

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), 6057(b), 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 2011 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</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 POWER TRANSMISSION EMPLOYEES OF IMO INDUSTRIES, INC.</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>081</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2002</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>081</u>	1c Effective date of plan <u>01/01/2002</u>	
1b Three-digit plan number (PN) ▶	<u>081</u>				
1c Effective date of plan <u>01/01/2002</u>					
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <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.	10/12/2012	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 (2011)
v.012611

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 301-323-9000
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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
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5 Total number of participants at the beginning of the plan year	5	3635
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	0
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	0
d Subtotal. Add lines 6a , 6b , and 6c	6d	0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	0
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
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	
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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) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1) ☒ **R** (Retirement Plan Information)
- (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3) ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

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

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2011 This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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

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

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

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2011</u>	
2 Assets:	
a Market value	2a <u>100846849</u>
b Actuarial value	2b <u>93976384</u>
3 Funding target/participant count breakdown:	
a For retired participants and beneficiaries receiving payment	3a <u>2124</u> (1) Number of participants <u>83927618</u> (2) Funding Target
b For terminated vested participants	3b <u>1511</u> <u>31325605</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>0</u>
(2) Vested benefits	3c(2) <u>0</u>
(3) Total active	3c(3) <u>0</u>
d Total	3d <u>3635</u> <u>115253223</u>
4 If the plan is in at-risk status, check the box and complete lines (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 in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>6.14 %</u>
6 Target normal cost	6 <u>700000</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>10/10/2012</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</u> <u>SUITE 1400</u> <u>PHILADELPHIA, PA 19103</u>	
Address of the firm	

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

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

Schedule SB (Form 5500) 2011
v.012611

Part II		Beginning of year carryover and prefunding balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	9006177	224560
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	1796604	0
9	Amount remaining (line 7 minus line 8)	7209573	224560
10	Interest on line 9 using prior year's actual return of <u>13.14</u> %	947338	29507
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38 from prior year)		199
b	Interest on (a) using prior year's effective rate of <u>6.60</u> % except as otherwise provided (see instructions)		26
c	Total available at beginning of current plan year to add to prefunding balance.....		225
d	Portion of (c) to be added to prefunding balance.....		0
12	Other reductions in balances due to elections or deemed elections		0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	8156911	254067

Part III		Funding percentages	
14	Funding target attainment percentage.....	14	74.24 %
15	Adjusted funding target attainment percentage.....	15	74.24 %
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	85.83 %
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	
04/13/2011	1020000	0	
07/15/2011	1020000	0	
10/13/2011	1020000	0	
01/12/2012	1020000	0	
09/12/2012	330000	0	
Totals ►		18(b)	4410000
		18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a 0
b Contributions made to avoid restrictions adjusted to valuation date	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 4222180
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: 3.78%	2nd segment: 6.31%	3rd segment: 6.57%	☐ 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 contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	700000	
b Excess assets, if applicable, but not greater than 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	29687817	6103179	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	6803179	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	2879087	0	2879087
36 Additional cash requirement (line 34 minus line 35)	36	3924092	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	4222180	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	298088	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)

41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

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
		2011
		This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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 PRIVATE TRUST COMPANY

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	587850	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 ☐

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)

(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

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

a Name: MITCHELL, WIGGINS & COMPANY	b EIN: 54-0565834
c Position: ACCOUNTANT	
d Address: 1802 BAYBERRY COURT SUITE 300 RICHMOND, VA 23226	e Telephone: 804-282-6000

Explanation: TERMINATION FOR BUSINESS REASONS

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2011</div> This Form is Open to Public Inspection.
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For calendar plan year 2011 or fiscal plan year beginning	01/01/2011	and ending	12/31/2011
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A Name of plan RETIREMENT PLAN FOR POWER TRANSMISSION EMPLOYEES OF IMO INDUSTRIES, INC.	B Three-digit plan number (PN)	081
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C Plan or DFE sponsor's name as shown on line 2a of Form 5500 COLFAX CORPORATION	D Employer Identification Number (EIN) 54-1887631
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Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a	Name of MTIA, CCT, PSA, or 103-12 IE: 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) 0
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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) 0
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a	Name of MTIA, CCT, PSA, or 103-12 IE:
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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
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2011</div> This Form is Open to Public Inspection
--	--	---

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011		
A Name of plan RETIREMENT PLAN FOR POWER TRANSMISSION EMPLOYEES OF IMO INDUSTRIES, INC.	B Three-digit plan number (PN)	<div style="border: 1px solid black; padding: 2px;">081</div>
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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other.....	1b(3)	136539	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1522	0
(2) U.S. Government securities.....	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other.....	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts.....	1c(9)	19197882	0
(10) Value of interest in pooled separate accounts.....	1c(10)		0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	81510906	0
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		0
(15) Other	1c(15)	0	0

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	100846849	0

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	100846849	0
---	-----------	-----------	---

Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	4410000	
(B) Participants	2a(1)(B)	0	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		4410000

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	4	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		4
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	2645767	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2645767
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	3686715	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	3686715	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(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)		-385135
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		1690464
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		8361100

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	9454293	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		9454293
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		0
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	53925	
(3) Investment advisory and management fees	2i(3)	478728	
(4) Other	2i(4)	187148	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		719801
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		10174094

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-1812994
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan	2l(2)		99033855

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: ARONSON LLC

(2) EIN: 37-1611326

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

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

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

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

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)

COLFAX CORPORATION CONSOLIDATED PENSION PLAN

5b(2) EIN(s)	5b(3) PN(s)
54-1887631	036

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 2011 This Form is Open to Public Inspection.
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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

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

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

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

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

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

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

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

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

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

Schedule R (Form 5500) 2011
v.012611

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: 51.0% Investment-Grade Debt: 20.0% High-Yield Debt: 8.0% Real Estate: 0.0% Other: 21.0%

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

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

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

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

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

FINANCIAL STATEMENTS

DECEMBER 31, 2011 AND 2010

C O N T E N T S

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Independent Auditor's Report

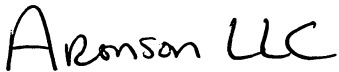
Retirement Plans Committee
Retirement Plan for Power Transmission
Employees of Imo Industries Inc.
Fulton, Maryland

We were engaged to audit the accompanying Statement of Net Assets Available for Benefits of Retirement Plan for **Power Transmission Employees of Imo Industries Inc.** (the "Plan") as of December 31, 2011, the related Statement of Changes in Net Assets Available for Benefits for the year then ended, and the supplemental Schedule of Reportable Transactions for the year ended December 31, 2011. These financial statements and supplemental schedule are the responsibility of the Plan's management. The financial statements of the Plan as of December 31, 2010 and for the year then ended were audited by other auditors. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the Plan administrator instructed the other auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by SEI Private Trust Company, the trustee of the Plan. Their report, dated October 5, 2011, indicated that (a) because of the significance of the information that they did not audit, they were unable to, and did not, express an opinion on the financial statements taken as a whole and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the trustee, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by SEI Private Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the 2011 financial statements and supplemental schedule. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of December 31, 2011 and for the year then ended, that the information provided to the Plan administrator by the trustee is complete and accurate.

Independent Auditor's Report (Continued)

Because of the significance of the information in the Plan's 2011 financial statements that we did not audit, we are unable to, and do not, express an opinion on the accompanying 2011 financial statements and supplemental schedule taken as a whole. The supplemental schedule is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the 2011 financial statements and supplemental schedule, other than that derived from the information certified 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 Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

A handwritten signature in black ink that reads "Aronson LLC". The letters are cursive and fluid, with the "A" being particularly large and the "LLC" being written in a more compact, stylized manner.

Rockville, Maryland
October 9, 2012

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

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2011 AND 2010**

ASSETS	2011	2010
Investments, at fair value:		
Mutual funds	\$ -	\$ 81,512,428
Collective investment trust funds	-	19,197,882
Total investments	-	100,710,310
Receivables:		
Accrued income	-	136,539
Net assets available for benefits	\$ -	\$ 100,846,849

The accompanying Notes to Financial Statements are an integral part of these financial statements.

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

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEARS ENDED DECEMBER 31, 2011 AND 2010**

	2011	2010
Additions:		
Interest and dividend income	\$ 2,645,772	\$ 2,775,505
Net appreciation in fair value of investments	1,305,328	9,404,667
Employer contributions	4,410,000	3,800,000
Total additions	8,361,100	15,980,172
Deductions:		
Benefits paid to participants	9,454,293	9,485,236
Administrative expenses	719,801	750,438
Total deductions	10,174,094	10,235,674
Net (decrease) increase before transfer out	(1,812,994)	5,744,498
Transfer out to Colfax Corporation Consolidated Retirement Plan	(99,033,855)	-
Net (decrease) increase	(100,846,849)	5,744,498
Net assets available for benefits, beginning	100,846,849	95,102,351
Net assets available for benefits, ending	\$ -	\$ 100,846,849

The accompanying Notes to Financial Statements are an integral part of these financial statements.

RETIREMENT PLAN FOR POWER TRANSMISSION EMPLOYEES OF IMO INDUSTRIES INC.

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of the Plan

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

General: The Plan was a noncontributory defined benefit plan which covered substantially all domestic power transmission employees of Imo Industries Inc. and affiliates. The Plan was 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.

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

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

Effective close of business December 31, 2003 (the "Merger Date"), the following plans were merged into and made part of the Plan: Pension Plan for Employees of Warner Electric Holdings, Inc., in Wichita Falls, Texas, Covered by The International Association of Machinists and Aerospace Workers AFL-CIO, and Aeronautical Industrial District Lodge 776, Local Lodge 2771; Pension Plan for Employees of Warner Electric Holdings, Inc., in Roscoe and South Beloit, Illinois, Covered by The United Steelworkers of America, Local Union No. 3245; Pension Plan for Employees of Warner Electric Holdings, Inc., in Warren, Michigan, Covered by The International Union, United Automobile, Aerospace, and Agricultural Implement Workers of America ("UAW"), Local Number 155; Ameridrives International Pension Fund for Hourly Employees Represented by Local 3199-10 (formerly 9416) United Steel Workers. Each such plan shall be known as a "Merged Plan" (collectively, the "Merged Plans"). In no event shall a Participant's vested interest in his Accrued Benefit under the Plan on and after the Merger Date be less than his vested interest in his accrued benefit or benefits under the Merged Plans immediately prior to the Merger Date.

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of the Plan (Continued)

The Plan's benefits were frozen for all participants. As a result, no benefit accruals will be made and new employees will not be eligible to participate in the Plan.

Effective December 31, 2011, the Plan was merged into the Colfax Corporation Consolidated Retirement Plan. As a result of the Plan merger, the pension fund, including all related assets and liabilities, maintained on behalf of the Plan was merged into the pension fund maintained on behalf of the Colfax Corporation Consolidated Retirement Plan effective December 31, 2011.

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, 2011 and 2010.

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. 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 survivor annuity and single participants will receive benefits in the form of a life annuity.

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. If the present value of 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. If the participant's accrued benefit is less than \$5,000 but greater than \$1,000, the lump-sum payment will be made as a direct rollover to an eligible retirement plan specified by the participant or to an individual retirement plan account.

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

Administrative expenses: The Plan's expenses are paid either by the Plan or the Company, as provided by the Plan document. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying Statements of Changes in Net Assets Available for Benefits.

Note 2. Summary of Significant Accounting Policies

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

NOTES TO FINANCIAL STATEMENTS

Note 2. Summary of Significant Accounting Policies (Continued)

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

Investment valuation and income recognition: Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 8 for a discussion of fair value measurements.

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

Payment of benefits: Benefits are recorded when paid.

Reclassifications: Certain 2010 balances have been reclassified to conform with the 2011 presentation.

Subsequent events: The Plan has evaluated subsequent events for disclosure in these financial statements through October 9, 2012, which is the date the financial statements were available to be issued.

Note 3. Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA and its related regulations. Should the Plan terminate at some future time, its net assets generally will not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefits Guaranty Corporation ("PBGC") at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guarantee while other benefits may not be provided for at all.

Note 4. Certified Information

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. The assets of the Plan were held by SEI Private Trust Company, the trustee.

Accordingly, the trustee has certified that the investments, accrued investment income, investment income, and related investment activity included in the accompanying financial statements and supplemental schedule are complete and accurate.

NOTES TO FINANCIAL STATEMENTS

Note 4. Certified Information (Continued)

As permitted under such an election, the plan administrator has instructed the Plan's independent auditor 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 schedule.

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, 2011 and 2010, are as follows:

	2011	2010
SEI Large Cap Disciplined Equity #295	\$ -	\$27,575,028
SEI Small/Mid Cap Equity Fund #296	-	6,270,061
SEI World Equity EX-US Fund Class A #280	-	16,434,776
SEI Opportunity Collective Fund	-	14,279,385
SEI High Yield Bond #284	-	8,145,603
SEI Long Duration Fund	-	15,035,918

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 \$1,305,328 and \$9,404,667 during 2011 and 2010, respectively, as follows:

	2011	2010
Mutual funds	\$1,618,231	\$8,711,906
Collective investment trust funds	(312,903)	692,761
	<u>\$1,305,328</u>	<u>\$9,404,667</u>

Note 5. Actuarial Present Value of 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 a flat dollar rate multiplied by years of service or on employees' highest average compensation during any consecutive 60-month period of credited service. Benefits payable under all circumstances (i.e., retirement, death, disability, and termination of employment) are included to the extent they are deemed attributable to employee service rendered to the valuation date.

NOTES TO FINANCIAL STATEMENTS

Note 5. Actuarial Present Value of Accumulated Plan Benefits (Continued)

The actuarial present value of accumulated plan benefits is determined by the Plan's actuary, and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements, such as for death, 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, 2011, are as follows:

- Interest rate compounded annually – 8.25 percent for 2011 (8.75 percent for 2010)
- Mortality basis – RP-2000 projected to 2015 for annuitants and to 2023 for non-annuitants.
- Retirement age – Retirements are assumed to range from age 55 to 65
- Expenses - \$700,000

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.

A summary of the actuarial present value of accumulated plan benefits as of January 1, 2011, is shown below:

Actuarial present value of accumulated plan benefits:	
Participants currently receiving payments	\$ 70,018,852
Other participants	23,356,910
Total actuarial present value of accumulated plan benefits	<u>\$ 93,375,762</u>

The change in the actuarial present value of accumulated plan benefits is as follows:

Actuarial present value of accumulated plan benefits, beginning of period	<u>\$ 92,541,257</u>
Increase for interest as a result of the decrease in the discount period	7,682,381
Benefits paid to participants	(9,485,236)
Benefits accumulated and gains and losses	(683,459)
Change in assumptions	3,320,819
Net increase	<u>834,505</u>
Actuarial present value of accumulated plan benefits, end of period	<u>\$ 93,375,762</u>

The increase in the actuarial present value of accumulated plan benefits due to the change in assumptions totaling \$3,320,819 relates to the change in the assumed interest rate.

NOTES TO FINANCIAL STATEMENTS

Note 5. Actuarial Present Value of Accumulated Plan Benefits (Continued)

The above valuation is as of January 1, 2011, therefore the amounts do not reflect the merger that occurred effective December 31, 2011 (see Note 10). The merger transferred the obligation to pay plan benefits to the successor plan, and is not considered a plan termination.

Note 6. Tax Status

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

The Plan administrator evaluates tax positions taken by the Plan and recognizes a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2011, there are no uncertain positions taken.

Note 7. Party-in-Interest Transactions

Certain investments are held and managed by affiliates of SEI Private Trust Company. The Plan pays fees to SEI Private Trust Company for administrative and investment management services which are recorded with administrative expenses. During 2011 and 2010, the Plan paid a total of \$587,850 and \$470,193, respectively, for these services. These transactions qualify as exempt party-in-interest transactions.

Note 8. Fair Value Measurements

The Plan reports its assets at fair value based on a 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 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, and inputs that are derived 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.

NOTES TO FINANCIAL STATEMENTS

Note 8. Fair Value Measurements (Continued)

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

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

The valuation methodologies used for assets measured at fair value are described below. There have been no changes in the methodologies used at December 31, 2011 and 2010.

The fair value of the shares of mutual funds owned by the Plan is based on quoted net asset values on the last business day of the Plan year.

The fair value of collective investment trust funds is provided by the entity holding the trust funds. Fair value is estimated through the use of a net asset value ("NAV") per share as a practical expedient. The NAV of the collective investment trust funds is determined by SEI Private Trust Company based on the fair value of underlying assets in the trust. The underlying assets of the SEI Special Situations Collective Investment Trust and the SEI Opportunity Collective Fund consist solely of an investment in SEI Special Situations Fund, Ltd. and SEI Offshore Opportunity Fund II Ltd., respectively. The fair values of SEI Special Situations Fund, Ltd. and SEI Offshore Opportunity Fund II Ltd. are determined based on the NAV as of the close of business at the end of each quarter and month, respectively. The underlying assets of the SEI Special Situations Fund, Ltd. and SEI Offshore Opportunity Fund II Ltd. are primarily hedge funds, private equity funds, hybrid funds and other alternative investment funds (collectively, "Investment Funds"). Fair value of Investment Funds will be the value determined in accordance with the Investment Funds' valuation policies.

The preceding methods described may produce a fair value that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although 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.

NOTES TO FINANCIAL STATEMENTS

Note 8. Fair Value Measurements (Continued)

The following table summarizes, by level within the fair value hierarchy the Plan's assets stated at fair value for the periods presented:

	December 31, 2010			Total
	Level 1	Level 2	Level 3	
Mutual funds:				
Equity	\$ 50,279,865	\$ -	\$ -	\$ 50,279,865
Fixed income	31,232,563	-	-	31,232,563
Collective investment trust funds	-	19,197,882	-	19,197,882
Total Assets at Fair Value	\$ 81,512,428	\$ 19,197,882	\$ -	\$ 100,710,310

The investment objective of the collective investment trust funds is to provide opportunity for investors to participate in various private investment funds, many of which will pursue alternative investment strategies.

The investment in the SEI Special Situations Collective Investment Trust fund has an initial 24 month lock-up period. Subsequent to the lock up period the investment can be redeemed at the current NAV based on the fair value of the underlying assets as of the last business day of June and December (the "redemption date"). Partial or total withdrawals by the Plan may be subject to a 20 percent limit of the NAV on a redemption date. The balance will be paid on a subsequent redemption date. A total withdrawal by the Plan may result in ten percent of the value of the investment being held in an escrow until the completion of the SEI Special Situations Collective Investment Trust fund's annual audit. The investment in the SEI Opportunity Collective Fund can be redeemed at the current NAV based on the fair value of the underlying assets as of the last business day of a calendar quarter. A total withdrawal by the Plan may result in ten percent of the value of the investment being held in an escrow until the completion of the SEI Opportunity Collective Fund's annual audit.

There were no transfers between level 1, level 2 or level 3 investments during the years ended December 31, 2011 and 2010.

All assets were transferred to the Colfax Corporation Consolidated Retirement Plan effective December 31, 2011.

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.

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

Note 10. Merger

The actuarial present value of accumulated plan benefits presented in Note 5 does not reflect the merger of the Plan that was effective December 31, 2011. The estimated actuarial present value of accumulated plan benefits for the Plan at December 31, 2011 totaled \$90,005,707.

RETIREMENT PLAN FOR POWER TRANSMISSION EMPLOYEES OF IMO INDUSTRIES INC.
EIN: 54-1887631
Plan: 081

Schedule H, Line 4j - Schedule of Reportable Transactions

Year Ended December 31, 2011

		(f)					
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Identity of Party Involved	Description of Assets	Purchase Price	Selling price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on the Transaction Date
Category III - series of transactions in excess of 5% of plan assets:							
* SEI Private Trust Company	SEI World Equity Ex-US Fund Class A #280	\$ 3,146,223	\$ -	\$ -	-	\$ 3,146,223	\$ 3,146,223
	Purchases	-	2,392,381	-	-	2,451,419	2,392,381
* SEI Private Trust Company	SEI Long Duration Fund						
	Purchases	3,242,203	-	-	-	3,242,203	-
	Sales	-	4,411,789	-	-	3,350,402	4,411,789
* SEI Private Trust Company	SEI Large Cap Disciplined Equity #295						
	Purchases	3,592,111	-	-	-	3,592,111	-
	Sales	-	5,536,149	-	-	5,408,315	5,536,149
							127,834

* A party-in-interest as defined by ERISA.

Refer to accompanying Independent Auditor's Report.

Schedule SB, Part V - STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

Interest Rates:

Target Interest Rate:

<i>Segment 1:</i>	3.78% per year, compounded annually.
<i>Segment 2:</i>	6.31% per year, compounded annually.
<i>Segment 3:</i>	6.57% per year, compounded annually.
<i>Effective Rate:</i>	6.14% per year, compounded annually.

FASB ASC 960 Interest Rate:

8.25% per year, compounded annually.

Mortality:

Target Liability:

IRS 2011 Static Mortality Table.

FASB ASC 960:

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:

Rates vary by age. Sample rates are as follows:

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

Assumed Retirement Age:

Rates vary by age. Sample rates are as follows:

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

Schedule SB, Part V - STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

Expenses:

Expenses are assumed to be \$700,000 during 2011.

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 changes to the segment rates used to calculate the target liability are as follows: from 5.03% to 3.78% for the first five years, from 6.73% to 6.31% for the next 15 years, from 6.82% to 6.57% for all years thereafter.

The mortality table was changed from the IRS 2010 Static Mortality Table to the IRS 2011 Static Mortality Table.

The FASB ASC 960 interest rate was changed from 8.75% to 8.25%.

RETIREMENT PLAN FOR POWER TRANSMISSION EMPLOYEES OF IMO INDUSTRIES INC.
EIN: 54-1887631
Plan: 081

Schedule H, Line 4j - Schedule of Reportable Transactions

Year Ended December 31, 2011

		(f)					
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Identity of Party Involved	Description of Assets	Purchase Price	Selling price	Lease Rental	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on the Transaction Date
<u>Category III - series of transactions in excess of 5% of plan assets:</u>							
* SEI Private Trust Company	SEI World Equity Ex-US Fund Class A #280	\$ 3,146,223	\$ -	\$ -	-	\$ 3,146,223	\$ 3,146,223
	Purchases	-	2,392,381	-	-	2,451,419	2,392,381
* SEI Private Trust Company	SEI Long Duration Fund						
	Purchases	3,242,203	-	-	-	3,242,203	-
	Sales	-	4,411,789	-	-	3,350,402	4,411,789
* SEI Private Trust Company	SEI Large Cap Disciplined Equity #295						
	Purchases	3,592,111	-	-	-	3,592,111	-
	Sales	-	5,536,149	-	-	5,408,315	5,536,149
							127,834

* A party-in-interest as defined by ERISA.

Refer to accompanying Independent Auditor's Report.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration 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 2011 This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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

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

A Name of plan RETIREMENT PLAN FOR POWER TRANSMISSION EMPLOYEES OF IMO INDUSTRIES, INC.	B Three-digit plan number (PN) ►	081
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
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Part I Basic Information			
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2011</u>			
2 Assets:			
a Market value	2a	100846849	
b Actuarial value	2b	93976384	
3 Funding target/participant count breakdown:			
		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	2124	83927618
b For terminated vested participants	3b	1511	31325605
c For active participants:			
(1) Non-vested benefits	3c(1)		0
(2) Vested benefits	3c(2)		0
(3) Total active	3c(3)	0	0
d Total	3d	3635	115253223
4 If the plan is in at-risk status, check the box and complete lines (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 in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	6.14%	
6 Target normal cost	6	700000	

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

SIGN HERE	Brian D. Evitts <i>BDE</i> Signature of actuary BRIAN D. EVITTS Type or print name of actuary THE SAVITZ ORGANIZATION Firm name 1845 WALNUT STREET SUITE 1400 PHILADELPHIA PA 19103 Address of the firm	10/10/2012 Date 1105995 Most recent enrollment number 215-587-0700 Telephone number (including area code)
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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) 2011 v.012611**

(b) Prefunding balance

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

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

21 Discount rate:				
a Segment rates:	1st segment: 3.78%	2nd segment: 6.31%	3rd segment: 6.57%	☐ 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 contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	700000	
b Excess assets, if applicable, but not greater than 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	29687817	6103179	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..	34	6803179	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	2879087	0	2879087
36 Additional cash requirement (line 34 minus line 35)	36	3924092	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	4222180	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	298088	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)

41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

Retirement Plan for Power Transmission Employees of Imo Industries, Inc.

EIN: 54-1887631 Plan: 081

Attachment to the 2012 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>
4/13/2011	1,020,000	2011	6.14%	N/A	1,003,155
7/15/2011	1,020,000	2011	6.14%	N/A	988,040
10/13/2011	1,020,000	2011	6.14%	N/A	973,628
1/12/2012	1,020,000	2011	6.14%	N/A	959,271
9/12/2012	<u>330,000</u>	2011	6.14%	N/A	<u>298,086</u>
Total	\$ 4,410,000				\$ 4,222,180

Retirement Plan for Power Transmission Employees of Imo Industries, Inc.

EIN: 54-1887631 Plan: 081

Attachment to the 2011 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 Power Transmission Employees of Imo Industries, Inc.

EIN: 54-1887631 Plan: 081

Attachment to the 2011 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	1/1/2011	\$ 7,750,357	7.000	\$ 1,275,162
Shortfall	1/1/2010	16,502,057	6.000	3,064,323
Shortfall	1/1/2009	(6,704,087)	5.000	(1,442,113)
Shortfall	1/1/2008	12,139,490	4.000	3,205,807
Total		<u>\$ 29,687,817</u>		<u>\$ 6,103,179</u>

Schedule SB, Part V - STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

Interest Rates:

Target Interest Rate:

<i>Segment 1:</i>	3.78% per year, compounded annually.
<i>Segment 2:</i>	6.31% per year, compounded annually.
<i>Segment 3:</i>	6.57% per year, compounded annually.
<i>Effective Rate:</i>	6.14% per year, compounded annually.

FASB ASC 960 Interest Rate:

8.25% per year, compounded annually.

Mortality:

Target Liability:

IRS 2011 Static Mortality Table.

FASB ASC 960:

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:

Rates vary by age. Sample rates are as follows:

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

Assumed Retirement Age:

Rates vary by age. Sample rates are as follows:

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

Schedule SB, Part V - STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

Expenses:

Expenses are assumed to be \$700,000 during 2011.

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 changes to the segment rates used to calculate the target liability are as follows: from 5.03% to 3.78% for the first five years, from 6.73% to 6.31% for the next 15 years, from 6.82% to 6.57% for all years thereafter.

The mortality table was changed from the IRS 2010 Static Mortality Table to the IRS 2011 Static Mortality Table.

The FASB ASC 960 interest rate was changed from 8.75% to 8.25%.

Schedule SB, Part V - SUMMARY OF PLAN PROVISIONS

Covered Employees

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

Eligibility

Age 21 and one year of service.

Salary

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

Final Average Salary

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

Monthly pension benefit

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

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

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

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

Minimum Benefit

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

Normal Retirement Pension:

Eligibility

Age 65.

Benefit

Monthly pension benefit determined as of Normal Retirement Date.

Early Retirement Pension

Eligibility

Attainment of age 55 and completion of ten years of service

Schedule SB, Part V - SUMMARY OF PLAN PROVISIONS

Early Retirement Pension (continued)

Benefit

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

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

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

Deferred Retirement Pension

Eligibility

Retirement after Normal Retirement Date.

Benefit

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

Vested Retirement Pension

Eligibility

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

Benefit

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

Death Benefits

Eligibility

Completion of five years of service.

Benefit

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

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

Forms of Payment

Normal form

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

Schedule SB, Part V - SUMMARY OF PLAN PROVISIONS

Forms of Payment (continued)

Optional forms

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

Florence Distribution Center

Eligibility

All hourly employees participate.

Monthly pension benefit

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

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

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

Normal Retirement Pension:

Eligibility

Later of age 65 and the fifth anniversary of plan participation

Benefit

Monthly pension benefit determined as of Normal Retirement Date.

Early Retirement Pension

Eligibility

Attainment of age 55 and completion of ten years of service

Benefit

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

Deferred Retirement Pension

Eligibility

Retirement after Normal Retirement Date.

Benefit

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

Schedule SB, Part V - SUMMARY OF PLAN PROVISIONS

Vested Retirement Pension

Eligibility

Completion of five years of service.

Benefit

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

Death Benefits

Eligibility

Vested and married at date of death.

Benefit

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

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

Disability Benefits

Eligibility

Completion of ten years of service.

Benefit

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

Forms of Payment

Normal form

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

Optional forms

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

Fincor Division

Eligibility

All hourly employees participate.

Monthly pension benefit

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

Schedule SB, Part V - SUMMARY OF PLAN PROVISIONS

Monthly pension benefit (continued)

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

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

Normal Retirement Pension:

Eligibility

Later of age 65 and the fifth anniversary of plan participation

Benefit

Monthly pension benefit determined as of Normal Retirement Date.

Early Retirement Pension

Eligibility

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

Benefit

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

Deferred Retirement Pension

Eligibility

Retirement after Normal Retirement Date.

Benefit

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

Vested Retirement Pension

Eligibility

Completion of five years of service.

Benefit

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

Death Benefits

Eligibility

Vested and married at date of death.

Schedule SB, Part V - SUMMARY OF PLAN PROVISIONS

Death Benefits (continued)

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

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

Disability Benefits

Eligibility

Completion of ten years of service.

Benefit

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

Forms of Payment

Normal form

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

Optional forms

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

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

Eligibility

Employed in Bargaining Unit.

Monthly pension benefit

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

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

Schedule SB, Part V - SUMMARY OF PLAN PROVISIONS

Normal Retirement Pension:

Eligibility

Age 65.

Benefit

Monthly pension benefit determined as of Normal Retirement Date.

Early Retirement Pension

Eligibility

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

Benefit

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

Deferred Retirement Pension

Eligibility

Retirement after Normal Retirement Date.

Benefit

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

Vested Retirement Pension

Eligibility

Completion of five years of service or attaining age 65.

Benefit

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

Death Benefits

Eligibility

Vested and married for one year prior to death.

Benefit

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

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

Schedule SB, Part V - SUMMARY OF PLAN PROVISIONS

Disability Benefits

Eligibility

Completion of ten years of continuous service.

Benefit

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

Forms of Payment

Normal form

Life annuity.

Warner Electric in Wichita Falls, Texas

Eligibility

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

Monthly pension benefit

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

Credited Service

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

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

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

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

Schedule SB, Part V - SUMMARY OF PLAN PROVISIONS

Normal Retirement Pension:

Eligibility

Age 65.

Benefit

Monthly pension benefit determined as of Normal Retirement Date.

Early Retirement Pension

Eligibility

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

Benefit

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

Vested Retirement Pension

Eligibility

Completion of five years of service.

Benefit

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

Death Benefits

Eligibility

Vested and married at date of death.

Benefit

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

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

Disability Benefits

Eligibility

Completion of ten years of service prior to age 65.

Benefit

The monthly pension benefit determined at date of disability shall be 10% greater than the early retirement benefit. In no event shall the benefit exceed the unreduced monthly pension benefit.

For a covered employee whose disability pension is effective before he attains age 55, the amount shall be computed as if he were 55. The benefit shall commence no sooner than the seventh month of disability.

Schedule SB, Part V - SUMMARY OF PLAN PROVISIONS

Forms of Payment

Normal form

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

Supplemental Benefit

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

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

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

Medicare Benefit

Eligibility

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

Benefit

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

Warner Electric in Roscoe and South Beloit, IL

Eligibility

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

Monthly pension benefit

The Monthly Unit times years of Credited Service:

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

Schedule SB, Part V - SUMMARY OF PLAN PROVISIONS

Credited Service

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

Normal Retirement Pension:

Eligibility

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

Benefit

Monthly pension benefit determined as of Normal Retirement Date.

Early Retirement Pension

Eligibility

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

Benefit

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

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

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

Vested Retirement Pension

Eligibility

Completion of five years of service.

Benefit

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

Schedule SB, Part V - SUMMARY OF PLAN PROVISIONS

Survivor Benefits

Eligibility

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

Benefit

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

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

2) Retirement Employees:

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

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

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

Reduction

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

Disability Benefits

Eligibility

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

Benefit

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

Forms of Payment

Normal form

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

Lump Sum

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

Supplemental Benefit

None.

Schedule SB, Part V - SUMMARY OF PLAN PROVISIONS

Warner Electric in Warren, Michigan

Eligibility

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

Monthly pension benefit

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

Credited Service

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

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

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

Normal Retirement Pension:

Eligibility

Age 65.

Benefit

Monthly pension benefit determined as of Normal Retirement Date.

Early Retirement Pension

Eligibility

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

Benefit

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

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

Schedule SB, Part V - SUMMARY OF PLAN PROVISIONS

Special Early Retirement

Eligibility

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

Benefit

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

Early Retirement Supplement

Eligibility

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

Benefit

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

Interim Supplement

Eligibility

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

The interim supplement is paid based on age at retirement:

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

Vested Retirement Pension

Eligibility

Completion of five years of service.

Benefit

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

Schedule SB, Part V - SUMMARY OF PLAN PROVISIONS

Survivor Benefits

Eligibility

Vested and married at date of death.

Benefit

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

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

Disability Benefits

None

Forms of Payment

Normal Form

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

Medicare Benefit

Eligibility

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

Benefit

\$61.00 per month after age 65.

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

Eligibility

Immediate.

Monthly pension benefit

The greater of (a) or (b)

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

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

Schedule SB, Part V - SUMMARY OF PLAN PROVISIONS

Normal Retirement Pension:

Eligibility

Later of age 65 and the fifth anniversary of plan participation

Benefit

Monthly pension benefit determined as of Normal Retirement Date.

Early Retirement Pension

Eligibility

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

Benefit

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

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

Special Retirement Pension

Eligibility

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

Benefit

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

Vested Retirement Pension

Eligibility

Completion of five years of service.

Benefit

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

Death Benefits

Eligibility

Married at date of death.

Benefit

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

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

Schedule SB, Part V - SUMMARY OF PLAN PROVISIONS

Death Benefits (continued)

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

Disability Benefit

Eligibility

Completion of 15 years of service.

Benefit

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

Forms of Payment

Normal Form

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

Special Payment

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

Retirement Plan for Power Transmission Employees of Imo Industries, Inc.

EIN: 54-1887631 Plan: 081

Attachment to the 2012 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>
4/13/2011	1,020,000	2011	6.14%	N/A	1,003,155
7/15/2011	1,020,000	2011	6.14%	N/A	988,040
10/13/2011	1,020,000	2011	6.14%	N/A	973,628
1/12/2012	1,020,000	2011	6.14%	N/A	959,271
9/12/2012	<u>330,000</u>	2011	6.14%	N/A	<u>298,086</u>
Total	\$ 4,410,000				\$ 4,222,180

Retirement Plan for Power Transmission Employees of Imo Industries, Inc.

EIN: 54-1887631 Plan: 081

Attachment to the 2011 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

Notice to Terminated Accountant

In accordance with this requirement, I, as plan administrator, verify that the explanation that is reproduced below is the explanation concerning your termination as reported on Schedule C (Form 5500) attached to the 2011 Annual Return / Report Form 5500 for the Retirement Plan for Power Transmission Employees of Imo Industries, Inc.

This Form 5500 is identified in line 2b by the nine-digit EIN 54-1887631 and in line 1b by the three-digit PN 081.

Signed: _____

Dated: _____

For business purposes the company has decided to retain Aronson, LLC as the accountant for the plan replacing Mitchell, Wiggins & Company, LLP.

You have the opportunity to comment to the Department of Labor concerning any aspect of this explanation. Comments should include name, EIN, and PN of the plan and should be directed to:

Office of Enforcement
Pension & Welfare Benefits Administration
U.S. Department of Labor
200 Constitution Avenue, NW
Washington, DC 20210

Schedule SB, Part V - SUMMARY OF PLAN PROVISIONS

Covered Employees

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

Eligibility

Age 21 and one year of service.

Salary

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

Final Average Salary

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

Monthly pension benefit

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

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

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

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

Minimum Benefit

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

Normal Retirement Pension:

Eligibility

Age 65.

Benefit

Monthly pension benefit determined as of Normal Retirement Date.

Early Retirement Pension

Eligibility

Attainment of age 55 and completion of ten years of service

Schedule SB, Part V - SUMMARY OF PLAN PROVISIONS

Early Retirement Pension (continued)

Benefit

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

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

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

Deferred Retirement Pension

Eligibility

Retirement after Normal Retirement Date.

Benefit

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

Vested Retirement Pension

Eligibility

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

Benefit

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

Death Benefits

Eligibility

Completion of five years of service.

Benefit

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

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

Forms of Payment

Normal form

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

Schedule SB, Part V - SUMMARY OF PLAN PROVISIONS

Forms of Payment (continued)

Optional forms

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

Florence Distribution Center

Eligibility

All hourly employees participate.

Monthly pension benefit

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

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

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

Normal Retirement Pension:

Eligibility

Later of age 65 and the fifth anniversary of plan participation

Benefit

Monthly pension benefit determined as of Normal Retirement Date.

Early Retirement Pension

Eligibility

Attainment of age 55 and completion of ten years of service

Benefit

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

Deferred Retirement Pension

Eligibility

Retirement after Normal Retirement Date.

Benefit

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

Schedule SB, Part V - SUMMARY OF PLAN PROVISIONS

Vested Retirement Pension

Eligibility

Completion of five years of service.

Benefit

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

Death Benefits

Eligibility

Vested and married at date of death.

Benefit

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

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

Disability Benefits

Eligibility

Completion of ten years of service.

Benefit

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

Forms of Payment

Normal form

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

Optional forms

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

Fincor Division

Eligibility

All hourly employees participate.

Monthly pension benefit

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

Schedule SB, Part V - SUMMARY OF PLAN PROVISIONS

Monthly pension benefit (continued)

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

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

Normal Retirement Pension:

Eligibility

Later of age 65 and the fifth anniversary of plan participation

Benefit

Monthly pension benefit determined as of Normal Retirement Date.

Early Retirement Pension

Eligibility

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

Benefit

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

Deferred Retirement Pension

Eligibility

Retirement after Normal Retirement Date.

Benefit

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

Vested Retirement Pension

Eligibility

Completion of five years of service.

Benefit

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

Death Benefits

Eligibility

Vested and married at date of death.

Schedule SB, Part V - SUMMARY OF PLAN PROVISIONS

Death Benefits (continued)

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

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

Disability Benefits

Eligibility

Completion of ten years of service.

Benefit

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

Forms of Payment

Normal form

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

Optional forms

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

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

Eligibility

Employed in Bargaining Unit.

Monthly pension benefit

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

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

Schedule SB, Part V - SUMMARY OF PLAN PROVISIONS

Normal Retirement Pension:

Eligibility

Age 65.

Benefit

Monthly pension benefit determined as of Normal Retirement Date.

Early Retirement Pension

Eligibility

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

Benefit

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

Deferred Retirement Pension

Eligibility

Retirement after Normal Retirement Date.

Benefit

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

Vested Retirement Pension

Eligibility

Completion of five years of service or attaining age 65.

Benefit

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

Death Benefits

Eligibility

Vested and married for one year prior to death.

Benefit

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

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

Schedule SB, Part V - SUMMARY OF PLAN PROVISIONS

Disability Benefits

Eligibility

Completion of ten years of continuous service.

Benefit

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

Forms of Payment

Normal form

Life annuity.

Warner Electric in Wichita Falls, Texas

Eligibility

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

Monthly pension benefit

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

Credited Service

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

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

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

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

Schedule SB, Part V - SUMMARY OF PLAN PROVISIONS

Normal Retirement Pension:

Eligibility

Age 65.

Benefit

Monthly pension benefit determined as of Normal Retirement Date.

Early Retirement Pension

Eligibility

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

Benefit

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

Vested Retirement Pension

Eligibility

Completion of five years of service.

Benefit

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

Death Benefits

Eligibility

Vested and married at date of death.

Benefit

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

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

Disability Benefits

Eligibility

Completion of ten years of service prior to age 65.

Benefit

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

Schedule SB, Part V - SUMMARY OF PLAN PROVISIONS

Forms of Payment

Normal form

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

Supplemental Benefit

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

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

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

Medicare Benefit

Eligibility

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

Benefit

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

Warner Electric in Roscoe and South Beloit, IL

Eligibility

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

Monthly pension benefit

The Monthly Unit times years of Credited Service:

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

Schedule SB, Part V - SUMMARY OF PLAN PROVISIONS

Credited Service

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

Normal Retirement Pension:

Eligibility

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

Benefit

Monthly pension benefit determined as of Normal Retirement Date.

Early Retirement Pension

Eligibility

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

Benefit

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

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

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

Vested Retirement Pension

Eligibility

Completion of five years of service.

Benefit

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

Schedule SB, Part V - SUMMARY OF PLAN PROVISIONS

Survivor Benefits

Eligibility

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

Benefit

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

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

2) Retirement Employees:

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

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

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

Reduction

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

Disability Benefits

Eligibility

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

Benefit

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

Forms of Payment

Normal form

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

Lump Sum

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

Supplemental Benefit

None.

Schedule SB, Part V - SUMMARY OF PLAN PROVISIONS

Warner Electric in Warren, Michigan

Eligibility

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

Monthly pension benefit

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

Credited Service

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

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

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

Normal Retirement Pension:

Eligibility

Age 65.

Benefit

Monthly pension benefit determined as of Normal Retirement Date.

Early Retirement Pension

Eligibility

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

Benefit

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

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

Schedule SB, Part V - SUMMARY OF PLAN PROVISIONS

Special Early Retirement

Eligibility

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

Benefit

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

Early Retirement Supplement

Eligibility

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

Benefit

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

Interim Supplement

Eligibility

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

The interim supplement is paid based on age at retirement:

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

Vested Retirement Pension

Eligibility

Completion of five years of service.

Benefit

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

Schedule SB, Part V - SUMMARY OF PLAN PROVISIONS

Survivor Benefits

Eligibility

Vested and married at date of death.

Benefit

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

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

Disability Benefits

None

Forms of Payment

Normal Form

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

Medicare Benefit

Eligibility

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

Benefit

\$61.00 per month after age 65.

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

Eligibility

Immediate.

Monthly pension benefit

The greater of (a) or (b)

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

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

Schedule SB, Part V - SUMMARY OF PLAN PROVISIONS

Normal Retirement Pension:

Eligibility

Later of age 65 and the fifth anniversary of plan participation

Benefit

Monthly pension benefit determined as of Normal Retirement Date.

Early Retirement Pension

Eligibility

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

Benefit

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

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

Special Retirement Pension

Eligibility

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

Benefit

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

Vested Retirement Pension

Eligibility

Completion of five years of service.

Benefit

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

Death Benefits

Eligibility

Married at date of death.

Benefit

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

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

Schedule SB, Part V - SUMMARY OF PLAN PROVISIONS

Death Benefits (continued)

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

Disability Benefit

Eligibility

Completion of 15 years of service.

Benefit

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

Forms of Payment

Normal Form

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

Special Payment

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

Retirement Plan for Power Transmission Employees of Imo Industries, Inc.

EIN: 54-1887631 Plan: 081

Attachment to the 2011 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	1/1/2011	\$ 7,750,357	7.000	\$ 1,275,162
Shortfall	1/1/2010	16,502,057	6.000	3,064,323
Shortfall	1/1/2009	(6,704,087)	5.000	(1,442,113)
Shortfall	1/1/2008	12,139,490	4.000	3,205,807
Total		<u>\$ 29,687,817</u>		<u>\$ 6,103,179</u>