

Form 5500-SF Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Short Form Annual Return/Report of Small Employee Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500-SF.	OMB Nos. 1210-0110 1210-0089 2014 This Form is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014	
A This return/report is for:	☒ a single-employer plan ☐ a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions) ☐ a one-participant plan ☐ a foreign plan 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 Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ DFVC program ☐ special extension (enter description)

Part II Basic Plan Information —enter all requested information																															
1a Name of plan EDAX INC. PENSION PLAN FOR HOURLY EMPLOYEES DISTRICT LODGE NO. 15 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) AMETEK, INC. 1100 CASSATT ROAD BERWYN, PA 19312 3a Plan administrator's name and address ☒ Same as Plan Sponsor.	<table border="1"> <tr> <td>1b Three-digit plan number (PN) ▶</td> <td>046</td> </tr> <tr> <td>1c Effective date of plan</td> <td>01/23/1998</td> </tr> <tr> <td>2b Employer Identification Number (EIN)</td> <td>14-1682544</td> </tr> <tr> <td>2c Sponsor's telephone number</td> <td>610-647-2121</td> </tr> <tr> <td>2d Business code (see instructions)</td> <td>339900</td> </tr> <tr> <td>3b Administrator's EIN</td> <td></td> </tr> <tr> <td>3c Administrator's telephone number</td> <td></td> </tr> </table> <table border="1"> <tr> <td>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.</td> <td>4b EIN</td> </tr> <tr> <td>a Sponsor's name</td> <td>4c PN</td> </tr> <tr> <td>5a Total number of participants at the beginning of the plan year</td> <td>5a 47</td> </tr> <tr> <td>b Total number of participants at the end of the plan year.....</td> <td>5b 48</td> </tr> <tr> <td>c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)</td> <td>5c</td> </tr> <tr> <td>d(1) Total number of active participants at the beginning of the plan year.....</td> <td>5d(1) 17</td> </tr> <tr> <td>d(2) Total number of active participants at the end of the plan year.....</td> <td>5d(2) 19</td> </tr> <tr> <td>e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....</td> <td>5e 0</td> </tr> </table>	1b Three-digit plan number (PN) ▶	046	1c Effective date of plan	01/23/1998	2b Employer Identification Number (EIN)	14-1682544	2c Sponsor's telephone number	610-647-2121	2d Business code (see instructions)	339900	3b Administrator's EIN		3c Administrator's telephone number		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.	4b EIN	a Sponsor's name	4c PN	5a Total number of participants at the beginning of the plan year	5a 47	b Total number of participants at the end of the plan year.....	5b 48	c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	5c	d(1) Total number of active participants at the beginning of the plan year.....	5d(1) 17	d(2) Total number of active participants at the end of the plan year.....	5d(2) 19	e Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	5e 0
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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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.			
SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2015	HENRY POLICARE
	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
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

- 6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ☒ Yes ☐ No
- b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) ☒ Yes ☐ No
- If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.**
- c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☒ Yes ☐ No ☐ Not determined

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	1842086	2290320
b Total plan liabilities	7b		
c Net plan assets (subtract line 7b from line 7a)	7c	1842086	2290320
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)	500000	
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	30341	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		530341
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	58016	
e Certain deemed and/or corrective distributions (see instructions)	8e		
f Administrative service providers (salaries, fees, commissions)	8f	21788	
g Other expenses	8g	2303	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		82107
i Net income (loss) (subtract line 8h from line 8c)	8i		448234
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristics

- 9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1B 3H
- b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

Part V Compliance Questions

10 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? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a	☒	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b	☒	
c Was the plan covered by a fidelity bond?	10c	☒	10000000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d	☒	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e	☒	
f Has the plan failed to provide any benefit when due under the plan?	10f	☒	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	☒	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i		

Part VI Pension Funding Compliance

- 11** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below) ☒ Yes ☐ No
- 11a** Enter the unpaid minimum required contribution for current year from Schedule SB (Form 5500) line 39 **11a** 0
- 12** Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .. ☐ Yes ☒ No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)
- a** 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 letter ruling granting the waiver. Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year.....	12b	
c Enter the amount contributed by the employer to the plan for this plan year	12c	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount).....	12d	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?.....	☐ Yes ☐ No ☒ N/A	

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year?	☐ Yes	☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a	
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	☐ Yes ☒ No	
c 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.)		
13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

Part VIII Trust Information (optional)

14a Name of trust	14b Trust's EIN

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2014</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014	
▶ 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 EDAX INC. PENSION PLAN FOR HOURLY EMPLOYEES DISTRICT LODGE NO. 15	B Three-digit plan number (PN) ▶ 046
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF AMETEK, INC.	D Employer Identification Number (EIN) 14-1682544
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 01 Day 01 Year 2014			
2	Assets:			
a	Market value	2a	1842086	
b	Actuarial value	2b	1718406	
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a	For retired participants and beneficiaries receiving payment	14	547404	547404
b	For terminated vested participants	16	229811	229811
c	For active participants	17	418924	489139
d	Total	47	1196139	1266354
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5	6.53%	
6	Target normal cost	6	73130	

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	
Signature of actuary	10/01/2015
MATHIEU LUSSIER, F.S.A., E.A.	Date
Type or print name of actuary	14-04831
TOWERS WATSON DELAWARE, INC.	Most recent enrollment number
Firm name	215-246-7391
CENTRE SQUARE EAST, 1500 MARKET ST PHILADELPHIA, PA 19102	Telephone number (including area code)
Address of the firm	

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	395778
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	87310
9 Amount remaining (line 7 minus line 8)	0	308468
10 Interest on line 9 using prior year's actual return of <u>14.80</u> %	0	45653
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.37</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 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	354121

Part III Funding Percentages		
14 Funding target attainment percentage	14	107.73 %
15 Adjusted funding target attainment percentage	15	135.69 %
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	100.39 %
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
01/05/2015	500000	0			
			Totals ►	18(b)	500000
				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	469022
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	☐ Yes ☒ No	
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes ☐ No	
c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 4.99 %	2nd segment: 6.32 %	3rd segment: 6.99 %	☐ 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 subject to 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	73130										
b Excess assets, if applicable, but not greater than line 31a	31b	73130										
32 Amortization installments:	<table border="1"> <thead> <tr> <th></th> <th>Outstanding Balance</th> <th>Installment</th> </tr> </thead> <tbody> <tr> <td>a Net shortfall amortization installment.....</td> <td>0</td> <td>0</td> </tr> <tr> <td>b Waiver amortization installment</td> <td>0</td> <td>0</td> </tr> </tbody> </table>				Outstanding Balance	Installment	a Net shortfall amortization installment.....	0	0	b Waiver amortization installment	0	0
	Outstanding Balance	Installment										
a Net shortfall amortization installment.....	0	0										
b Waiver amortization installment	0	0										
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0										
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..	34	0										
		Carryover balance	Prefunding balance									
35 Balances elected for use to offset funding requirement.....	0	0	0									
36 Additional cash requirement (line 34 minus line 35).....	36	0										
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	469022										
38 Present value of excess contributions for current year (see instructions)												
a Total (excess, if any, of line 37 over line 36)	38a	469022										
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 an election was made to use PRA 2010 funding relief for this plan:			
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	

Ametek, Inc.
EDAX, Inc. Pension Plan for Hourly Employees District Lodge No. 15
EIN: 14-1682544; Plan Number: 046
Attachment- 2014 Schedule SB
Line 26- Schedule of Active Participant Data

Age Nearest Birthday		Completed Years of Service								
		Under 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	Over 34
15 to 24	Count	0	0	0	0	0	0	0	0	0
25 to 29	Count	0	0	0	0	0	0	0	0	0
30 to 34	Count	0	1	0	0	0	0	0	0	0
35 to 39	Count	0	0	0	1	0	0	0	0	0
40 to 44	Count	0	0	0	0	1	0	0	0	0
45 to 49	Count	0	1	0	1	1	2	0	0	0
50 to 54	Count	0	0	0	0	1	0	0	1	0
55 to 59	Count	0	1	1	0	0	1	1	0	0
60 to 64	Count	0	0	0	0	1	1	0	0	0
65 to 69	Count	0	0	0	0	0	0	0	0	0
Over 69	Count	0	0	0	1	0	0	0	0	0

Average Age = 52.0 Average Service = 16.1

EDAX, Inc. Pension Plan for Hourly Employees District Lodge No. 15

EIN: 14-1682544 PN: 046

Schedule SB, Part V – Statement of Actuarial Assumptions and Methods

Statement of actuarial assumptions and methods

Economic Assumptions

Interest rate basis:

▶ Applicable month	January 2014
▶ Interest rate basis	Segment Rates ¹
▶ HATFA applied for funding	Yes
▶ HATFA applied for benefit restrictions	Yes

Interest rates:

	Reflecting HATFA corridors	Not reflecting corridors
▶ First segment rate	4.99%	1.25%
▶ Second segment rate	6.32%	4.06%
▶ Third segment rate	6.99%	5.08%
▶ Effective interest rate (Reflecting HATFA Corridors)		6.53%

PBGC variable premium basis:

PBGC method Standard

PBGC segment rates: 1.25%, 4.57%, 5.60%

Annual rates of Increase

▶ Salaries	3.75%
▶ Future Social Security wage bases	3.25%

Demographic Assumptions

Inclusion date	The valuation date coincident with or next following the date on which the employee is hired.
New or rehired employees	It was assumed there will be no new or rehired employees.
Mortality	
▶ Healthy	Separate rates for non-annuitants (based on RP-2000 “Employees” table without collar or amount adjustments, projected to 2029 using Scale AA) and annuitants (based on RP-2000 “Healthy Annuitants” table without collar or amount adjustments, projected to 2021 using Scale AA).
▶ Disabled	Same as Healthy Mortality

¹ Represents the 24 month average of segment rates through December 2014

EDAX, Inc. Pension Plan for Hourly Employees District Lodge No. 15

EIN: 14-1682544 PN: 046

Schedule SB, Part V – Statement of Actuarial Assumptions and Methods

Termination

Rates varying by age

► Sample rates

Age		
25	35	45
.053	.045	.032

Disability

Rates varying by age and sex.

► Sample rates

Age/Sex					
25		40		55	
Male	Female	Male	Female	Male	Female
.00163	.00089	.00435	.00392	.01906	.01566

Retirement

Rates varying by age

► Sample rates

Age				Expected Retirement Age
55	60	62	65	
.00	.00	1.00	1.00	62

Benefit commencement date

Retirement benefit

Immediately upon retirement

Deferred vested benefit

Age 65

Form of payment

100% life annuity

Percentage married

100%

Spouse age

Wife three years younger than husband

Valuation pay

Base pay for the year preceding the valuation date plus the average of the bonuses accrued for the two years preceding the valuation date, adjusted to the valuation year using the assumed salary increase rate.

Methods

Valuation date

First day of plan year

Funding target

Present value of accrued benefits

The IRC §430 regulations describe the required methodology for attributing benefits among Funding Target, current year Target Normal Cost, and future years' Target Normal Costs for disability benefits, Social Security benefits, death benefits and other ancillary benefits.

Target normal cost

Present value of benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets during plan year

EDAX, Inc. Pension Plan for Hourly Employees District Lodge No. 15

EIN: 14-1682544 PN: 046

Schedule SB, Part V – Statement of Actuarial Assumptions and Methods

Actuarial value of assets	<p>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 (with such expected earnings limited as described in IRS Notice 2009-22) . The average asset value must be within 10% of fair value, including contributions receivable.</p> <p>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).</p> <p>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.</p> <p>However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.</p>
Benefits Not Valued	<p>The plan pays small benefits with a present value up to \$5,000 in a single lump sum payment. Such lumps sums are not explicitly valued as such; rather such participants benefits are valued using the benefit choice assumptions described above.</p>

Change in assumptions and methods since prior valuation

The segment interest rates used to calculate the funding target and target normal cost were updated from an applicable month of January 2013 to January 2014.

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.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2014 This Form is Open to Public Inspection
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C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF AMETEK, INC.	D Employer Identification Number (EIN) 14-1682544	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500		

Part I Basic Information			
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2014</u>			
2 Assets:			
a Market value.....	2a	1842086	
b Actuarial value.....	2b	1718406	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment.....	14	547404	547404
b For terminated vested participants.....	16	229811	229811
c For active participants.....	17	418924	489139
d Total.....	47	1196139	1266354
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate.....	5	6.53%	
6 Target normal cost.....	6	73130	

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	 Signature of actuary MATHIEU LUSSIER, F.S.A., E.A. Type or print name of actuary TOWERS WATSON DELAWARE, INC. Firm name CENTRE SQUARE EAST, 1500 MARKET ST PHILADELPHIA PA 19102 Address of the firm	<u>10/1/15</u> Date 1404831 Most recent enrollment number 215-246-7391 Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2014
v. 140124

Part II	Beginning of Year Carryover and Prefunding Balances
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		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	395778
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	87310
9	Amount remaining (line 7 minus line 8)	0	308468
10	Interest on line 9 using prior year's actual return of 14.80%	0	45653
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.37%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	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	354121

Part III	Funding Percentages
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14	Funding target attainment percentage	14	107.73%
15	Adjusted funding target attainment percentage	15	135.69%
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	100.39%
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
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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
01/05/2015	500000	0			
			Totals ►	18(b)	500000
					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	4 69 022

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

C If line 20a is "Yes," see instructions and complete the following table as applicable:

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:			
a Segment rates:	1st segment: 4.99%	2nd segment: 6.32%	3rd segment: 6.99%
			☐ 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 subject to 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	73130	
b Excess assets, if applicable, but not greater than line 31a	31b	73130	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	0	
	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	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	469022	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	469022	
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 an election was made to use PRA 2010 funding relief for this plan:			
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 SB - Statement by Enrolled Actuary

Plan Sponsor	AMETEK, Inc.
EIN/PN	14-1682544/046
Plan Name	EDAX Inc. Pension Plan for Hourly Employees District Lodge No. 15
Valuation Date	January 1, 2014
Enrolled Actuary	Mathieu Lussier, FSA, EA
Enrollment Number	14-04831

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years.

AMETEK, INC.

EDAX, Inc. Pension Plan for Hourly Employees District Lodge No. 15

EIN: 14-1682544

Plan Num: 046

Attachment to 2014 Schedule SB

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

The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

(A)	(B)	(C)	(D)	(E)
Age	Retirement Rate	Hypothetical Number of Employees	Number Retiring	(A)*(D)
55	0.000	100,000	0	0
56	0.000	100,000	0	0
57	0.000	100,000	0	0
58	0.000	100,000	0	0
59	0.000	100,000	0	0
60	0.000	100,000	0	0
61	0.000	100,000	0	0
62	1.000	100,000	100,000	6,200,000
63	1.000	0	0	0
64	1.000	0	0	0
65	1.000	0	0	0
66	1.000	0	0	0
67	1.000	0	0	0
68	1.000	0	0	0
69	1.000	0	0	0
70	1.000	0	0	0
Total:				6,200,000
Average Retirement Age:				62

EDAX, Inc. Pension Plan for Hourly Employees District Lodge No. 15

EIN: 14-1682544 PN: 046

Schedule SB, Part V – Summary of Plan Provisions

Summary of plan provisions

Plan Provisions

Plan Name/No.	EDAX Inc. Pension Plan for Hourly Employees District Lodge No. 15/015
Effective Date	January 23, 1998. Amended and restated effective January 1, 2010. Most recent amendment; December 11, 2012.
Participation	Each employee who was a participant in the Philips Electronics Instruments Company Pension Plan for Hourly Employees District Lodge No. 15 (the "Former Plan") on January 22, 1998 is a Participant. All other hourly employees represented by District Lodge No. 15 of the International Association of Machinists and Aerospace Workers are eligible to participate on their date of hire.

Definitions

Plan Year	Twelve-month period ending December 31.
Continuous Service	Service from date of hire as a covered employee. Service is determined by the number of hours worked during a calendar year according to the following table:

<u>Hours of Service</u>	<u>Continuous Service</u>
Under 400	None
400–799	.25 year
800–999	.50 year
1,000 or more	1 year

Credited Service	Service from date of hire as a covered employee. Service is determined by the number of hours worked during a calendar year according to the following table:
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<u>Hours of Service</u>	<u>Credited Service</u>
Under 400	None
400 – 799	.25 year
800 – 1,199	.50 year
1,200 – 1,599	.75 year
1,600 or more	1 year

Normal Retirement Date (NRD)	First of month coinciding with or next following attainment of age 65 with 5 years of Vesting Service.
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EDAX, Inc. Pension Plan for Hourly Employees District Lodge No. 15

EIN: 14-1682544 PN: 046

Schedule SB, Part V – Summary of Plan Provisions

Accrued Monthly Pension Credited service during a period multiplied by the applicable Accrual Rate.

<u>Period</u>	<u>Accrual Rate</u>
prior to 5/1/2002	\$26.50
5/1/2002 – 4/30/2003	28.00
5/1/2003 – 4/30/2004	29.00
5/1/2004 – 4/30/2005	30.00
5/1/2005 – 4/30/2006	31.00
5/1/2006 – 4/30/2007	32.00
5/1/2007 – 4/30/2008	34.00
5/1/2008 – 4/30/2009	36.00
5/1/2009 – 4/30/2010	38.00
5/1/2010 – 4/30/2012	40.00
5/1/2012 – 4/30/2012	43.00
5/1/2012 – 4/30/2013	46.00
5/1/2013 and after	49.00

The total benefit is then reduced by the frozen accrual benefit under the Former Plan.

Actuarial Equivalence The conversion factors for optional forms of payment are determined using the UP 1984 Unisex mortality table and an interest rate of 6%.

Eligibility for Benefits

Normal Retirement	Retire on or after NRD.
Early Retirement	Retire before NRD but on or after both attaining age 55 and completing 10 years of vesting service.
Disability Retirement	Attainment of age 35 after completing 10 years of Vesting Service due to a total and permanent disability incurred while a covered employee, which has lasted for at least six months and results in entitlement to a Social Security disability pension.
Deferred Vested	Terminate for reasons other than death or retirement after completing 5 years of vesting service.
Preretirement Death	Die with surviving spouse while eligible for a deferred vested, early or normal retirement benefit, or after 10 years of vesting service.

Benefits Paid Upon the Following Events

Normal Retirement Accrued monthly pension at actual retirement date.

EDAX, Inc. Pension Plan for Hourly Employees District Lodge No. 15

EIN: 14-1682544 PN: 046

Schedule SB, Part V – Summary of Plan Provisions

Early Retirement	Accrued monthly pension at early retirement date, reduced 6.0% per year for pre-NRD commencement.
Disability Retirement	Accrued monthly pension at Normal Retirement Date, with payments commencing the sixth month of disablement or the date the participant files an application for disability pension, if later.
Vested Termination	Accrued monthly pension at termination date, reduced 6.0% per year for pre-NRD commencement.
Preretirement Death	50% of accrued monthly pension as of date of death, reduced for 50% joint and survivor annuity and for payment before NRD. Lifetime payments to spouse may begin at participant's earliest retirement date.
Forms of Payment	Monthly pension benefits are paid to unmarried participants as a five year certain and continuous annuity. Married participants are entitled to actuarially equivalent benefits in the form of a 50% joint and survivor annuity. Participants may elect (with spousal consent) to receive benefits in another actuarially equivalent optional form offered by the plan.

Changes in Benefits Valued Since Prior Year

None.