

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>05/01/2011</u> and ending <u>04/30/2012</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>PENSION PLAN FOR UNITED AUTO,AEROSPACE & AGRICULTU IMPLEMENT WORKERS OF AMERICA, LOCAL 1118 OF ROOTS BLOWER DIVISION, CONNERSVILLE, INDIANA</u>	1b Three-digit plan number (PN) ▶ <u>016</u>		
	1c Effective date of plan <u>01/02/1953</u>		
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>DRESSER, INC.</u> <u>15455 DALLAS PARKWAY, SUITE #1100</u> <u>ADDISON, TX 75001</u>	2b Employer Identification Number (EIN) <u>75-2795365</u>		
	2c Sponsor's telephone number <u>972-361-9829</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	<u>Filed with authorized/valid electronic signature.</u>	<u>02/13/2013</u>	<u>MARY L WAGNER</u>
	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") DRESSER, INC. 15455 DALLAS PARKWAY, SUITE #1100 ADDISON, TX 75001	3b Administrator's EIN 75-2795365 3c Administrator's telephone number 972-361-9800
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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	503
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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	94
b Retired or separated participants receiving benefits.....	6b	209
c Other retired or separated participants entitled to future benefits.....	6c	127
d Subtotal. Add lines 6a , 6b , and 6c	6d	430
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	69
f Total. Add lines 6d and 6e	6f	499
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	1

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:

1B 1G 3H

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

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

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

a Pension Schedules

- (1)** ☒ **R** (Retirement Plan Information)

(2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary

(3) ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1)** ☒ **H** (Financial Information)
(2) ☐ **I** (Financial Information – Small Plan)
(3) ☐ **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 05/01/2011 and ending 04/30/2012

▶ **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>PENSION PLAN FOR UNITED AUTO,AEROSPACE & AGRICULTU IMPLEMENT WORKERS OF AMERICA, LOCAL 1118 OF ROOTS BLOWER DIVISION, CONNERSVILLE, INDIANA</u>	B Three-digit plan number (PN) ▶ <u>016</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>DRESSER, INC.</u>	D Employer Identification Number (EIN) <u>75-2795365</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>05</u> Day <u>01</u> Year <u>2011</u>
2	Assets:
a	Market value 2a <u>25197362</u>
b	Actuarial value 2b <u>22898904</u>
3	Funding target/participant count breakdown:
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a <u>265</u> <u>17112666</u>
b	For terminated vested participants 3b <u>137</u> <u>4587237</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>713065</u>
(2)	Vested benefits 3c(2) <u>5970909</u>
(3)	Total active 3c(3) <u>101</u> <u>6683974</u>
d	Total 3d <u>503</u> <u>28383877</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>5.50 %</u>
6	Target normal cost 6 <u>422552</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>02/06/2013</u>
Signature of actuary	Date
<u>CARLA LIBBY, A.S.A.</u>	<u>11-05201</u>
Type or print name of actuary	Most recent enrollment number
<u>TOWERS WATSON PENNSYLVANIA INC.</u>	<u>214-530-4200</u>
Firm name	Telephone number (including area code)
<u>500 NORTH AKARD, SUITE 4100</u> <u>DALLAS, TX 75201-6661</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)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>14.13</u> %		
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38 from prior year)		5665
b Interest on (a) using prior year's effective rate of <u>6.40</u> % except as otherwise provided (see instructions)		363
c Total available at beginning of current plan year to add to prefunding balance		6028
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding percentages		
14 Funding target attainment percentage	14	80.67 %
15 Adjusted funding target attainment percentage	15	80.67 %
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	87.88 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
08/16/2011	260000	0			
11/15/2011	260000	0			
02/15/2012	260000	0			
05/15/2012	260000	0			
01/11/2013	640000	0			
Totals ▶			18(b)	1680000	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 1587951
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: 2.38%	2nd segment: 5.51%	3rd segment: 6.36 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
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	422552	
b Excess assets, if applicable, but not greater than 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	5484973	1162005	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	1584557	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	1584557	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	1587951	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	3394	
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	0	
43 Excess installment acceleration amount to be carried over to future plan years	43	0	

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2011
		This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning **05/01/2011** and ending **04/30/2012**

A Name of plan PENSION PLAN FOR UNITED AUTO,AEROSPACE & AGRICULTU IMPLEMENT WORKERS OF AMERICA, LOCAL 1118 OF ROOTS BLOWER DIVISION, CONNERSVILLE, INDIANA	B Three-digit plan number (PN) ▶ 016
C Plan sponsor's name as shown on line 2a of Form 5500 DRESSER, INC.	D Employer Identification Number (EIN) 75-2795365

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

TOWERS WATSON PENNSYLVANIA INC

23-1159360

(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 50	ACTUARY	37622	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ACS HR SOLUTIONS

20-2185976

(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?
16 50	GENERAL CONSULTING	14776	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

IVINS, PHILLIPS & BARKER CHTD

52-1229560

(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?
29 50	LEGAL	13068	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)

HUSELTON, MORGAN & MAULTSBY PC

75-2409112

(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?
10 50	AUDITOR	8182	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EVANS GRAPHICS CONSULTNG

75-2409112

(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?
36 50	PRINTING	782	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: HUSELTON MORGAN & MAULTSBY PC	b EIN: 75-2409112
c Position: ACCOUNTANT	
d Address: 1221 MERIT DRIVE, SUITE 1800 DALLAS, TX 75251	e Telephone: 972-404-1010

Explanation: EFFECTIVE 5/1/2011 KPMG LLP REPLACED HUSELTON MORGAN & MAULTSBY PC AS THE ACCOUNTING FIRM PERFORMING THE PLAN AUDIT. THIS ACTION WAS A MANAGEMENT DECISION TO CONSOLIDATE SERVICES AND REDUCE EXPENSES.

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 2011 This Form is Open to Public Inspection.
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For calendar plan year 2011 or fiscal plan year beginning 05/01/2011 and ending 04/30/2012

A Name of plan <u>PENSION PLAN FOR UNITED AUTO,AEROSPACE & AGRICULTU IMPLEMENT WORKERS OF AMERICA, LOCAL 1118 OF ROOTS BLOWER DIVISION, CONNERSVILLE, INDIANA</u>	B Three-digit plan number (PN) <u>016</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>DRESSER, INC.</u>	D Employer Identification Number (EIN) <u>75-2795365</u>

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: <u>DRESSER, INC. MASTER TRUST</u>		
b Name of sponsor of entity listed in (a): <u>DRESSER, INC.</u>		
c EIN-PN <u>75-2795365-135</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>25594803</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2011 This Form is Open to Public Inspection
For calendar plan year 2011 or fiscal plan year beginning <u>05/01/2011</u> and ending <u>04/30/2012</u>		
A Name of plan <u>PENSION PLAN FOR UNITED AUTO, AEROSPACE & AGRICULTURE IMPLEMENT WORKERS OF AMERICA, LOCAL 1118 OF ROOTS BLOWER DIVISION, CONNERSVILLE, INDIANA</u>	B Three-digit plan number (PN) ►	<u>016</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>DRESSER, INC.</u>	D Employer Identification Number (EIN) <u>75-2795365</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	388543	900000
	(2) Participant contributions	1b(2)		
	(3) Other	1b(3)		
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
	(2) U.S. Government securities	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property)	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)		
	(9) Value of interest in common/collective trusts	1c(9)		
	(10) Value of interest in pooled separate accounts	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)	24816118	25594803
	(12) Value of interest in 103-12 investment entities	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
	(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
	(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	25204661	26494803

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
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	25204661	26494803
---	-----------	----------	----------

Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	1680000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1680000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		1541056
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		3221056

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1734318	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1734318
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	58871	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	82297	
(4) Other	2i(4)	55428	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		196596
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1930914

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1290142
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: KPMG LLP

(2) EIN: 13-5565207

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)

5b(2) EIN(s)	5b(3) PN(s)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2011
		This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 05/01/2011 and ending 04/30/2012

A Name of plan <u>PENSION PLAN FOR UNITED AUTO, AEROSPACE & AGRICULTURE IMPLEMENT WORKERS OF AMERICA, LOCAL 1118 OF ROOTS BLOWER DIVISION, CONNERSVILLE, INDIANA</u>	B Three-digit plan number (PN) ▶ <u>016</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>DRESSER, INC.</u>	D Employer Identification Number (EIN) <u>75-2795365</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>04-3581074</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.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

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): _____



**DRESSER, INC.
PENSION PLAN FOR UNITED AUTOMOBILE,
AEROSPACE & AGRICULTURAL IMPLEMENT
WORKERS OF AMERICA, LOCAL 1118 OF ROOTS
BLOWER DIVISION, CONNERSVILLE, INDIANA
PLAN 016**

Financial Statements

April 30, 2012 and 2011

(With Independent Auditors' Report Thereon)

DRESSER, INC.
PENSION PLAN FOR UNITED AUTOMOBILE,
AEROSPACE & AGRICULTURAL IMPLEMENT
WORKERS OF AMERICA, LOCAL 1118 OF ROOTS
BLOWER DIVISION, CONNERSVILLE, INDIANA
PLAN 016

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KPMG LLP
Suite 3100
717 North Harwood Street
Dallas, TX 75201-6585

Independent Auditors' Report

Employee Benefits Committee for
Dresser, Inc. Pension Plan for United Automobile, Aerospace & Agricultural
Implement Workers of America, Local 1118 of Roots Blower Division, Connersville, Indiana
Plan 016:

We were engaged to audit the accompanying statement of net assets available for benefits of the Dresser, Inc. Pension Plan for United Automobile, Aerospace & Agricultural Implement Workers of America, Local 1118 of Roots Blower Division, Connersville, Indiana – Plan 016 (the Plan) as of April 30, 2012, and the related statement of changes in net assets available for benefits for the year ended April 30, 2012. These financial statements are the responsibility of the Plan's Employee Benefits Committee. The financial statements of the plan as of April 30, 2011, 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 the Trustee. Their report, dated February 9, 2012, 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 notes 5 and 6, which was certified by State Street Bank and Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the April 30, 2012 financial statements. 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 and for the year ended April 30, 2012, that the information provided to the Plan administrator by the trustee is complete and accurate.

Because of the significance of the information in the Plan's April 30, 2012 financial statements that we did not audit, we are unable to, and do not, express an opinion on the accompanying April 30, 2012 financial statements taken as a whole. The form and content of the information included in the April 30, 2012 financial statements, 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.

KPMG LLP

February 8, 2013

DRESSER, INC.
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Statements of Net Assets Available for Benefits

April 30, 2012 and 2011

	<u>2012</u>	<u>2011</u>
Investments:		
Investment in Dresser, Inc. Master Trust, at fair value	\$ 25,594,803	24,816,118
Employer contributions receivable	<u>900,000</u>	<u>388,543</u>
Net assets available for benefits	<u>\$ 26,494,803</u>	<u>25,204,661</u>

See accompanying notes to financial statements.

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Statements of Changes in Net Assets Available for Benefits
Years ended April 30, 2012 and 2011

	<u>2012</u>	<u>2011</u>
Employer contributions	\$ 1,680,000	1,074,172
Net investment gain from Master Trust Investment Accounts	1,541,056	3,247,779
Other income	—	1,839
Total additions to net assets	<u>3,221,056</u>	<u>4,323,790</u>
Benefit payments	1,734,318	1,707,129
General and administrative expenses	196,596	331,687
Total deductions from net assets	<u>1,930,914</u>	<u>2,038,816</u>
Increase in net assets	1,290,142	2,284,974
Net assets available for benefits:		
Beginning of year	<u>25,204,661</u>	<u>22,919,687</u>
End of year	<u>\$ 26,494,803</u>	<u>25,204,661</u>

See accompanying notes to financial statements.

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April 30, 2012 and 2011

(1) Description of the Plan

The following description of the Plan provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions. Copies of the plan document are available from Dresser, Inc.

(a) General

The Plan is a noncontributory defined benefit pension plan. It provides coverage for pension, disability, and preretirement death benefits for virtually all employees of the Roots Blower Division of Dresser, Inc. who are represented by the United Automobile, Aerospace and Agricultural Implement Workers of America, Local 1118 at Connersville, Indiana. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

(b) Establishment

On September 29, 1998, the Plan became sponsored by Halliburton Company (Halliburton) (the former sponsor) when Halliburton completed an acquisition of Dresser Industries, Inc. (Dresser) pursuant to an agreement and plan merger (the Merger) dated February 25, 1998. Prior to the Merger, the Plan was sponsored by Dresser.

Effective May 1, 1999, the Plan's investments were invested in the Halliburton Company Employee Benefit Master Trust (the former Master Trust) at State Street Bank and Trust Company (the Trustee).

On April 10, 2001, Halliburton divested itself from Dresser pursuant to an agreement dated January 30, 2001. Effective on this date, Dresser, Inc. took over as sponsor of the Plan. Also at this time, the name of the Plan was changed from Dresser Industries, Inc. Pension Plan for United Automobile, Aerospace & Agricultural Implement Workers of America, Local 1118 of Roots Blower Division, Connersville, Indiana – Plan 016 to Dresser, Inc. Pension Plan for United Automobile, Aerospace & Agricultural Implement Workers of America, local 1118 of Roots Blower Division, Connersville, Indiana – Plan 016. On December 17, 2001, Dresser, Inc. established the Dresser, Inc. Master Trust (the current Master Trust) and the Plan's assets were transferred into it. The Trustee remained the same.

Effective February 28, 2009, the Plan was amended so that only employees hired prior to November 1, 2008 were eligible to participate in the Plan. These employees were able to choose to receive future benefits accruals under the Plan, or transfer into the 401(k) Dresser, Inc. Savings Plan and receive matching contributions in the 401(k) Dresser, Inc. Savings Plan. For any employee transferring to the 401(k) Dresser, Inc. Savings Plan, the accrued benefit under the Plan is limited to the accrued benefit earned as of February 28, 2009.

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On February 1, 2011, General Electric Company announced the completion of the acquisition of Dresser, Inc. This acquisition had no impact on the operation of the Plan.

(c) Administration

The Plan is administered by an Employee Benefits Committee appointed by the Board of Directors of Dresser, Inc. The committee is generally responsible for administering the Plan, maintaining eligibility records of participants in the Plan, authorizing payment of administrative expenses, processing benefit claims and authorizing payment of benefits.

(d) Eligibility

Employees hired prior November 1, 2008 became eligible for participation on their first anniversary of employment.

(e) Vesting

The Plan provides for 100% vesting at the end of 5 years of vested service.

(f) Benefit Provisions

The Plan provides benefits for normal and early retirement. The normal form of benefit payment for a single participant is a monthly life only benefit. The normal form of benefit payment for a married participant is a 50% joint and survivor benefit, in which an employee receives a monthly benefit payment until death, at which time the surviving spouse begins receiving 50% of the benefit until death. In addition, the Plan provides certain death benefits in the event of the death of an employee prior to retirement.

(g) Contributions

Dresser, Inc. contributes to the trust fund such amounts deemed necessary based on actuarial computations to provide assets to meet anticipated future benefits to be paid from the Plan to its participants. Participating employees are not required or permitted to make contributions to the Plan. The Plan meets the minimum funding requirements as prescribed by ERISA.

(2) Summary of Significant Accounting Policies

(a) Basis of Reporting

The Plan's financial statements are prepared according to accounting principles generally accepted in the United States of America.

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(b) *Valuation of Investments*

Investments are valued at fair value as reported by the trustee. 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 7 for further discussion of fair value measurements.

Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

(c) *Estimates*

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Accordingly, actual results could differ from those estimates.

(d) *Payment of Benefits*

Benefit payments to participants are recorded upon distribution.

(e) *Recently Issued Accounting Pronouncement*

In May 2011, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2011-04, *Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in U.S. GAAP and IFRS*. ASU 2011-04 is intended to improve the comparability of fair value measurements presented and disclosed in financial statements prepared in accordance with U.S. GAAP and IFRS. The amendments are of two types: (i) those that clarify the Board's intent about the application of existing fair value measurement and disclosure requirements and (ii) those that change a particular principle or requirement for measuring fair value or for disclosing information about fair value measurements. The guidance is effective for annual periods beginning after December 15, 2011. The adoption of the provisions of this guidance is not expected to materially impact the Plan's financial statements.

(f) *Subsequent Events*

In accordance with FASB Accounting Standards Codification (ASC) 855, *Subsequent Events*, management has reviewed subsequent events through February 8, 2013 the date the report was available to be issued.

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(3) Actuarial Assumptions

The more significant assumptions underlying the actuarial computations made by the consulting actuary, Towers Watson, for plan years beginning May 1, 2011 and 2010 are as follows:

	<u>May 1, 2011</u>	<u>May 1, 2010</u>
Economic assumptions:		
Interest rates:		
Contributions:		
Discount rate	7.50%	8.00%
Mortality basis:		
Pension cost and contribution	IRS Proposed Pre and Post Retirement 2011 static tables. RP-2000 Blue Collar with mortality improvements projected to 2011 using the AA Scale. See Plan document.	IRS Proposed Pre and Post Retirement 2010 Static Tables. RP-2000 Blue Collar with mortality improvements projected to 2010 using the AA Scale. See Plan document.
Other demographic assumptions	Age 65 with 5 years of service	Age 65 with 5 years of service

The actuarial present value of accumulated plan benefits as of May 1, 2011 and 2010:

	<u>May 1, 2011</u>	<u>May 1, 2010</u>
Vested benefits of participants currently receiving payments	\$ 14,043,561	13,641,328
Other vested benefits	7,927,848	7,216,367
Nonvested benefits	<u>594,225</u>	<u>576,652</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 22,565,634</u>	<u>21,434,347</u>

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The change in the actuarial present value of accumulated plan benefits from May 1, 2010 to May 1, 2011, is as follows:

Actuarial present value of accumulated plan benefits at May 1, 2010	\$ 21,434,347
Plan amendments	—
Changes in actuarial assumptions	922,752
Benefits accumulated	267,888
Passage of time (interest)	1,647,776
Benefits paid	<u>(1,707,129)</u>
Net decrease in accumulated plan benefits	<u>1,131,287</u>
Actuarial present value of accumulated plan benefits at May 1, 2011	<u>\$ 22,565,634</u>

Any amendments entered into subsequent to May 1, 2011 were not considered in the actuarial present value of accumulated plan benefits.

(4) Investment in Master Trust

The Master Trust invests plan assets in common collective trusts. The Master Trust maintains these investments for all of Dresser, Inc.'s pension plans and each plan has an undivided interest in trust investments. Ownership of plan assets is represented as proportionate dollar units of participation which is determined each quarter by the Trustee based upon initial plan participation and adjusted for plan contributions, plan benefit payments, and plan administrative expenses.

(5) Investments and Transactions Certified by the Trustee

The investment in the Master Trust at April 30, 2012 and 2011 and certain other transactions for the years then ended, certified as complete and accurate by the Trustee, are summarized as follows:

	<u>2012</u>	<u>2011</u>
Investment:		
Estimated cost	\$ 20,625,493	20,842,558
Fair value	25,594,803	24,816,118
Units of participation	25,594,803	24,816,118
Net investment gain from master:		
Trust investment accounts	\$ 1,541,056	3,247,779
Other income	\$ —	1,839

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The total investments of the Master Trust at April 30, 2012, as certified by the Trustee, are as follows:

	<u>Cost</u>	<u>Fair value</u>
Cash and cash equivalents	\$ 2,129,884	2,129,884
Long U.S. Credit Index	89,462,880	107,710,994
MSCI EAFE Index NL QP CTF	34,022,071	37,597,728
Russell 1000 @VAL INX NL FD	27,916,686	36,192,458
Russell 1000 Growth Index	25,854,987	36,521,609
Russell 2000 Index Fund	7,514,540	10,239,408
Daily Emerging Markets Index	5,355,870	7,904,195
S & P Midcap Index	4,150,685	5,431,895
Total investments of the Master Trust	\$ <u>196,407,603</u>	<u>243,728,171</u>
Interest of the Plan in the Master Trust	\$ 20,625,493	25,594,803

The allocated share of the investments of the Plan in the current Master Trust at April 30, 2012 is 10.5013724%.

The total investments of the Master Trust at April 30, 2011, as certified by the Trustee, are as follows:

	<u>Cost</u>	<u>Fair value</u>
Cash and cash equivalents	\$ 2,117,532	2,117,532
Long U.S. Credit Index	94,040,196	98,237,288
MSCI EAFE Index NL QP CTF	28,826,421	36,864,514
Russell 1000 @VAL INX NL FD	26,374,297	34,215,987
Russell 1000 Growth Index	25,266,904	34,110,326
Russell 2000 Index Fund	6,564,540	9,453,659
Daily Emerging Markets Index	3,605,870	6,876,421
S & P Midcap Index	3,400,685	4,581,016
Total investments of the Master Trust	\$ <u>190,196,445</u>	<u>226,456,743</u>
Interest of the Plan in the Master Trust	\$ 20,842,558	24,816,118

The allocated share of the investments of the Plan in the current Master Trust at April 30, 2011 is 10.9584336%.

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The net investment gain for the Master Trust during the year ended April 30, 2012 and 2011, as certified by the Trustee, was derived from and composed of the following:

	<u>2012</u>	<u>2011</u>
Interest and dividend income	\$ 1,095	2,103
Net realized gain on the sale of investments	3,498,805	27,319,690
Net unrealized appreciation in market value of investments	<u>11,060,271</u>	<u>2,007,596</u>
Total investment gain	<u>\$ 14,560,171</u>	<u>29,329,389</u>
Net investment gain allocated to the Plan	\$ 1,541,056	3,247,779

(6) Net Investment Gain from Master Trust Investment Accounts

The net investment gain from Master Trust investment accounts is composed of the following:

	<u>2012</u>	<u>2011</u>
Interest and dividends	\$ 117	239
Realized gains	374,973	3,159,948
Unrealized gains	<u>1,165,966</u>	<u>87,592</u>
Net investment gain	<u>\$ 1,541,056</u>	<u>3,247,779</u>

(7) Fair Value Measurements

FASB ASC 820, *Fair Value Measurements*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

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

Level 2 – Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;

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- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at April 30, 2012 and 2011.

Investments in common collective trusts: Valued at their respective net asset value per share/unit on the valuation date.

The preceding methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan's management 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.

Within the fair value hierarchy, all of the Master Trust's assets are classified as Level 2 Investments in Common Collective Trusts. As such, the Master Trusts's total Level 2 assets at fair value as of April 30, 2012 and 2011 were \$243,728,171 and \$226,456,743 respectively.

(8) Party-in-Interest Transactions

Plan investments are managed by State Street Bank and Trust Company. State Street Bank and Trust Company is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for the services of State Street Bank and Trust Company amounted to \$82,296 and \$143,829 for the years ended April 30, 2012 and 2011, respectively.

(9) Reportable Transactions

A schedule of reportable transactions has not been presented because there are no reportable transactions which require presentation under ERISA Section 2520.103-6.

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(10) Plan Termination

While Dresser, Inc. does not currently intend to terminate the Plan or to permanently discontinue contributions, they may discontinue such contributions, and they may terminate the Plan. If terminated, net assets of the Plan would be distributed to participants and beneficiaries as prescribed by the terms of the Plan in accordance with ERISA. Whether a particular participants accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC) at that time. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty while other benefits may not be provided at all. In the case of termination, if assets of the Plan are sufficient to provide all accumulated plan benefits, then net assets in excess of accumulated plan benefits would be returned to Dresser, Inc.

(11) Income Tax Status

The IRS has determined and informed the Plan by a letter dated March 26, 2012, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan's sponsor and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC; therefore, they believe that the Plan is qualified and the related trust is tax-exempt.

The plan sponsor has concluded that as of April 30, 2012 there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan sponsor believes it is no longer subject to income tax examinations for years prior to 2007.

(12) Plan Amendment

The Plan was amended, effective November 1, 2011, to reflect the bargained changes to participant credited service dollar amounts as agreed by Dresser, Inc and the Union for service dates that were not previously listed in the Plan Document. All previous service dates and amounts remained the same. The following dates of service and participant credited service dollar amounts were added to Section 4.01 (Normal Retirement Benefit) and Section 4.03 (Disability Pension Benefit) of the Plan Document:

<u>Dollar amount</u>	<u>Period of service</u>
\$ 35.00	November 1, 2011 – March 1, 2015

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(13) 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 the amounts reported in the statements 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.

Attained Age	Connersville (016)										
	Schedule of Active Participant Data										
	Total Years of Credited Service										
	<1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	
<25	Count	0	1	0	0	0	0	0	0	0	
25 to 29	Count	0	2	0	0	0	0	0	0	0	
30 to 34	Count	1	4	0	0	0	0	0	0	0	
35 to 39	Count	0	5	0	0	1	0	0	0	0	
40 to 44	Count	0	5	0	0	4	0	0	0	0	
45 to 49	Count	0	3	2	0	1	0	0	0	0	
50 to 54	Count	0	5	1	1	1	2	2	2	0	
55 to 59	Count	0	1	0	1	0	1	14	15	0	
60 to 64	Count	0	1	0	0	1	0	6	8	1	
65 to 69	Count	0	1	0	0	1	0	0	1	4	
70 & up	Count	0	0	0	0	0	0	0	0	0	

Actuarial Assumptions and Methods — Contributions

Economic Assumptions

Interest rate basis:

Applicable month May 2011

Yield curve basis Segment Rates

Interest rates:

▶ First segment rate (10-year rate)	2.38	%
▶ Second segment rate (20-year rate)	5.51	%
▶ Third segment rate (30-year rate)	6.36	%
▶ Effective interest rate	5.50	%

Demographic Assumptions

Mortality:

Healthy

IRS Proposed Pre and Post Retirement 2011 Static Tables

Disabled

Alternative disabled life mortality tables as defined under Revenue Ruling 96-7
(Dresser Disabled Mortality Table C)

Sample rates per 1,000:

Age	Rate
25	46.700
40	46.800
55	62.800
70	103.600

Termination

Rates varying by age and service

Representative Rates

Sample Rates per 1,000:

Hourly:	Age	Rate
	25	154
	40	41
	55	26

Disability

Sample Rates per 1,000:

Age	Rate
25	0.3
40	0.7
55	3.6

Retirement

Retirement Rates	
Age	Rate
55	0.0256
56	0.0248
57	0.0248
58	0.0248
59	0.0240
60	0.0240
61	0.0232
62	0.5000
63 and over	1.0000

Benefit commencement date:

Preretirement death benefit	The later of the death of the active participant or the date the participant would have attained age 55
Deferred vested benefit	The later of age 55 or termination of employment
Disability benefit	Upon disablement
Retirement benefit	Upon termination of employment
Lump sum option for Plan 164	90% of participants assumed to elect lump sum option for the pre-May 1, 1986 portion of the benefit. The lump sum is calculated using the applicable valuation year segment rates (with no transition) and 417(e) mortality for the valuation year.
Form of payment	Life only
Percent married	85% of males; 85% of females.
Spouse age	Wife three years younger than husband
Covered pay	N/A
Administrative expenses:	Actual expenses for prior plan year.
Loadings	Liability for benefits for death between termination or disability and commencement are approximated by a 2% load on the liability for termination and disability benefits.
At-risk assumptions	Not applicable.
Cash flow	
Amount and timing of contributions	Contributions are made on the last day required to meet quarterly and minimum funding requirements.
Timing of benefit payments	Annuity payments are payable monthly and lump sum payments are payable on the date of decrement.
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

Methods

Valuation date	First day of the plan year
Funding target and target normal cost	Present value of accrued benefits
Actuarial value of assets	Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings. The average asset value must be within 10% of fair value, including contributions receivable.

The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years.

Benefits Not Valued

All benefits described in the Plan Provisions section of this report were valued. Towers Watson has reviewed the plan provisions with Dresser Incorporated (GE) and, based on that review, is not aware of any significant benefits required to be valued that were not.

Change in Assumptions and Methods Since Prior Valuation

Contributions	The funding interest rate was changed from the May 2010 segment rates to the May 2011 segment rates as provided under the Pension Protection Act of 2006 (PPA).
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The required mortality table used to calculate the funding target and target normal cost was updated to include one additional year of projected mortality improvements.

Data Sources

Towers Watson used asset data supplied by the trustee. Dresser Incorporated (GE), furnished participant data as of the valuation date. Dresser Incorporated (GE) also provided the dates and amounts of the 2010 contributions that will be paid in 2011. Data were reviewed for reasonableness and consistency, but no audit was performed. Assumptions or estimates were made when data were not available. We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations.

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment 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**

For calendar plan year 2011 or fiscal plan year beginning 05/01/2011 and ending 04/30/2012

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

Dresser, Inc. Pension Plan for UAAAIWA, Local 1118

B Three-digit
plan number (PN)

016

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF

Dresser, Inc.

D Employer Identification Number (EIN)

75-2795365

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 5 Day 1 Year 2011**2** Assets:

a Market value	2a	25,197,362
b Actuarial value	2b	22,898,904

3 Funding target/participant count breakdown:

		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	265	17,112,666
b For terminated vested participants	3b	137	4,587,237
c For active participants:			
(1) Non-vested benefits	3c(1)		713,065
(2) Vested benefits	3c(2)		5,970,909
(3) Total active	3c(3)	101	6,683,974
d Total	3d	503	28,383,877

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** 5.50 %**6** Target normal cost **6** 422,552**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**

CC Carla Libby

Signature of actuary

CARLA LIBBY, A.S.A.

Type or print name of actuary

TOWERS WATSON PENNSYLVANIA INC.

Firm name
500 NORTH AKARD, SUITE 4100

Dallas

TX 75201-6661

Address of the firm

2/6/2013

Date

11-05201

Most recent enrollment number

(214) 530-4200

Telephone number (including area code)

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).....	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year).....	0	0
9	Amount remaining (line 7 minus line 8).....	0	0
10	Interest on line 9 using prior year's actual return of <u>14.13%</u>		
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38 from prior year).....		5,665
b	Interest on (a) using prior year's effective rate of <u>6.40%</u> except as otherwise provided (see instructions).....		363
c	Total available at beginning of current plan year to add to prefunding balance.....		6,028
d	Portion of (c) to be added to prefunding balance.....		0
12	Other reductions in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12).....	0	0

Part III Funding percentages			
14	Funding target attainment percentage.....	14	80.67 %
15	Adjusted funding target attainment percentage.....	15	80.67 %
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	87.88 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
08/16/2011	260,000				
11/15/2011	260,000				
02/15/2012	260,000				
05/15/2012	260,000				
01/11/2013	640,000				
Totals *			18(b)	1,680,000	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 1,587,951
20	Quarterly contributions and liquidity shortfalls:	
a	Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b	If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No
c	If 20a is "Yes," see instructions and complete the following table as applicable:	

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

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

21 Discount rate:				
a Segment rates:	1st segment: 2.38 %	2nd segment: 5.51 %	3rd segment: 6.36 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
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	422,552	
b Excess assets, if applicable, but not greater than 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	5,484,973	1,162,005	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month Day Year) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	1,584,557	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	1,584,557	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	1,587,951	
38 Present value of excess contributions for current year (see instructions):			
a Total (excess, if any, of line 37 over line 36)	38a	3,394	
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	0		
43 Excess installment acceleration amount to be carried over to future plan years	43	0		



Benefits Administration Group

OTHER ATTACHMENT

FORM 5500

SCHEDULE C PART III

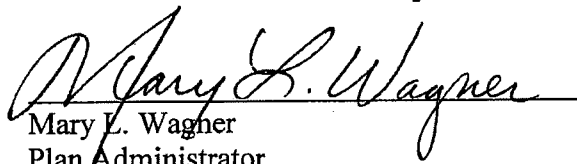
TERMINATION INFORMATION ON ACCOUNTANTS AND ENROLLED ACTUARIES

COMPANY: DRESSER, INC.
PLAN NAME: PENSION PLAN FOR UNITED AUTOMOBILE, AEROSPACE &
AGRICULTURAL IMPLEMENT WORKERS OF AMERICA, LOCAL
#1118 OF ROOTS BLOWER DIVISION, CONNERSVILLE, INDIANA
EIN/PN: 75-2795365 / 016
PYE: 4/30/2012

Explanation:

Effective May 1, 2011, KPMG, LLP replaced Huselton, Morgan & Maulsby, P.C. as the accounting firm responsible for performing the plan audit. This action was a management decision to consolidate services and reduce expenses.

Signed:


Mary L. Wagner
Plan Administrator
Dresser, Inc.

Dresser, Inc.

15455 Dallas Parkway, Suite 1100 • Addison, Texas 75001 • Phone: 866-325-8214 • Fax: 972-361-9945 • HQBenefits@dresser.com

Boundless Energy

Dresser, Inc.
Schedule SB, line 19 - Discounted Employer Contributions
EIN: 75-2795365 / PN 016

Plan Year period: 5/1/2011 through 4/30/2012
Effective Interest rate 5.50%
Late Interest Charge rate 10.50%

Date Made	Plan Year Begin	Contribution Amount	Charge Period	Contribution Amount Adjusted for Late Payment	Discounting Period	Discounted Contribution Amount
8/16/2011	5/1/2011	260,000	0.00274	259,929	0.29041	255,920
11/15/2011	5/1/2011	260,000	0.00000	260,000	0.54247	252,557
2/15/2012	5/1/2011	260,000	0.00000	260,000	0.79452	249,171
5/15/2012	5/1/2011	260,000	0.00000	260,000	1.03836	245,940
1/11/2013	5/1/2011	640,000	0.00000	640,000	1.69863	584,363
Total		1,680,000		1,679,929		1,587,951

Schedule SB, line 22 – Description of Weighted Average Retirement Age
Plan Year May 1, 2011 to April 30, 2012

Dresser, Inc.

Pension Plan for United Automobile, Aerospace and Agricultural Implement Workers of America
 Local No. 1118 of Roots Blower Division, Connersville, Indiana

EIN: 75-2795365 / PN 016

Age	Retirement Probability	Population Remaining	Retirees	Weighting	Average Age
55	2.56%	100.00	2.56	2.56%	
56	2.48%	97.44	2.42	2.42%	
57	2.48%	95.02	2.36	2.36%	
58	2.48%	92.67	2.30	2.30%	
59	2.40%	90.37	2.17	2.17%	
60	2.40%	88.20	2.12	2.12%	
61	2.32%	86.08	2.00	2.00%	
62	50.00%	84.09	42.04	42.04%	
63	100.00%	42.04	42.04	42.04%	
			Total	100.00%	61.76

Weighted average retirement age: 62

As shown on Line 22 of the Schedule SB, the weighted average retirement age is 62. The weighted average retirement ages were weighted in proportion to the probability that an active participant under age 55 would remain an active participant to each age and then retire at that age. When determining the probability of remaining an active participant to a given age, only the retirement decrement assumption was taken into consideration.

Summary of Plan Provisions Connersville 1118—Auto, Aerospace, and Agricultural (Plan 016)

Plan Provisions

Effective Date of Plan	January 2, 1953
Effective Date of Provisions	November 1, 1993
Covered Employees	Any hourly-paid employee, except a leased employee, who is a member of the bargaining unit represented by the Union, and who is employed at the Connersville, Indiana location of the employer hired before November 1, 2008.
Participation Date	A covered employee shall become a participant in this plan on the first anniversary of the employee's employment commencement date if the employee was hired before November 1, 2008.

Definitions

Participation service	The elapsed time period of employment. Participation service is used to determine vesting and eligibility for benefits.
Benefit accrual service	The elapsed time period of employment. Benefit accrual service is used to determine the amount of benefit payable to or on behalf of a participant.
Normal retirement date(NRD)	The last day of the calendar month during which a participant has both attained age 65 and has either (i) reached the fifth anniversary of the participation in the Plan or (ii) completed at least five (5) years of participation service.
Past Service Benefit	Multiplier (as defined below) times the years of benefit accrual service, considering only full months, not in excess of 41 years. The multiplier is equal to (i) \$27.25 if the participant's date of termination is on or after November 1, 1993, but prior to November 30, 2005; (ii) \$30.25 if the participant's date of termination is on or after November 30, 2005, but prior to November 1, 2008 (iii) \$31.25 if the participant's date of termination is on or after November 1, 2008. Service after November 1, 2009 will be multiplied by \$33.25. The monthly accrued benefit of any participant with 5 or more years of benefit accrual service shall be at least equal to 10 times the benefit rate in effect on the normal retirement date.
Future Service Benefit	Multiplier (as defined below) times the year(s) of benefit accrual service credited to the participant during the multipliers effective period, considering only full months, total service not in excess of 41 years. The multiplier is equal to: ► \$33.25 if the participant's date of termination is on or after November 1, 2009.
Actuarial Equivalence for conversion to all other optional forms	1971 Group Annuity Mortality to be weighted 90% male and 10% female and a 5% interest rate
Optional forms of payment	75%, 50% Joint & Survivor annuity, a life annuity

Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	Retirement between age 60 and age 65 after completing at least 10 years of participation service.
Deferred vested	Termination for reasons other than death, disability, or retirement after completing 5 years of participation service.
Disability retirement	Become totally and permanently disabled prior to attainment of age 65 with at least 10 years of participation service.
Preretirement Spouse benefit	Death of a participant while eligible for normal, early, or deferred vested retirement benefits, with a surviving spouse.

Monthly Benefits Paid Upon the Following Events

Normal retirement	Monthly accrued benefit determined as of NRD
Early retirement	Monthly accrued benefit determined as of early retirement date reduced by 1/180 for each complete month by which the participant is less than 65 years of age at the annuity starting date, if the participant is less than age 62 on his annuity starting date. This reduction shall not be greater than an alternative actuarial reduction.
Termination with deferred vested benefit	Monthly accrued benefit based on the benefit accrual service as of the date of termination.
Disability retirement	Monthly accrued benefit based on the benefit accrual service as of the disability retirement date.
Death with preretirement spouse benefits	50% of the monthly reduced benefit to which the Participant would have been entitled under immediate retirement provisions.

Other Plan Provisions

Normal form of payment	Actuarially equivalent 50% joint and contingent annuity if married on the date payments commence; life annuity if single.
Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.

Future Plan Changes

The ultimate benefit accrual rate was used to calculate liabilities for determining pension cost.

Changes in Benefits Valued Since Prior Year

Plan provisions have not changed since the prior year, except to reflect current year changes in the Internal Revenue Code maximums on benefits and pay and to reflect the change in plan year.

Name of Plan:			
PENSION PLAN FOR UNITED AUTO, AEROSPACE & AGRICULTURE IMPLEMENT WORKERS ▶ OF AMERICA, LOCAL 1118 OF ROOTS BLOWER DIVISION, CONNERSVILLE, INDIANA			
Employer Identification Number: ▶		75-2795365	
For plan year (beginning/ending): ▶		05/01/2011 to 04/30/2012	Plan number: ▶ 016

[illegible]

Schedule SB, line 32 - Schedule of Amortization Bases

PN: 016

[illegible]