

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2010 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u>	
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 <u>RETIREMENT PLAN FOR SALARIED EMPLOYEES OF IMO INDUSTRIES, INC. AND AFFILIATES</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>036</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1987</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>036</u>	1c Effective date of plan <u>01/01/1987</u>	
1b Three-digit plan number (PN) ▶	<u>036</u>				
1c Effective date of plan <u>01/01/1987</u>					
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>COLFAX CORPORATION</u> <u>8170 MAPLE LAWN BLVD SUITE 180</u> <u>FULTON, MD 20759</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>54-1887631</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>301-323-9000</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>333200</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>54-1887631</u>	2c Sponsor's telephone number <u>301-323-9000</u>	2d Business code (see instructions) <u>333200</u>	
2b Employer Identification Number (EIN) <u>54-1887631</u>					
2c Sponsor's telephone number <u>301-323-9000</u>					
2d Business code (see instructions) <u>333200</u>					

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.	10/10/2011	C. SCOTT BRANNAN
	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

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

Form 5500 (2010)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") COLFAX CORPORATION 8170 MAPLE LAWN BLVD SUITE 180 FULTON, MD 20759	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	2953
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	161
b Retired or separated participants receiving benefits.....	6b	1268
c Other retired or separated participants entitled to future benefits.....	6c	1190
d Subtotal. Add lines 6a , 6b , and 6c	6d	2619
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	208
f Total. Add lines 6d and 6e	6f	2827
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:

1A 1G 1I 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)	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	(1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor

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

a Pension Schedules

- (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) ☒ **A** (Insurance Information)
 (4) ☒ **C** (Service Provider Information)
 (5) ☒ **D** (DFE/Participating Plan Information)
 (6) ☐ **G** (Financial Transaction Schedules)

<div><div>SCHEDULE A</div><div>(Form 5500)</div><div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>	<div>Insurance 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>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2010</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
<div>A Name of plan</div> <div>RETIREMENT PLAN FOR SALARIED EMPLOYEES OF IMO INDUSTRIES, INC. AND AFFILIATES</div>	<div>B Three-digit plan number (PN)</div> <div>▶</div>	<div>036</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500.</div> <div>COLFAX CORPORATION</div>	<div>D Employer Identification Number (EIN)</div> <div>54-1887631</div>	

Part I	<div>Information Concerning Insurance Contract Coverage, Fees, and Commissions</div> <div>Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.</div>
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1 Coverage Information:

<div>(a) Name of insurance carrier</div> <div>TRANSAMERICA LIFE INSURANCE AND ANNUITY COMPANY</div>

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
39-0989781	67121	50244-000	12	01/01/2010	12/31/2010

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.
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(a) Total amount of commissions paid	(b) Total amount of fees paid

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
--

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end **4** 831929**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 831005**c** Additions: (1) Contributions deposited during the year **7c(1)**(2) Dividends and credits **7c(2)** 5882(3) Interest credited during the year **7c(3)** 28539(4) Transferred from separate account **7c(4)**(5) Other (specify below) **7c(5)**

▶

(6) Total additions **7c(6)** 34421**d** Total of balance and additions (add **b** and **c(6)**). **7d** 865426**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 26500(2) Administration charge made by carrier **7e(2)** 743(3) Transferred to separate account **7e(3)**(4) Other (specify below) **7e(4)** 6254

▶ INV MGMT FEES, EXPENSES, STATE TAX

(5) Total deductions **7e(5)** 33497**f** Balance at the end of the current year (subtract **e(5)** from **d**) **7f** 831929

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

▶ **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 SALARIED EMPLOYEES OF IMO INDUSTRIES, INC. AND AFFILIATES</u>	B Three-digit plan number (PN) ▶ <u>036</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>2010</u>
2	Assets:
a	Market value 2a <u>84974259</u>
b	Actuarial value 2b <u>87605827</u>
3	Funding target/participant count breakdown
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a <u>1466</u> <u>57701426</u>
b	For terminated vested participants 3b <u>1324</u> <u>28345466</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>537944</u>
(2)	Vested benefits 3c(2) <u>9881584</u>
(3)	Total active 3c(3) <u>163</u> <u>10419528</u>
d	Total 3d <u>2953</u> <u>96466420</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>6.62</u> %
6	Target normal cost 6 <u>650000</u>

Statement by Enrolled Actuary

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

SIGN HERE	<u>10/07/2011</u>
Signature of actuary	Date
<u>BRIAN D. EVITTS</u>	<u>11-05995</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, 14TH FLOOR</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) 2010
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)	15455394	
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	1053657	
9	Amount remaining (Item 7 minus item 8).....	14401737	0
10	Interest on item 9 using prior year's actual return of <u>17.36</u> %	2500142	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		869981
b	Interest on (a) using prior year's effective rate of <u>8.26</u> %		99160
c	Total available at beginning of current plan year to add to prefunding balance		969141
d	Portion of (c) to be added to prefunding balance.....		443202
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).....	16901879	443202

Part III		Funding percentages	
14	Funding target attainment percentage.....	14	72.83 %
15	Adjusted funding target attainment percentage.....	15	72.83 %
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	103.08 %
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
03/02/2010	780000	0			
05/05/2010	2200000	0			
Totals ▶			18(b)	2980000	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 2924432
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
0	0
(3) 3rd	(4) 4th
0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 5.03 %	2nd segment: 6.73 %	3rd segment: 6.82 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions) ☐ 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	650000
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	22347017	3760825
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	4410825
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	1486393	0
36 Additional cash requirement (item 34 minus item 35).....	36	2924432
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	2924432
38 Interest-adjusted excess contributions for current year (see instructions).....	38	0
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
		2010
		This Form is Open to Public Inspection.
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan RETIREMENT PLAN FOR SALARIED EMPLOYEES OF IMO INDUSTRIES, INC. AND AFFILIATES		B Three-digit plan number (PN) ▶ 036
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 24 28 36 38 50 52 62 64 70	NONE	418445	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

TRANSAMERICA

95-1060502

(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?
13 53	NONE	0	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 ☐

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: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection.
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan RETIREMENT PLAN FOR SALARIED EMPLOYEES OF IMO INDUSTRIES, INC. AND AFFILIATES	B Three-digit plan number (PN) ►	036
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): SEI TRUST COMPANY			
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) 12494463	
a Name of MTIA, CCT, PSA, or 103-12 IE: SEI SPECIAL SITUATIONS COLLECT. FND			
b Name of sponsor of entity listed in (a): SEI TRUST COMPANY			
c EIN-PN 27-0977453-038	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4290604	
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)

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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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
		2010
		This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan RETIREMENT PLAN FOR SALARIED EMPLOYEES OF IMO INDUSTRIES, INC. AND AFFILIATES	B Three-digit plan number (PN) ►	036
C Plan sponsor's name as shown on line 2a of Form 5500 COLFAX CORPORATION	D Employer Identification Number (EIN) 54-1887631	

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	127526	123288
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		990
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)	12079481	16785067
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	72072731	73818696
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	831005	831929
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	85110743	91559970

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities.....	1j	136484	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	136484	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	84974259	91559970
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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) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)	2980000	
(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)		2980000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	9	
(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)		9
(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)	2520538	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2520538
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	15371037	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	15514806	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-143769

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		749354
(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)		7826554
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		13932686

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6690308	
(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)		6690308
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)	74993	
(3) Investment advisory and management fees	2i(3)	325221	
(4) Other	2i(4)	256453	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		656667
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		7346975

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		6585711
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ 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.).....		X	
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)

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
		2010
		This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan <u>RETIREMENT PLAN FOR SALARIED EMPLOYEES OF IMO INDUSTRIES, INC. AND AFFILIATES</u>	B Three-digit plan number (PN) ▶ <u>036</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
---------------	----------------------

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)
----------------	--

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
-----------------	-------------------

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
--	-----------------------------------	-----------------------------------	-------------------------------	--

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2010
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: 52.0% Investment-Grade Debt: 22.0% High-Yield Debt: 6.0% Real Estate: 0.0% Other: 20.0%

- 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 SALARIED U.S. EMPLOYEES
OF IMO INDUSTRIES AND AFFILIATES**

FINANCIAL STATEMENT

DECEMBER 31, 2010

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INDEPENDENT AUDITORS' REPORT

To the Retirement Plan Committee of Colfax Corporation
Retirement Plan for Salaried U.S. Employees of
Imo Industries and Affiliates

We were engaged to audit the accompanying statements of net assets available for benefits of Retirement Plan for Salaried U.S. Employees of Imo Industries and Affiliates (the Plan) as of December 31, 2010 and 2009, and the related statement of changes in net assets available for benefits for the year ended December 31, 2010, 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 United States 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 trustee of the Plan, except for comparing this 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 trustee 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, 2010, and as of December 31, 2009.

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
October 5, 2011

**RETIREMENT PLAN FOR SALARIED U. S. EMPLOYEES OF IMO INDUSTRIES
AND AFFILIATES**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2010 and 2009**

ASSETS	2010	2009
Investments, at fair value:		
Guaranteed Investment Contract	\$ 831,929	\$ 831,005
Mutual Funds	73,818,696	72,072,731
Common/Collective Trust	16,785,067	12,079,481
Money Market	990	-
Total investments	91,436,682	84,983,217
Accrued income	123,288	127,526
Total assets	91,559,970	85,110,743
Liabilities		
Accounts Payable	-	136,484
Net assets available for benefits	\$91,559,970	\$84,974,259

See Notes to Financial Statements.

**RETIREMENT PLAN FOR SALARIED U. S. EMPLOYEES OF IMO INDUSTRIES
AND AFFILIATES**

**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Year Ended December 31, 2010**

Additions:	
Interest and dividend income	\$ 2,520,547
Net appreciation in fair value of investments	8,432,139
Contributions:	
Employer	<u>2,980,000</u>
Total additions	<u>13,932,686</u>
Deductions:	
Benefits paid to participants	6,690,308
Administrative expenses	<u>656,667</u>
Total deductions	<u>7,346,975</u>
Net increase	6,585,711
Net assets available for benefits, beginning	<u>84,974,259</u>
Net assets available for benefits, ending	<u>\$91,559,970</u>

See Notes to Financial Statements.

RETIREMENT PLAN FOR SALARIED U.S. EMPLOYEES OF IMO INDUSTRIES AND AFFILIATES

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of the Plan

The following description of the Retirement Plan for Salaried U.S. Employees of Imo Industries and Affiliates (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 salaried employees of Imo Industries, Inc., and affiliates, 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.

Imo Industries Inc., is an indirect wholly owned subsidiary of Colfax Corporation (the Company) which serves as the Plan Sponsor.

Effective January 31, 1999, the Plan was frozen, therefore no additional benefits will accrue for participants and new employees will not be eligible to participate in the plan.

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 and Transamerica Retirement Services are the asset custodians (the Asset Custodians) 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, 2010 and 2009.

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.

NOTES TO FINANCIAL STATEMENTS

Note 2. Summary of Significant Accounting Policies

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

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

Administrative expenses: Colfax Corporation 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 custodians 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 remaining will be distributed to the Company, provided all liabilities of the Plan to participants and beneficiaries have been satisfied.

NOTES TO FINANCIAL STATEMENTS

Note 3. Plan Termination (Continued)

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. 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 and TransAmerica Retirement Services Company (Asset Custodians) as of December 31, 2010 and 2009.

Accordingly, the Asset Custodians have 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, 2010 and 2009, are as follows:

	2010	2009
SEI Large Cap Disciplined Equity #295	\$ 24,994,151	\$25,865,065
SEI Small/Mid Cap Equity Fund #296	5,697,574	7,365,886
SEI World Equity Ex-US Fund Class A #280	14,877,763	10,385,105
SEI Emerging Markets Debt Fund #270	*	4,995,936
SEI Opportunity Collective Fund	12,494,463	12,079,481
SEI Long Duration Fund	13,559,525	14,496,993
SEI High Yield Bond Fund #284	7,388,856	5,387,168

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

NOTES TO FINANCIAL STATEMENTS

Note 4. Certified Information (Continued)

During 2010, 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 \$8,432,139 as follows:

Mutual Funds	\$ 7,826,553
Common/Collective Trust	<u>605,586</u>
	<u>\$ 8,432,139</u>

Note 5. 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 as of the date the plan was frozen. 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.

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, 2010 and 2009, are as follows:

- Interest rate compounded annually – 8.75 percent for both 2010 and 2009.
- 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.

NOTES TO FINANCIAL STATEMENTS

Note 5. Accumulated Plan Benefits (Continued)

The accumulated plan benefit information as of January 1, 2010 and 2009, is as follows:

	2010	2009 As Restated
Actuarial present value of accumulated vested pension benefits:		
Participants currently receiving payments	\$ 49,832,651	\$ 49,607,835
Other participants	29,119,977	29,583,660
	<u>78,952,628</u>	<u>79,191,495</u>
Actuarial present value of accumulated nonvested pension benefits	<u>470,287</u>	<u>580,656</u>
Total actuarial present value of accumulated plan pension benefits	<u>\$ 79,422,915</u>	<u>\$ 79,772,151</u>

The change in the actuarial present value of accumulated pension benefits as of January 1, 2010 and 2009, consists of the following:

	2010	2009 As Restated
Actuarial present value of accumulated pension benefits, beginning	\$ 79,772,151	\$ 80,161,130
Interest	6,692,376	6,705,015
Distributions with weighted interest	(6,575,701)	(7,064,768)
Benefits accumulated	<u>(465,911)</u>	<u>(29,226)</u>
Net decrease	<u>(349,236)</u>	<u>(388,979)</u>
Actuarial present value of accumulated pension benefits, ending	<u>\$ 79,422,915</u>	<u>\$ 79,772,151</u>

Note 6. Tax Status

The Internal Revenue Service issued a determination letter dated January 16, 2009, 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.

The Financial Accounting Standards Board issued guidance on accounting for uncertainty in income taxes. 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 after 1997 remain subject to examination by the taxing authorities.

NOTES TO FINANCIAL STATEMENTS

Note 6. Tax Status (Continued)

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, 2010 and 2009.

Note 7. Party-In-Interest Transactions

Certain investments are held and managed by the Asset Custodians. Therefore, these investments and investment transactions qualify as party-in-interest transactions. Fees paid for plan management services amounted to \$418,445 for the year ended December 31, 2010.

Note 8. Fair Value Measurements

Financial accounting standards for fair value measurements, define fair value as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants at the measurement date. 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 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 8. 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, 2010 and 2009.

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.

Guaranteed investment contract: Valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the creditworthiness of the issuer. Fair value approximates cost.

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 set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31:

	2010			
	Level 1	Level 2	Level 3	Total
Mutual Funds:				
Equity funds	\$ 45,569,488	\$ -	\$ -	\$ 45,569,488
Fixed income funds	28,249,208	-	-	28,249,208
Common/Collective Trust	-	16,785,067	-	16,785,067
Guaranteed Investment Contract	-	831,929	-	831,929
Total Assets at Fair Value	\$ 73,818,696	\$ 17,616,996	\$ -	\$ 91,435,692

	2009			
	Level 1	Level 2	Level 3	Total
Mutual Funds:				
Equity funds	\$ 43,616,056	\$ -	\$ -	\$ 43,616,056
Fixed income funds	28,456,675	-	-	28,456,675
Common/Collective Trust	-	12,079,481	-	12,079,481
Guaranteed Investment Contract	-	831,005	-	831,005
Total Assets at Fair Value	\$ 72,072,731	\$ 12,910,486	\$ -	\$ 84,983,217

NOTES TO FINANCIAL STATEMENTS

Note 9. Risks and Uncertainties

The plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

Note 10. Subsequent Events

Management has evaluated subsequent events through October 5, 2011, the date which the financial statements were available for issue.

RETIREMENT PLAN FOR SALARIED U. S. EMPLOYEES OF IMO INDUSTRIES AND AFFILIATES

EIN: 21-0733751

PLAN NUMBER: 036

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

(Forms 5500, Schedule H, Item 4i)

December 31, 2010

(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	\$25,357,853	\$24,994,151
*	SEI Private Trust Company	SEI Small/Mid Cap Equity Fund #296	4,763,054	5,697,574
*	SEI Private Trust Company	SEI World Equity Ex-US Fund Class A #280	14,889,133	14,877,763
*	SEI Private Trust Company	SEI Core Fixed Income Fund #285	4,419,505	4,443,802
*	SEI Private Trust Company	SEI Long Duration Fund	11,150,785	13,559,525
*	SEI Private Trust Company	SEI Emerging Markets Debt Fund #270	2,601,135	2,857,025
*	SEI Private Trust Company	SEI High Yield Bond #284	6,925,163	7,388,856
*	SEI Private Trust Company	SEI Opportunity Collective Fund	14,000,000	12,494,463
*	SEI Private Trust Company	SEI Special Situations Collective Fund	4,100,000	4,290,604
*	Transamerica Life Insurance and Annuity Company	Fixed Dollar Account Fund	831,929	831,929

* Represents a party-in-interest (See Note 7).

RETIREMENT PLAN FOR SALARIED U. S. EMPLOYEES OF IMO INDUSTRIES AND AFFILIATES
 EIN: 21-0733751
 PLAN NUMBER: 036

SCHEDULE OF REPORTABLE TRANSACTIONS
 (Form 5500, Schedule H, Item 4j)
 Year Ended December 31, 2010

Identity of Party	Description of Investment	Number of Purchases	Purchase Price	Number of Sales	Selling Price	Cost of Assets Sold	Net Gain (Loss) on Sale
Aggregate transactions:							
SEI Private Trust Company*	SEI World Equity Ex-US Fund Class A #280	8	\$ 4,753,327	26	\$ 1,909,610	\$ 2,157,579	\$ (247,969)
SEI Private Trust Company*	SEI Long Duration Fund	1	1,803,216	9	4,644,757	3,667,009	977,748
SEI Private Trust Company*	SEI Large Cap Disciplined Equity #295	7	3,000,243	27	7,319,547	8,112,769	(793,222)
SEI Private Trust Company*	SEI Special Situations Collective Fund	1	4,100,000	1	4,100,000	4,100,000	-

*Represents a party-in-interest (See Note 7).

Retirement Plan for Salaried U.S. Employees of Imo Industries, Inc. and Affiliates

EIN: 54-1887631 Plan: 036

Attachment to the 2010 Form 5500 Schedule SB

Schedule SB, line 26 - Schedule of Active Participant Data

Attained Age	Years of Credited Service										Total Number
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	4	1	0	0	0	0	0	5
35-39	0	0	0	3	1	0	0	0	0	0	4
40-44	0	0	0	5	3	6	0	0	0	0	14
45-49	0	0	0	5	3	8	9	11	0	0	36
50-54	0	0	0	3	1	3	17	18	1	0	43
55-59	0	0	0	2	3	3	7	13	8	0	36
60-64	0	0	0	0	0	0	4	7	6	5	22
65-69	0	0	0	0	0	0	1	0	0	1	2
70 & Over	0	0	0	0	0	1	0	0	0	0	1
Total	0	0	0	22	12	21	38	49	15	6	163

Average Age:
52.52

Average Service:
26.75

of Males:
128

of Females:
19

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

Interest Rates:

Target Interest Rate (based on two month lookback and non-transition rule election):

<i>(Segment 1)</i>	5.03% per year, compounded annually.
<i>(Segment 2)</i>	6.73% per year, compounded annually.
<i>(Segment 3)</i>	6.82% per year, compounded annually.
<i>(Effective Rate)</i>	6.62% per year, compounded annually.

SFAS 35 Interest Rate: 8.75% per year, compounded annually.

Mortality:

Target Liability: IRS 2010 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%

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

Expenses:

Expenses are assumed to be \$650,000 during 2010.

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 8.75% 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 changed from the 2009 IRS Statutory Full Yield Curve (with two-month lookback) to segment rates using a four-month lookback: 5.03% for the first five years, 6.73% for the next 15 years, and 6.82% for all years thereafter.

The mortality table was changed from the IRS 2009 Static Mortality Table to the IRS 2010 Static Mortality Table.

RETIREMENT PLAN FOR SALARIED U. S. EMPLOYEES OF IMO INDUSTRIES AND AFFILIATES
 EIN: 21-0733751
 PLAN NUMBER: 036

SCHEDULE OF REPORTABLE TRANSACTIONS
 (Form 5500, Schedule H, Item 4j)
 Year Ended December 31, 2010

Identity of Party	Description of Investment	Number of Purchases	Purchase Price	Number of Sales	Selling Price	Cost of Assets Sold	Net Gain (Loss) on Sale
Aggregate transactions:							
SEI Private Trust Company*	SEI World Equity Ex-US Fund Class A #280	8	\$ 4,753,327	26	\$ 1,909,610	\$ 2,157,579	\$ (247,969)
SEI Private Trust Company*	SEI Long Duration Fund	1	1,803,216	9	4,644,757	3,667,009	977,748
SEI Private Trust Company*	SEI Large Cap Disciplined Equity #295	7	3,000,243	27	7,319,547	8,112,769	(793,222)
SEI Private Trust Company*	SEI Special Situations Collective Fund	1	4,100,000	1	4,100,000	4,100,000	-

*Represents a party-in-interest (See Note 7).

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 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

► **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 Salaried Employees of Imo Industries, Inc. and Affiliates	B Three-digit plan number (PN) ►	<u>036</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>2010</u>			
2 Assets:			
a Market value.....	2a	84974259	
b Actuarial value.....	2b	87605827	
3 Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	1466	57701426
b For terminated vested participants	3b	1324	28345466
c For active participants:			
(1) Non-vested benefits.....	3c(1)		537944
(2) Vested benefits.....	3c(2)		9881584
(3) Total active	3c(3)	163	10419528
d Total.....	3d	2953	96466420
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	6.62%	
6 Target normal cost.....	6	650000	

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, 14TH FLOOR PHILADELPHIA PA 19103 Address of the firm	<u>10/07/2011</u> Date <u>1105995</u> Most recent enrollment number <u>215-587-0700</u> Telephone number (including area code)
------------------	--	---

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)	15455394	
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	1053657	
9 Amount remaining (Item 7 minus item 8).....	14401737	0
10 Interest on item 9 using prior year's actual return of <u>17.36%</u>	2500142	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		869981
b Interest on (a) using prior year's effective rate of <u>8.26%</u>		99160
c Total available at beginning of current plan year to add to prefunding balance		969141
d Portion of (c) to be added to prefunding balance.....		443202
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).....	16901879	443202

Part III	Funding percentages
-----------------	----------------------------

14	Funding target attainment percentage.....	14	72.83%
15	Adjusted funding target attainment percentage.....	15	72.83%
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	103.08%
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
03/02/2010	780000	0			
05/05/2010	2200000	0			
			Totals ►	18(b)	2980000
				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	2924432

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

Expenses				
Expenses shall be as of end of quarter of this plan year				
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th	
0	0	0	0	0

Part V Assumptions used to determine funding target and target normal cost			
21 Discount rate:			
a Segment rates:	1st segment: 5.03%	2nd segment: 6.73%	3rd segment: 6.82% ☐ N/A, full yield curve used
b Applicable month (enter code)			21b 4
22 Weighted average retirement age			22 62
23 Mortality table(s) (see instructions) ☐ 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		650000
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	22347017		3760825
b Waiver amortization installment	0		0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33)	34		4410825
	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	1486393	0	1486393
36 Additional cash requirement (item 34 minus item 35)	36		2924432
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	37		2924432
38 Interest-adjusted excess contributions for current year (see instructions)	38		0
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

Retirement Plan for Salaried U.S. Employees of Imo Industries, Inc. and Affiliates

EIN: 54-1887631 Plan: 036

Attachment to the 2010 Form 5500 Schedule SB

Schedule SB, line 19 - Discounted Employer Contributions

<u>Date of Contribution</u>	<u>Amount of Contribution</u>	<u>Applicable Plan Year</u>	<u>Effective Interest Rate</u>	<u>Rate for Late Quarterly Installments</u>	<u>Interest- Adjusted Contribution</u>
3/2/2010	\$ 780,000	2010	6.62%	N/A	\$ 771,824
5/5/2010	2,200,000	2010	6.62%	N/A	2,152,608
Total	<u>\$ 2,980,000</u>				<u>\$ 2,924,432</u>

Retirement Plan for Salaried U.S. Employees of Imo Industries, Inc. and Affiliates
EIN: 54-1887631 Plan: 036
Attachment to the 2010 Form 5500 Schedule SB

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

Retirement Plan for Salaried U.S. Employees of Imo Industries, Inc. and Affiliates

EIN: 54-1887631 Plan: 036

Attachment to the 2010 Form 5500 Schedule SB

Schedule SB, line 25 - Change in Method

The funding interest rate changed from the 2009 IRS Statutory Full Yield Curve (with a two-month lookback) to segment rates using a four-month lookback: 5.03% for the first five years, 6.73% for the next 15 years, and 6.82% for all years thereafter.

Retirement Plan for Salaried U.S. Employees of Imo Industries, Inc. and Affiliates

EIN: 54-1887631 Plan: 036

Attachment to the 2010 Form 5500 Schedule SB

Schedule SB, line 26 - Schedule of Active Participant Data

Attained Age	Years of Credited Service										Total Number
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	4	1	0	0	0	0	0	5
35-39	0	0	0	3	1	0	0	0	0	0	4
40-44	0	0	0	5	3	6	0	0	0	0	14
45-49	0	0	0	5	3	8	9	11	0	0	36
50-54	0	0	0	3	1	3	17	18	1	0	43
55-59	0	0	0	2	3	3	7	13	8	0	36
60-64	0	0	0	0	0	0	4	7	6	5	22
65-69	0	0	0	0	0	0	1	0	0	1	2
70 & Over	0	0	0	0	0	1	0	0	0	0	1
Total	0	0	0	22	12	21	38	49	15	6	163

Average Age:
52.52

Average Service:
26.75

of Males:
128

of Females:
19

Retirement Plan for Salaried U.S. Employees of Imo Industries, Inc. and Affiliates

EIN: 54-1887631 Plan: 036

Attachment to the 2010 Form 5500 Schedule SB

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	1/1/2010	\$ 22,347,017	7.000	\$ 3,760,825
Total		<u>\$ 22,347,017</u>		<u>\$ 3,760,825</u>

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

Interest Rates:

Target Interest Rate (based on two month lookback and non-transition rule election):

<i>(Segment 1)</i>	5.03% per year, compounded annually.
<i>(Segment 2)</i>	6.73% per year, compounded annually.
<i>(Segment 3)</i>	6.82% per year, compounded annually.
<i>(Effective Rate)</i>	6.62% per year, compounded annually.

SFAS 35 Interest Rate: 8.75% per year, compounded annually.

Mortality:

Target Liability: IRS 2010 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%

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

Expenses:

Expenses are assumed to be \$650,000 during 2010.

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 8.75% 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 changed from the 2009 IRS Statutory Full Yield Curve (with two-month lookback) to segment rates using a four-month lookback: 5.03% for the first five years, 6.73% for the next 15 years, and 6.82% for all years thereafter.

The mortality table was changed from the IRS 2009 Static Mortality Table to the IRS 2010 Static Mortality Table.

Schedule SB, Part V - SUMMARY OF PRINCIPAL PLAN PROVISIONS

Covered Employees

Employees at the Imo division and non-union, salaried employees of Warren Pumps who were Participants at January 31, 1999. No new Participants entered the Plan after January 31, 1999.

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	1.15% 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.

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.

Grandfathered Benefit

Sum of prior benefit formula for benefit service prior to December 31, 1988, adjusted for increased in final average compensation after that date, and current benefit formula for benefit service after December 31, 1988.

Minimum Benefit

\$16.00 for US Salaried, CEC Hourly, and Imo Pump Hourly. Benefit is per month for each year of service from the later of date of hire and date of division acquisition.

Transamerica Offset for US Salaried

Benefits payable under this plan are offset by the benefits which were accrued under the Transamerica Pension Plan as of December 31, 1986.

Schedule SB, Part V - SUMMARY OF PRINCIPAL 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 55 and completion of ten years of service.

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.

Schedule SB, Part V - SUMMARY OF PRINCIPAL PLAN PROVISIONS

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.

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.

Warren Pumps Salaried Employees

Eligibility

Each individual who is an Employee shall be considered a participant beginning with the first date of the coincident with or next following his becoming an Employee.

Employee

Any person actually employed by the Company who is

(1) customarily employed in the United States

(2) not included within a collective bargaining unit nor represented for collective bargaining by an labor organization.

Service

An employee's most recent period of uninterrupted service with the employer prior to Normal Retirement Date, or earlier termination of service, with no breaks in service. In calculating service, a participant shall receive one-twelfth of a year of service for each calendar month worked. Service before a break will be aggregated with post-break service under certain conditions. Service shall not be considered broken in the event of suspension not exceeding twelve months, authorized leave of absence or absence on military service.

Schedule SB, Part V - SUMMARY OF PRINCIPAL PLAN PROVISIONS

Monthly Compensation

The amount of a Participant's monthly base compensation (exclusive of payments for shift premiums and all compensation for overtime work or other compensation in excess of the participant's regular salary rate) as of each January 1. Effective January 1, 1994, compensation may not exceed \$150,000, indexed in accordance with IRS regulations.

Average Monthly Compensation

Average monthly compensation as of each January 1, for the last five consecutive years of employment, not to exceed the monthly compensation as of January 1, 1992.

Monthly pension benefit

On or after October 1, 1992, a Participant's accrued monthly pension benefit shall be the sum of:

- (i) Post December 31, 1991 Benefit - 1.59% of the first \$1,450 of monthly compensation plus 2% of monthly compensation in excess of \$1,450 for each plan year beginning January 1, 1992; and
- (ii) Pre-January 1, 1992 Benefit - 1.59% of the first \$1,450 of average monthly compensation plus 2% of average monthly compensation in excess of \$1,450 for each year of service prior to January 1, 1992.

Notwithstanding the above, in no event shall any Participant's accrued monthly pension benefit be less than his accrued monthly pension on September 30, 1992.

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

Minimum = \$12 per month for each year of service.

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 five years of service.

Benefit

Monthly pension benefit determined as of early retirement date reduced by .5% for each month prior to Normal Retirement Date after age 60 plus .4% for each month prior to age 60. If a participant whose age and total service is at least 75 and who has at least 20 years of total service, the applicable reduction factors are .25% and .4167% respectively.

Schedule SB, Part V - SUMMARY OF PRINCIPAL PLAN PROVISIONS

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 attainment of normal retirement age.

Benefit

Monthly pension benefit determined as of termination, payable at Normal Retirement Date, or a reduced benefit paid earlier if participant meets early retirement eligibility requirements.

Death Benefits

Eligibility

Completion of five years of service and had been married for at least one year at death.

Benefit

If the Participant dies prior to eligibility for early retirement, the life annuity to the spouse is calculated as if the Participant had survived to age 55, retired under the 50% joint and survivor form, and then died. The benefit commences on the first day of the month following the date the Participant would first have been eligible to retire, and is payable for the lifetime of the spouse.

If eligible for early retirement, the life annuity to the spouse is equal to 50% of the Participant's early retirement benefit as of date of death.

If the Participant dies after being retired for disability and after age 55, the life annuity to the spouse is calculated as if the Participant retired under the 50% joint and survivor form, and then died.

Disability Benefits

Eligibility

Completion of ten years of service, actively employed by the company and determined to be totally and permanently disabled.

Benefit

The monthly pension benefit reduced on account of retirement before age 65, but not less than \$12 per month for each year of service as of disability retirement date.

Schedule SB, Part V - SUMMARY OF PRINCIPAL PLAN PROVISIONS

Forms of Payment

Normal form

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

Optional forms

Optional forms of payment are available and may be elected prior to retirement.

Hourly paid Employees of Imo Industries Inc. Local 3355, AFL-CIO (Turbine)

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.

History of Benefit Multipliers

<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

Normal Retirement Pension:

Eligibility

Age 65.

Benefit

Monthly pension benefit determined as of Normal Retirement Date.

Schedule SB, Part V - SUMMARY OF PRINCIPAL PLAN PROVISIONS

Early Retirement Pension

Eligibility

Later of age 55 or the date plus full years of continuous 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.

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.

Schedule SB, Part V - SUMMARY OF PRINCIPAL PLAN PROVISIONS

Covered Employees

Employees at the Imo division and non-union, salaried employees of Warren Pumps who were Participants at January 31, 1999. No new Participants entered the Plan after January 31, 1999.

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	1.15% 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.

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.

Grandfathered Benefit

Sum of prior benefit formula for benefit service prior to December 31, 1988, adjusted for increased in final average compensation after that date, and current benefit formula for benefit service after December 31, 1988.

Minimum Benefit

\$16.00 for US Salaried, CEC Hourly, and Imo Pump Hourly. Benefit is per month for each year of service from the later of date of hire and date of division acquisition.

Transamerica Offset for US Salaried

Benefits payable under this plan are offset by the benefits which were accrued under the Transamerica Pension Plan as of December 31, 1986.

Schedule SB, Part V - SUMMARY OF PRINCIPAL 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 55 and completion of ten years of service.

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.

Schedule SB, Part V - SUMMARY OF PRINCIPAL PLAN PROVISIONS

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.

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.

Warren Pumps Salaried Employees

Eligibility

Each individual who is an Employee shall be considered a participant beginning with the first date of the coincident with or next following his becoming an Employee.

Employee

Any person actually employed by the Company who is

(1) customarily employed in the United States

(2) not included within a collective bargaining unit nor represented for collective bargaining by an labor organization.

Service

An employee's most recent period of uninterrupted service with the employer prior to Normal Retirement Date, or earlier termination of service, with no breaks in service. In calculating service, a participant shall receive one-twelfth of a year of service for each calendar month worked. Service before a break will be aggregated with post-break service under certain conditions. Service shall not be considered broken in the event of suspension not exceeding twelve months, authorized leave of absence or absence on military service.

Schedule SB, Part V - SUMMARY OF PRINCIPAL PLAN PROVISIONS

Monthly Compensation

The amount of a Participant's monthly base compensation (exclusive of payments for shift premiums and all compensation for overtime work or other compensation in excess of the participant's regular salary rate) as of each January 1. Effective January 1, 1994, compensation may not exceed \$150,000, indexed in accordance with IRS regulations.

Average Monthly Compensation

Average monthly compensation as of each January 1, for the last five consecutive years of employment, not to exceed the monthly compensation as of January 1, 1992.

Monthly pension benefit

On or after October 1, 1992, a Participant's accrued monthly pension benefit shall be the sum of:

- (i) Post December 31, 1991 Benefit - 1.59% of the first \$1,450 of monthly compensation plus 2% of monthly compensation in excess of \$1,450 for each plan year beginning January 1, 1992; and
- (ii) Pre-January 1, 1992 Benefit - 1.59% of the first \$1,450 of average monthly compensation plus 2% of average monthly compensation in excess of \$1,450 for each year of service prior to January 1, 1992.

Notwithstanding the above, in no event shall any Participant's accrued monthly pension benefit be less than his accrued monthly pension on September 30, 1992.

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

Minimum = \$12 per month for each year of service.

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 five years of service.

Benefit

Monthly pension benefit determined as of early retirement date reduced by .5% for each month prior to Normal Retirement Date after age 60 plus .4% for each month prior to age 60. If a participant whose age and total service is at least 75 and who has at least 20 years of total service, the applicable reduction factors are .25% and .4167% respectively.

Schedule SB, Part V - SUMMARY OF PRINCIPAL PLAN PROVISIONS

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 attainment of normal retirement age.

Benefit

Monthly pension benefit determined as of termination, payable at Normal Retirement Date, or a reduced benefit paid earlier if participant meets early retirement eligibility requirements.

Death Benefits

Eligibility

Completion of five years of service and had been married for at least one year at death.

Benefit

If the Participant dies prior to eligibility for early retirement, the life annuity to the spouse is calculated as if the Participant had survived to age 55, retired under the 50% joint and survivor form, and then died. The benefit commences on the first day of the month following the date the Participant would first have been eligible to retire, and is payable for the lifetime of the spouse.

If eligible for early retirement, the life annuity to the spouse is equal to 50% of the Participant's early retirement benefit as of date of death.

If the Participant dies after being retired for disability and after age 55, the life annuity to the spouse is calculated as if the Participant retired under the 50% joint and survivor form, and then died.

Disability Benefits

Eligibility

Completion of ten years of service, actively employed by the company and determined to be totally and permanently disabled.

Benefit

The monthly pension benefit reduced on account of retirement before age 65, but not less than \$12 per month for each year of service as of disability retirement date.

Schedule SB, Part V - SUMMARY OF PRINCIPAL PLAN PROVISIONS

Forms of Payment

Normal form

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

Optional forms

Optional forms of payment are available and may be elected prior to retirement.

Hourly paid Employees of Imo Industries Inc. Local 3355, AFL-CIO (Turbine)

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.

History of Benefit Multipliers

<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

Normal Retirement Pension:

Eligibility

Age 65.

Benefit

Monthly pension benefit determined as of Normal Retirement Date.

Schedule SB, Part V - SUMMARY OF PRINCIPAL PLAN PROVISIONS

Early Retirement Pension

Eligibility

Later of age 55 or the date plus full years of continuous 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.

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.

RETIREMENT PLAN FOR SALARIED U. S. EMPLOYEES OF IMO INDUSTRIES AND AFFILIATES

EIN: 21-0733751

PLAN NUMBER: 036

SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES

(Forms 5500, Schedule H, Item 4i)

December 31, 2010

(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	\$25,357,853	\$24,994,151
*	SEI Private Trust Company	SEI Small/Mid Cap Equity Fund #296	4,763,054	5,697,574
*	SEI Private Trust Company	SEI World Equity Ex-US Fund Class A #280	14,889,133	14,877,763
*	SEI Private Trust Company	SEI Core Fixed Income Fund #285	4,419,505	4,443,802
*	SEI Private Trust Company	SEI Long Duration Fund	11,150,785	13,559,525
*	SEI Private Trust Company	SEI Emerging Markets Debt Fund #270	2,601,135	2,857,025
*	SEI Private Trust Company	SEI High Yield Bond #284	6,925,163	7,388,856
*	SEI Private Trust Company	SEI Opportunity Collective Fund	14,000,000	12,494,463
*	SEI Private Trust Company	SEI Special Situations Collective Fund	4,100,000	4,290,604
*	Transamerica Life Insurance and Annuity Company	Fixed Dollar Account Fund	831,929	831,929

* Represents a party-in-interest (See Note 7).

Retirement Plan for Salaried U.S. Employees of Imo Industries, Inc. and Affiliates

EIN: 54-1887631 Plan: 036

Attachment to the 2010 Form 5500 Schedule SB

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	1/1/2010	\$ 22,347,017	7.000	\$ 3,760,825
Total		<u>\$ 22,347,017</u>		<u>\$ 3,760,825</u>

Retirement Plan for Salaried U.S. Employees of Imo Industries, Inc. and Affiliates

EIN: 54-1887631 Plan: 036

Attachment to the 2010 Form 5500 Schedule SB

Schedule SB, line 19 - Discounted Employer Contributions

<u>Date of Contribution</u>	<u>Amount of Contribution</u>	<u>Applicable Plan Year</u>	<u>Effective Interest Rate</u>	<u>Rate for Late Quarterly Installments</u>	<u>Interest- Adjusted Contribution</u>
3/2/2010	\$ 780,000	2010	6.62%	N/A	\$ 771,824
5/5/2010	2,200,000	2010	6.62%	N/A	2,152,608
Total	<u>\$ 2,980,000</u>				<u>\$ 2,924,432</u>

Retirement Plan for Salaried U.S. Employees of Imo Industries, Inc. and Affiliates

EIN: 54-1887631 Plan: 036

Attachment to the 2010 Form 5500 Schedule SB

Schedule SB, line 25 - Change in Method

The funding interest rate changed from the 2009 IRS Statutory Full Yield Curve (with a two-month lookback) to segment rates using a four-month lookback: 5.03% for the first five years, 6.73% for the next 15 years, and 6.82% for all years thereafter.

Retirement Plan for Salaried U.S. Employees of Imo Industries, Inc. and Affiliates
EIN: 54-1887631 Plan: 036
Attachment to the 2010 Form 5500 Schedule SB

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