retirement percentage if retiring from active employment with either 30+ years of Credited Service or age plus Credited Service equals 85 or more.

Schedule SB, Part V - SUMMARY OF PLAN PROVISIONS

Special Early Retirement

Eligibility

Actively employed within 12 months of plant closing and age 55 with ten or more years of Credited Service.

Benefit

Unreduced early retirement benefit plus a temporary benefit of \$28.00 per month for each year of Credited Service up to 25 years.

Early Retirement Supplement

Eligibility

Retirement before age 62 with 30 or more years of Credited Service (not available if pension service date is after January 1, 1991).

Benefit

In lieu of the early retirement benefit, \$2,100 per month will be paid until age 62.

Interim Supplement

Eligibility

Retirement between ages 55 and 62 with less than 30 years of Credited Service (not available if pension service date is after January 1, 1991).

The interim supplement is paid based on age at retirement:

<u>Age</u>	<u>Monthly Amount per year of Credited Service</u>
55	\$14.83
56	\$17.45
57	\$20.57
58	\$24.09
59	\$27.48
60-62	\$31.75

Vested Retirement Pension

Eligibility

Completion of five years of service.

Benefit

Monthly pension benefit determined as of termination date reduced by an early retirement factor for each full month of payment before age 62.

Schedule SB, Part V - SUMMARY OF PLAN PROVISIONS

Survivor Benefits

Eligibility

Vested and married at date of death.

Benefit

If eligible for early retirement or disabled (age 55 and older with 10+ years of Credited Service and receiving disability benefits), 60% of member's early retirement benefit as of date of death.

Otherwise, 50% of the benefit the member would have received had he/she quit employment the day before death and elected a 50% joint and survivor option to commence at the earliest possible retirement date.

Disability Benefits

None

Forms of Payment

Normal Form

Life annuity; or if married, a 60% joint and survivor annuity.

Medicare Benefit

Eligibility

Retiree or surviving spouse receiving normal or early retirement, who is age 65 or over or otherwise eligible for Medicare, Part B.

Benefit

\$61.00 per month after age 65.

Ameridrives International Pension Fund for Hourly Employees
Represented by Local #3199-10 United Steelworkers

Eligibility

Immediate.

Monthly pension benefit

The greater of (a) or (b)

(a) 1% of Average Monthly Earnings (10 years, frozen as of 10/1/2001) times credited service up to 45 years (only service until 10/1/2004 is counted).

(b) \$30.00 (increasing to \$31.50 effective October 1, 2002, \$33 effective October 1, 2003, and \$34 effective September 20, 2004) times credited service up to 45 years.

Schedule SB, Part V - SUMMARY OF PLAN PROVISIONS

Normal Retirement Pension:

Eligibility

Later of age 65 and the fifth anniversary of plan participation

Benefit

Monthly pension benefit determined as of Normal Retirement Date.

Early Retirement Pension

Eligibility

Attainment of age 60 and completion of 15 years of service.

Benefit

Monthly pension benefit determined as of early retirement date reduced by 0.5% for each full month of payment before Normal Retirement Date.

For Employees who retire with at least 30 years of service, the 0.5% monthly deduction does not apply and a \$225 monthly supplement is payable at age 62.

Special Retirement Pension

Eligibility

70 point (age plus service) and 10 years of service or 80 points provided that service is broken by permanent shutdown, layoff, or disability.

Benefit

Unreduced normal retirement pension plus a \$300 monthly supplement payable until the earlier of age 62 or eligibility for Social Security disability benefits.

Vested Retirement Pension

Eligibility

Completion of five years of service.

Benefit

Monthly pension benefit determined as of termination date reduced by 0.5% for each full month of payment before Normal Retirement Date.

Death Benefits

Eligibility

Married at date of death.

Benefit

If eligible for early retirement, 50% of member's early retirement benefit as of date of death.

Otherwise, 50% of the benefit the member would have received had he/she quit employment the day before death and elected a 50% joint and survivor option to commence at the earliest possible retirement date.

Schedule SB, Part V - SUMMARY OF PLAN PROVISIONS

Death Benefits (continued)

If the employee had attained age 50 with 15 years of service at death, the surviving spouse shall receive a benefit of at least \$100 per month.

Disability Benefit

Eligibility

Completion of 15 years of service.

Benefit

The unreduced monthly accrued normal retirement benefit that is payable immediately and is based on service at the time of disability.

Forms of Payment

Normal Form

Actuarially equivalent 50% joint and survivor annuity if married on date benefits commence;
10 year certain and continuous if single.

Special Payment

For those who retire under normal, early or special early retirement, an initial payment equal to 13 weeks of vacation pay will be made in lieu of the first three months of benefit payments.

RETIREMENT PLAN FOR POWER TRANSMISSION EMPLOYEES OF IMO INDUSTRIES INC.**EIN: 21-0733751****Plan Number: 081****SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES****(Form 5500, Schedule H, Item 4i)****December 31, 2009**

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current value
*	SEI Private Trust Company	SEI Large Cap Disciplined Equity #295	\$ 33,439,401	\$ 29,068,891
*	SEI Private Trust Company	SEI Small/Mid Cap Equity Fund #296	8,443,420	8,213,189
*	SEI Private Trust Company	SEI World Equity Ex-US Fund Class A #280	13,300,092	11,579,462
*	SEI Private Trust Company	SEI Core Fixed Income Fund #285	3,413,873	3,400,625
*	SEI Private Trust Company	SEI Emerging Markets Debt Fund #270	6,002,048	6,084,950
*	SEI Private Trust Company	SEI High Yield Bond #284	5,885,557	5,927,584
*	SEI Private Trust Company	SEI Long Duration Fund	12,915,574	15,939,510
*	SEI Private Trust Company	SEI Opportunity Collective Fund	16,000,000	13,805,121
*	SEI Private Trust Company	SEI Daily Income Prime Obligation Fund #34	1,100,361	1,100,361

***Represents a party-in-interest (See Note 8).**

Schedule SB, line 32 - Schedule of Amortization Bases

<u>Base Type</u>	<u>Date Established</u>	<u>Present Value of Remaining Installments</u>	<u>Remaining Amortization Period (Years)</u>	<u>Amortization Installment</u>
Shortfall	1/1/2009	(3,917,549)	7.000	(695,164)
Shortfall	1/1/2008	13,347,261	6.000	2,660,570
Total		<u>\$ 9,429,712</u>		<u>\$ 1,965,406</u>

Schedule SB, line 19 - Discounted Employer Contributions

Date of Contribution	Contribution Amount	Applicable Plan Year	Effective Interest Rate	Late Contribution Interest Rate	Discounted Contributions
5/1/2009	670,000	2009	8.23%	13.23%	651,777
7/15/2009	670,000	2009	8.23%	N/A	642,280
10/15/2009	670,000	2009	8.23%	N/A	629,604
12/31/2009	1,100,000	2009	8.23%	N/A	1,016,573
Total	3,110,000				2,940,234

Schedule SB, line 25 - Change in Method

The funding interest rate was changed from segment rates, using a two-month lookback, of 5.31% for the first five years, 5.88% for the next 15 years, and 6.40% for all years thereafter, to the 2009 IRS Statutory Full Yield Curve (in connection with the IRS bulletin released on March 31, 2009, the plan is incorporating the ability to use a two-month lookback for determining the yield curve for 2009).

The asset valuation method was changed from Market Value of Assets to a two-year asset averaging method, as allowed by IRS Notice 2009-22.

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

<u>Age</u>	<u>Count</u>	<u>Ret. Rate</u>	<u># Ret</u>	
55	1000.000	7.00%	70.000	3850.000
56	930.000	7.00%	65.100	3645.600
57	864.900	6.50%	56.219	3204.455
58	808.682	5.00%	40.434	2345.176
59	768.247	6.00%	46.095	2719.596
60	722.153	7.00%	50.551	3033.041
61	671.602	7.50%	50.370	3072.579
62	621.232	20.00%	124.246	7703.274
63	496.985	14.00%	69.578	4383.411
64	427.407	15.00%	64.111	4103.112
65	363.296	100.00%	363.296	23614.262
Average Retirement Age				61.675