

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). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2015 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); 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>SPX US PENSION PLAN</u>	1b Three-digit plan number (PN) ▶ <u>003</u>
	1c Effective date of plan <u>01/01/1956</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>SPX CORPORATION</u> <u>13320-A BALLANTYNE CORPORATE PLACE</u> <u>CHARLOTTE, NC 28277</u>	2b Employer Identification Number (EIN) <u>38-1016240</u> 2c Plan Sponsor's telephone number <u>980-474-3700</u> 2d Business code (see instructions) <u>339900</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>10/13/2016</u>	<u>ELAINE KROM</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
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

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

Form 5500 (2015)
v. 150123

3a Plan administrator's name and address ☐ Same as Plan Sponsor ADMINISTRATIVE COMMITTEE - SPX 13320-A BALLANTYNE CORPORATE PLACE CHARLOTTE, NC 28277	3b Administrator's EIN 62-1734313
	3c Administrator's telephone number 980-474-3700
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 6120
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year.....	6a(1) 1369
a(2) Total number of active participants at the end of the plan year	6a(2) 836
b Retired or separated participants receiving benefits.....	6b 658
c Other retired or separated participants entitled to future benefits.....	6c 3768
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 5262
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 760
f Total. Add lines 6d and 6e	6f 6022
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 2
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1C 3H	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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) ☒ 5 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

Part III	Form M-1 Compliance Information (to be completed by welfare benefit plans)
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11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2015 Form M-1 annual report. If the plan was not required to file the 2015 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> Pension Benefit Guaranty Corporation	Insurance 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. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110
		2015
		This Form is Open to Public Inspection

For calendar plan year 2015 or fiscal plan year beginning **01/01/2015** and ending **12/31/2015**

A Name of plan SPX US PENSION PLAN	B Three-digit plan number (PN) ►	003
C Plan sponsor's name as shown on line 2a of Form 5500 SPX CORPORATION	D Employer Identification Number (EIN) 38-1016240	

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

(a) Name of insurance carrier
EQUITABLE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5570651	62944	GA1039	0	01/01/2015	12/31/2015

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

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

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

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

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

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

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

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

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

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

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

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

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	(c) Amount	(d) Purpose	

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	(c) Amount	(d) Purpose	

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 20732**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 0**c** Additions: (1) Contributions deposited during the year **7c(1)**(2) Dividends and credits **7c(2)**(3) Interest credited during the year **7c(3)**(4) Transferred from separate account **7c(4)**(5) Other (specify below) **7c(5)**(6) Total additions **7c(6)** 0**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 0**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**(2) Administration charge made by carrier **7e(2)**(3) Transferred to separate account **7e(3)**(4) Other (specify below) **7e(4)**(5) Total deductions **7e(5)** 0**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**). **7f** 0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	0
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....		9e	

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

<div><div>SCHEDULE A</div><div>(Form 5500)</div><div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2015</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
A Name of plan SPX US PENSION PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 SPX CORPORATION	D Employer Identification Number (EIN) 38-1016240	

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

(a) Name of insurance carrier
EQUITABLE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5570651	62944	74877	0	01/01/2015	12/31/2015

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 602780**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 0**c** Additions: (1) Contributions deposited during the year **7c(1)**(2) Dividends and credits **7c(2)**(3) Interest credited during the year **7c(3)**(4) Transferred from separate account **7c(4)**(5) Other (specify below) **7c(5)**(6) Total additions **7c(6)** 0**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 0**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**(2) Administration charge made by carrier **7e(2)**(3) Transferred to separate account **7e(3)**(4) Other (specify below) **7e(4)**(5) Total deductions **7e(5)** 0**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**). **7f** 0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	0
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....		9e	

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

<div>SCHEDULE A (Form 5500) <div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2015</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
A Name of plan SPX US PENSION PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 SPX CORPORATION	D Employer Identification Number (EIN) 38-1016240	

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

(a) Name of insurance carrier EQUITABLE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5570651	62944	GA1403	0	01/01/2015	12/31/2015

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.
--

(a) Total amount of commissions paid	(b) Total amount of fees paid

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 63844**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount **6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 0**c** Additions: (1) Contributions deposited during the year **7c(1)**(2) Dividends and credits **7c(2)**(3) Interest credited during the year **7c(3)**(4) Transferred from separate account **7c(4)**(5) Other (specify below) **7c(5)**(6) Total additions **7c(6)** 0**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 0**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**(2) Administration charge made by carrier **7e(2)**(3) Transferred to separate account **7e(3)**(4) Other (specify below) **7e(4)**(5) Total deductions **7e(5)** 0**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	0
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....		9e	

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

<div><div><div>SCHEDULE A</div><div>(Form 5500)</div><div>Department of the Treasury Internal Revenue Service</div></div><div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div></div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2015</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
A Name of plan SPX US PENSION PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 SPX CORPORATION	D Employer Identification Number (EIN) 38-1016240	

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

1 Coverage Information:

(a) Name of insurance carrier MASSACHUSETTS MUTUAL INSURANCE CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1590850	65935	DA-149	0	01/01/2015	12/31/2015

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.
--

(a) Total amount of commissions paid	(b) Total amount of fees paid

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 173359**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount **6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 0**c** Additions: (1) Contributions deposited during the year **7c(1)**(2) Dividends and credits **7c(2)**(3) Interest credited during the year **7c(3)**(4) Transferred from separate account **7c(4)**(5) Other (specify below) **7c(5)**(6) Total additions **7c(6)** 0**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 0**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**(2) Administration charge made by carrier **7e(2)**(3) Transferred to separate account **7e(3)**(4) Other (specify below) **7e(4)**(5) Total deductions **7e(5)** 0**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**). **7f** 0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	0
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....		9e	

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

<div><div>SCHEDULE A</div><div>(Form 5500)</div><div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2015</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
A Name of plan SPX US PENSION PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 SPX CORPORATION	D Employer Identification Number (EIN) 38-1016240	

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

1 Coverage Information:

(a) Name of insurance carrier MANUFACTURERS LIFE INSURANCE CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
01-0233346	65838	33483	0	01/01/2015	12/31/2015

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.
--

(a) Total amount of commissions paid	(b) Total amount of fees paid

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 531635**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 0**c** Additions: (1) Contributions deposited during the year **7c(1)**(2) Dividends and credits **7c(2)**(3) Interest credited during the year **7c(3)**(4) Transferred from separate account **7c(4)**(5) Other (specify below) **7c(5)**(6) Total additions **7c(6)** 0**d** Total of balance and additions (add lines **7b** and **7c(6)**). **7d** 0**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**(2) Administration charge made by carrier **7e(2)**(3) Transferred to separate account **7e(3)**(4) Other (specify below) **7e(4)**(5) Total deductions **7e(5)** 0**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**). **7f** 0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	0
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....		9e	

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

<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>2015</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

▶ 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 SPX US PENSION PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF SPX CORPORATION	D Employer Identification Number (EIN) 38-1016240

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 2015			
2 Assets:			
a Market value	2a	304734865	
b Actuarial value	2b	299016178	
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	1225	36570959	36570959
b For terminated vested participants	3526	110916705	110916705
c For active participants	1369	71391040	72082710
d Total	6120	218878704	219570374
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	6.27%	
6 Target normal cost	6	5590834	

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		10/06/2016
MEGAN FOSTER	Signature of actuary	Date
TOWERS WATSON DELAWARE INC.	Type or print name of actuary	14-07582
26555 EVERGREEN RD SOUTHFIELD, MI 48076	Firm name	Most recent enrollment number
	Address of the firm	248-936-7700
		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 ☐

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	122019057
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	122019057
10 Interest on line 9 using prior year's actual return of <u>12.94</u> %	0	15789266
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>6.51</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		
12 Other reductions in balances due to elections or deemed elections	0	63953353
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	73854970

Part III Funding Percentages		
14 Funding target attainment percentage.....	14	102.54 %
15 Adjusted funding target attainment percentage	15	136.18 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	103.83 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ►			18(b)	0	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	0
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: 4.72 %	2nd segment: 6.11 %	3rd segment: 6.81 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 64
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	5590834	
b Excess assets, if applicable, but not greater than line 31a	31b	5590834	
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	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
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		
43 Excess installment acceleration amount to be carried over to future plan years	43		

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2015
		This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
A Name of plan SPX US PENSION PLAN	B Three-digit plan number (PN) ▶	003
C Plan sponsor's name as shown on line 2a of Form 5500 SPX CORPORATION	D Employer Identification Number (EIN) 38-1016240	

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	
ROBERT W. BAIRD	
39-6037917	

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation	
BRIDGEWATER ASSOCIATES, LP	ONE GLENDINNING PLACE
	WESTPORT, CT 06880

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
PACIFIC INV. MGT. CO. LLC	
33-0629048	

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

(b) Enter name and EIN or address of person who provided you 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

(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 DELAWARE INC.

53-0181291

(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 13 50	NONE	3266345	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JPMORGAN INVESTMENT MANAGEMENT INC.

13-3200244

(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?
27 28 51	NONE	123966	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

NEPC, LLC

26-1429809

(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?
17 50	NONE	113166	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)

BROWN BROTHERS HARRIMAN & CO.

13-9973745

(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?
28 51	NONE	111718	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JPMORGAN CHASE BANK NA

13-4994650

(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?
21 50 68 72	NONE	97219	Yes ☒ No ☐	Yes ☒ No ☐	8813	Yes ☒ No ☐

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

PYRAMIS GLOBAL ADVISORS LLC

04-3532603

(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?
28 51 68	NONE	93326	Yes ☒ No ☐	Yes ☒ No ☐	0	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)

BLACKROCK INSTITUTIONAL TRUST CO.

94-3112180

(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?
21 24 28 50 51	NONE	87980	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

ROBERT W. BAIRD

39-6037917

(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?
28 51 68	NONE	68401	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

MORGAN STANLEY INV. MGT. INC.

13-3040307

(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?
28 51 68	NONE	65817	Yes ☒ No ☐	Yes ☒ No ☐	0	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)

JENNER & BLOCK LLC

36-2192554

(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	NONE	55374	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SPRUCEGROVE INVESTMENT MGT LTD

98-0399967

(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?
28 51 68	NONE	49908	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PLANTE & MORAN PLLC

38-1357951

(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	NONE	45631	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)

DEPRINCE, RACE AND ZOLLO, INC.

59-3299598

(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?
28 51 68	NONE	38111	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

METLIFE, INC

13-5581829

(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?
15 22 23 50	NONE	5810	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

STATE STREET GLOBAL MARKETS LLC

04-3464336

(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?
28 51 68 99	NONE	5070	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
JPMORGAN CHASE BANK NA	72	1445
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>JPMORGAN INVESTMENT MANAGEMENT INC.</p> <p>13-3200244</p> </div> <div style="width: 40%;"> <p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>REVENUE SHARING</p> </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(a) Enter service provider name as it appears on line 2</p> <p>JPMORGAN CHASE BANK NA</p> </div> <div style="width: 20%;"> <p>(b) Service Codes (see instructions)</p> <p style="text-align: center;">72</p> </div> <div style="width: 20%;"> <p>(c) Enter amount of indirect compensation</p> <p style="text-align: right;">2300</p> </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>STATE STREET BANK & TRUST</p> <p>04-3464336</p> </div> <div style="width: 40%;"> <p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>SECURITIES LENDING COMPENSATION</p> </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(a) Enter service provider name as it appears on line 2</p> <p>JPMORGAN CHASE BANK NA</p> </div> <div style="width: 20%;"> <p>(b) Service Codes (see instructions)</p> <p style="text-align: center;">72</p> </div> <div style="width: 20%;"> <p>(c) Enter amount of indirect compensation</p> <p style="text-align: right;">1713</p> </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>DEPRINCE, RACE AND ZOLLO</p> <p>59-3299598</p> </div> <div style="width: 40%;"> <p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>SECURITIES LENDING COMPENSATION</p> </div> </div>		

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
JPMORGAN CHASE BANK NA	72	3353

(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.
ROBERT W. BAIRD 39-6037917	SECURITIES LENDING COMPENSATION

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
JPMORGAN CHASE BANK NA	72	0

(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.
CASHCO SWEEP FUND C/O JPMORGAN CHASE BANK NEW YORK, NY 10017	TRI-PARTY REPO COMPENSATION AT A NEGOTIATED FEE OF EITHER UP TO \$25 PER TRANSACTION AND AN ANNUAL FEE OF UP TO 3 BASIS POINTS ON AVERAGE) ON THE SECURITY COLLATERAL HELD AS TRI-PARTY AGENT.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
JPMORGAN CHASE BANK NA	72	0

(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.
CASHCO SWEEP FUND C/O JPMORGAN CHASE BANK NEW YORK, NY 10017	SECURITIES MOVEMENT FEES NEGOTIATED FEE OF \$0.75-\$2.00 FOR EACH RECEIPT OR DELIVERY OF BORROWED SECURITIES.

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
JPMORGAN CHASE BANK NA	72	0

(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.
LEHMAN HOLDINGS 1271 6TH AVENUE NEW YORK, NY 10020	TRI-PARTY REPO COMPENSATION AT A NEGOTIATED FEE OF EITHER UP TO \$25 PER TRANSACTION AND AN ANNUAL FEE OF UP TO 3 BASIS POINTS ON AVERAGE) ON THE SECURITY COLLATERAL HELD AS TRI-PARTY AGENT.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
JPMORGAN CHASE BANK NA	72	0

(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.
LEHMAN HOLDINGS 1271 6TH AVENUE NEW YORK, NY 10020	SECURITIES MOVEMENT FEES NEGOTIATED FEE OF \$0.75-\$2.00 FOR EACH RECEIPT OR DELIVERY OF BORROWED SECURITIES.

(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.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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 2015 This Form is Open to Public Inspection.
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For calendar plan year 2015 or fiscal plan year beginning **01/01/2015** and ending **12/31/2015**

A Name of plan SPX US PENSION PLAN	B Three-digit plan number (PN) ►	003
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 SPX CORPORATION	D Employer Identification Number (EIN) 38-1016240	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: JPMCB EXTENDED DURATION FUND				
b Name of sponsor of entity listed in (a): JPM CHASE BANK NA				
c EIN-PN 95-3309269-000	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 45782476		
a Name of MTIA, CCT, PSA, or 103-12 IE: GMO MULTI-STRATEGY FUND (ONSHORE)				
b Name of sponsor of entity listed in (a): GMO MULTI-STRATEGY FUND (ONSHORE)				
c EIN-PN 01-0745810-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4931091		
a Name of MTIA, CCT, PSA, or 103-12 IE: SPRUCEGROVE US INT'L POOLED FUND				
b Name of sponsor of entity listed in (a): SPRUCEGROVE INVESTMENT MANAGEMENT LTD				
c EIN-PN 98-0399967-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5729550		
a Name of MTIA, CCT, PSA, or 103-12 IE: MORGAN STANLEY IM INT'L EQUITY TRUS				
b Name of sponsor of entity listed in (a): MORGAN STANLEY INVESTMENT MANAGEMENT				
c EIN-PN 04-3222247-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7105449		
a Name of MTIA, CCT, PSA, or 103-12 IE: LONG CORP BOND INDEX NON-LENDABLE				
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY NA				
c EIN-PN 27-5374945-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26412169		
a Name of MTIA, CCT, PSA, or 103-12 IE: LONG TERM GOVT BOND INDEX FUND				
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST COMPANY NA				
c EIN-PN 94-3118547-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 20197401		
a Name of MTIA, CCT, PSA, or 103-12 IE: LONG DURATION COMMINGLED POOL				
b Name of sponsor of entity listed in (a): PYRAMIS GLOBAL ADVISORS TRUST COMPANY				
c EIN-PN 20-4659714-053	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 46052593		

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 2015 This Form is Open to Public Inspection
For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
A Name of plan SPX US PENSION PLAN	B Three-digit plan number (PN) ►	003
C Plan sponsor's name as shown on line 2a of Form 5500 SPX CORPORATION	D Employer Identification Number (EIN) 38-1016240	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	90749	45375
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	610071	584227
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	8713041	5611518
(2) U.S. Government securities.....	1c(2)	12324967	9145858
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	7780359	5701025
(B) All other.....	1c(3)(B)	28708212	30296290
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	12851181	241
(5) Partnership/joint venture interests	1c(5)	189080	139770
(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)	165424221	151279638
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	4942086	4931091
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	36870858	47930452
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	860732	860732
(15) Other	1c(15)	32237809	26080864

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	311603366	282607081

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	7343783	4741389
k Total liabilities (add all amounts in lines 1g through 1j)	1k	7343783	4741389

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	304259583	277865692
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(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)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	73505	
(B) U.S. Government securities	2b(1)(B)	328154	
(C) Corporate debt instruments	2b(1)(C)	1839429	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	37650	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2278738
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	70210	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1891675	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1961885
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	31840645	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	32232212	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-391567
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-5302187	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-5302187

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-3870560
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		67275
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-5389876
c Other income	2c		14198
d Total income. Add all income amounts in column (b) and enter total	2d		-10632094

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	11159468	
(2) To insurance carriers for the provision of benefits	2e(2)	25925	
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		11185393
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)	3464568	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	757463	
(4) Other	2i(4)	354373	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		4576404
j Total expenses. Add all expense amounts in column (b) and enter total	2j		15761797

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-26393891
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: PLANTE & MORAN PLLC

(2) EIN: 38-1357951

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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

	Yes	No	N/A	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.)		☒		
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.)		☒		

	Yes	No	N/A	Amount
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			30000000
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.				
o Did the plan trust incur unrelated business taxable income?				
p Were in-service distributions made during the plan year?				

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)

5c 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 V Trust Information

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

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 2015 This Form is Open to Public Inspection.
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan <u>SPX US PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SPX CORPORATION</u>	D Employer Identification Number (EIN) <u>38-1016240</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>13-2633612</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>89</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____	If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (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
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.	☐ Increase	☒ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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 lines 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 lines 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 lines 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 lines 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 lines 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 lines 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 line 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
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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 lines (a) through (c) a Enter the percentage of plan assets held as: Stock: <u>15.0</u> % Investment-Grade Debt: <u>76.3</u> % High-Yield Debt: <u>0.3</u> % Real Estate: <u>0.0</u> % Other: <u>8.4</u> % 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 line 19(b)? ☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

Part VII	IRS Compliance Questions
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20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A
22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____. (See instructions for tax law changes and codes).		
22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter ____/____/____ and the letter's serial number _____.		
22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter ____/____/____.		
23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No

SPX US Pension Plan

Financial Report
December 31, 2015

SPX US Pension Plan

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Independent Auditor's Report

To the SPX Corporation Retirement and
Welfare Plan Administrative Committee
SPX US Pension Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of SPX US Pension Plan (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2015 and 2014 and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the *Basis for Disclaimer of Opinion* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

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 us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by JPMorgan Chase Bank, N.A. (the "Trustee"), except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the Trustee holds the Plan's investment assets and executes related transactions. The plan administrator has obtained certifications from the Trustee as of and for the years ended December 31, 2015 and 2014 that the information provided to the plan administrator by the Trustee is complete and accurate.

To the SPX Corporation Retirement and
Welfare Plan Administrative Committee
SPX US Pension Plan

Disclaimer of Opinion

Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedules of assets held as of December 31, 2015 and reportable transactions for the year ended December 31, 2015 are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on these supplemental schedules.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, 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 ERISA.

Plante & Moran, PLLC

Southfield, Michigan
October 5, 2016

SPX US Pension Plan

Statement of Net Assets Available for Benefits

	December 31, 2015	December 31, 2014
Assets		
Investments - At fair value:		
Mutual funds	\$ 23,179,800	\$ 25,537,111
Common/Collective trusts	180,961,381	181,700,054
Government securities	7,826,960	12,324,967
Corporate stock	241	5,991,862
Corporate debt securities	31,974,361	36,488,571
Short-term investments	5,611,518	8,713,041
Partnership interests	139,770	189,080
Hedge funds	22,184,127	25,403,507
Other	175	282,255
Government securities - Loaned	1,318,898	-
Corporate debt securities - Loaned	4,022,954	-
Corporate stock - Loaned	-	6,859,319
Total investments - At fair value	277,220,185	303,489,767
Investments at contract value - Insurance contracts	860,732	860,732
Total investments	278,080,917	304,350,499
Collateral held under securities loan agreements	3,896,562	6,552,047
Cash	45,375	90,749
Receivables	584,227	610,071
Total assets	282,607,081	311,603,366
Liabilities		
Pending security transactions	382,179	317,046
Obligations under securities loan agreements	4,359,210	7,026,737
Total liabilities	4,741,389	7,343,783
Net Assets Available for Benefits	\$ 277,865,692	\$ 304,259,583

SPX US Pension Plan

Statement of Changes in Net Assets Available for Benefits

	Year Ended	
	December 31, 2015	December 31, 2014
Additions to Net Assets		
Investment income (loss):		
Interest and dividends	\$ 4,240,623	\$ 4,462,283
Net realized and unrealized (losses) gains on investments	(14,872,717)	34,297,955
Refund from annuity contract (Note 1)	-	4,833,382
Less administrative expenses	(4,576,404)	(9,658,886)
Total additions - Net	(15,208,498)	33,934,734
Deductions from Net Assets		
Benefits paid directly to participants or beneficiaries	11,159,468	194,659,151
Insurance premiums	25,925	1,263,409
Total deductions	11,185,393	195,922,560
Net Decrease Before Other Changes	(26,393,891)	(161,987,826)
Transfers In	-	366,967
Net Decrease	(26,393,891)	(161,620,859)
Net Assets Available for Benefits		
Beginning of year	304,259,583	465,880,442
End of year	<u>\$ 277,865,692</u>	<u>\$ 304,259,583</u>

SPX US Pension Plan

Notes to Financial Statements December 31, 2015 and 2014

Note 1 - Plan Description

The following description of the SPX US Pension Plan (the "Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

Effective August 31, 2015, the Plan was amended and the accrued benefits of all participants were frozen, except individuals whose participation in the Plan is governed by a collective bargaining agreement. The impact of this amendment is not reflected in the actuarial present value of accumulated plan benefits disclosed in Note 5.

General - The Plan is a defined benefit plan that provides for retirement, death, and disability benefits for eligible employees of SPX Corporation (the "Company") and those of its subsidiaries that adopt the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Plan Operations - Under a trust agreement, JPMorgan Chase Bank, N.A. (the "Trustee") was appointed trustee of the Plan. In accordance with the powers and duties of the Trustee, as designated by the Company, the Trustee administers the Plan in accordance with the orders of the administrative committee and invests the Plan's assets and the income therefrom as directed by the Plan's investment manager. Administrative fees incurred in administering the Plan are paid from the assets of the Plan.

Eligibility and Vesting - The plan is frozen to new participants and no further benefits are accrued for certain participants as explained above. Employees under the plan that preceded the SPX US Pension Plan and that covers salaried and nonunion hourly employees (IARP Plan) are fully vested for normal retirement benefits after three years of service and individuals hired on or after January 1, 2001 are not eligible to participate. Employees under a former plan that merged into the SPX US Pension Plan and that covers employees governed by a collective bargaining agreement (BU Plan) are fully vested for normal retirement benefits after five years of service. Pursuant to the terms of the former BU Plan and the applicable collective bargaining agreements, there were no new entrants to the former BU Plan after December 31, 2010 and these terms continue under the SPX US Pension Plan.

Pension Benefits - The Plan provides for payment of normal retirement, early retirement, disability retirement, and death benefits to its participants, as calculated under the provisions of the Plan.

SPX US Pension Plan

Notes to Financial Statements December 31, 2015 and 2014

Note 1 - Plan Description (Continued)

Under terms of the Plan, effective July 1, 1997, benefits for the former IARP Plan's general salaried and management employees of the Company are governed under a cash balance plan. In addition, former employees of General Signal Corporation, which merged into the Plan on December 31, 1998, are also governed by this cash balance plan. The cash balance account consists of any initial account balance at July 1, 1997 or December 31, 1998, as applicable, employer contribution credits, interest credits, and any applicable transition credits. Employer contribution credits are equal to 4 percent of the participants' compensation, as defined by the Plan, for each calendar year. Interest credits are based on the participants' cash balance accounts at December 31 of the prior calendar year multiplied by the five-year U.S. Treasury rate on the last business day of November of the prior calendar year. Transitional credits are available to participants who meet certain requirements, as defined in the Plan.

Eligible employees governed under terms of the former BU Plan are entitled to normal annual pension benefits beginning at the participant's normal retirement age of 65, as described in the Plan. For these employees, the individual pension benefit is equal to credited service multiplied by the monthly pension basic benefit in effect on the date the employee terminates service as set forth in the Plan and union agreements. Special provisions for retirement at other than the normal retirement age are described in the Plan and union agreements.

In November 2013, the Plan purchased an annuity contract to settle the benefit obligations for approximately 16,000 retirees that were receiving annuity payments. The purchase price of the annuity contract was \$663,700,000. The annuity contract is excluded from plan assets.

Under terms of the annuity contract agreement, the obligation to make future pension payments began in April 2014. The impact of the annuity purchase is reflected in the actuarial present value of accumulated plan benefits as of the beginning of the year ended December 31, 2014 as reported in Note 5.

During 2014, a refund totaling \$4,833,382 related to the purchase price of the annuity was received as a result of events that occurred in 2014 before the obligation was assumed in April 2014.

In 2014, the Plan was amended to provide a window for lump-sum distributions to substantially all terminated vested participants that commence benefits on March 1, 2014. The effect of this amendment is reflected in the actuarial present value of accumulated plan benefits as of December 31, 2014 as reported in Note 5.

Funding - Contributions are made by the Company in actuarially determined amounts. The Company's policy is to make contributions necessary to satisfy ERISA funding standards. There were no required contributions in 2015 and 2014.

SPX US Pension Plan

Notes to Financial Statements December 31, 2015 and 2014

Note 1 - Plan Description (Continued)

Termination - Should the Plan terminate at some future time, its net assets generally will not be available on a pro-rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC) at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guarantee, while other benefits may not be provided for at all.

Note 2 - Summary of Significant Accounting Policies

Investment Valuation - If available, quoted market prices are used to value investments. When quoted market prices are not available, various valuation techniques are utilized and observable inputs are prioritized to determine fair value. The insurance contracts are valued at contract value. Contract value represents deposits made to the contract, plus earnings at guaranteed crediting rates, less withdrawals and fees.

The common/collective trusts are valued at the net asset value per share (or its equivalent), which is based on the fair value of the trusts' underlying assets. There are no redemption restrictions or unfunded commitments on these investments. Government securities and corporate debt securities are valued using quoted market prices and/or other market data for the same or comparable instruments and transactions in establishing the prices, discounted cash flow models, and other pricing models. These models are primarily industry-standard models that consider various assumptions, including time value and yield curve as well as other relevant economic measures. Investments in partnership interests and hedge funds are valued at the net asset value per share (or its equivalent) of the funds based on audited financial statements, where available, with adjustments to account for fund activity and other applicable valuation adjustments. All other investments, including short-term investments consisting primarily of a money market mutual fund, are valued based on quoted market prices. See Note 7 for additional information.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Benefit Payments - Benefits are recorded when paid.

SPX US Pension Plan

Notes to Financial Statements December 31, 2015 and 2014

Note 2 - Summary of Significant Accounting Policies (Continued)

Actuarial Present Value of Accumulated Plan Benefits - Accumulated plan benefits are those future periodic payments that are attributable, under the Plan's provisions, to the service employees have rendered. These include benefits expected to be paid to:

- a. Retired or terminated employees or their beneficiaries
- b. Beneficiaries of employees who have died
- c. Present employees or their beneficiaries

Benefits are calculated based on the specific provisions outlined in the plan agreement.

Actuarial Assumptions - The significant actuarial assumptions used in the valuation of the Plan at December 31, 2014 are summarized as follows:

Actuarial cost method	- Unit credit cost method
Assumed rate of return	- 6.50 percent
Mortality and disability basis	- RP-2014 Mortality Tables for males and females adjusted by 11.7 percent for actual experience projected using the generational MP-2014 improvement scale
Retirement basis	- The participants will retire upon becoming eligible for normal retirement
Retirement age	- A scale ranging from 2.5 percent between the ages of 55 and 59 and 100 percent at age 67

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

Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein and disclosure of contingent assets and liabilities. Actual results could differ from those estimates.

SPX US Pension Plan

Notes to Financial Statements December 31, 2015 and 2014

Note 2 - Summary of Significant Accounting Policies (Continued)

Risks and Uncertainties - Contributions to the Plan and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and demographics. Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near term and, due to the uncertainties inherent in setting assumptions, that the effect of such changes could be material to the financial statements. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. 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 statement of net assets available for benefits.

New Accounting Pronouncements - During 2015, the Plan adopted Accounting Standards Update (ASU) Nos. 2015-07, *Disclosures for Investments in Certain Entities that Calculate Net Asset Value per Share (or its Equivalent)*, and 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), and Health and Welfare Benefit Plans (Topic 965) - I. Fully Benefit-Responsive Investment Contracts, II. Plan Investment Disclosures, and III. Measurement Date Practical Expedient*. ASU No. 2015-07 amended ASC 820, *Fair Value Measurements*, and removed the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using the net asset value per share as a practical expedient. Part II of ASU No. 2015-12 was applicable to the Plan and modified the investment disclosures under ASC 820 and 960. The standards were adopted retrospectively and had no impact on the Plan's net assets or changes in net assets.

Subsequent Events - The financial statements and related disclosures include evaluation of events up through and including October 5, 2016, which is the date the financial statements were available to be issued.

Note 3 - Unaudited Information

The Trustee holds the Plan's investments and executes all investment transactions. The investment balances and related investment income and losses included in the accompanying financial statements and supplemental schedules of assets held at end of year and reportable transactions are based solely on information provided by the Trustee. Additionally, the Plan invests in certain investments managed by the Trustee.

Note 4 - Securities Lending

On December 6, 2006, the SPX Corporation Retirement and Welfare Plan administrative committee entered into a separate agreement with the Trustee. The agreement authorizes the Trustee to lend securities held in the Plan's accounts to third parties (the "Borrower"). Under the terms of the agreement, the Trustee must obtain collateral from the Borrower, generally cash or acceptable securities, having a market value of 102 percent of the loaned securities for U.S. securities and 105 percent of the loaned securities for non-U.S. securities. Both the collateral and the securities loaned are marked-to-market on a daily basis, with additional collateral obtained or refunded as necessary. In the event that the loaned securities are not returned by the Borrower, the Trustee will, at its own expense, either replace the loaned securities or, if unable to purchase those securities on the open market, credit the Plan's accounts with cash equal to the fair value of the loaned securities. The maturities of the invested collateral are overnight and continuous based on the nature of the investments. Investment income, excluding any realized or unrealized gains or losses from securities lent, was approximately \$17,000 and \$31,000 during the years ended December 31, 2015 and 2014, respectively.

The collateral received pursuant to securities lending transactions is reflected as a liability in the statement of net assets available for benefits at December 31, 2015 and 2014. To the extent that a loan of securities is secured by collateral, such collateral is invested in pooled investments managed by the Trustee. At December 31, 2015 and 2014, these pooled investments were primarily invested in short-term investments including money market mutual funds and interest-bearing cash valued at outstanding balances. The Plan bears the risk of loss (reward of gain) with respect to unfavorable (favorable) changes in the fair value of the invested collateral. If applicable, this difference in value of the investments purchased with the cash collateral received and the amount due to the Borrower upon return of securities on loan is recorded as an unrealized gain (loss) and is included in the statement of changes in net assets available for benefits in net realized and unrealized gains (losses) on investments from collateral held under securities loan agreements for 2015 and 2014.

Although the Plan's securities lending activities are collateralized as described above, and although the terms of the securities lending agreement with the Trustee requires the Trustee to comply with government rules and regulations related to the lending of securities held by ERISA plans, the securities lending program involves both market and credit risk. In this context, market risk refers to the possibility that the Borrower of the securities will be unable to collateralize the loan upon a sudden material change in the fair value of the loaned securities or the collateral, or that the Plan's investment of collateral received from the Borrower of the Plan's securities may be subject to unfavorable market fluctuations. Credit risk refers to the possibility that counterparties involved in the securities lending program may fail to perform in accordance with the terms of their contracts.

SPX US Pension Plan

Notes to Financial Statements December 31, 2015 and 2014

Note 5 - Benefit Obligations

The actuarial present value of accumulated plan benefits is determined by consulting actuaries from Towers Watson. The calculations of the estimated present value of accumulated plan benefits attributable to participants in the Plan as of and for the year ended December 31, 2014 are as follows:

Actuarial present value of accumulated plan benefits:

Vested benefits:

Participants currently receiving benefit payments	\$ 36,275,400
Other vested participants	<u>181,897,160</u>
Total vested benefits	218,172,560

Nonvested benefits	<u>355,542</u>
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Total actuarial present value of accumulated plan benefits	<u>\$ 218,528,102</u>
--	-----------------------

Actuarial Present Value of Accumulated Plan Benefits -

Beginning of year	\$ 340,225,193
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Increase (decrease) during the year attributable to:

Benefits accumulated	2,417,948
Actuarial losses	45,214,471
Interest due to the decrease in the discount period	14,280,950
Change in actuarial and other assumptions	11,048,691
Benefits paid	<u>(194,659,151)</u>

Net decrease	<u>(121,697,091)</u>
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Actuarial Present Value of Accumulated Plan Benefits -

End of year	<u>\$ 218,528,102</u>
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For the year ended December 31, 2014, the change in actuarial and other assumptions was due in part to the change in the assumed rate of return from 7.00 percent in 2013 to 6.50 percent in 2014.

Note 6 - Tax Status

The Plan has received a determination letter from the Internal Revenue Service indicating that the Plan, as designed, is qualified for tax-exempt treatment under the applicable section of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, management believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

SPX US Pension Plan

Notes to Financial Statements December 31, 2015 and 2014

Note 7 - Fair Value Measurements

Accounting standards require certain assets and liabilities be reported at fair value in the financial statements and provide a framework for establishing that fair value. The framework for determining fair value is based on a hierarchy that prioritizes the inputs and valuation techniques used to measure fair value.

Level 1 - Fair values determined by Level 1 inputs use quoted prices in active markets for identical assets that the Plan has the ability to access.

Level 2 - Fair values determined by Level 2 inputs use other inputs that are observable, either directly or indirectly. These Level 2 inputs include quoted prices for similar assets in active markets, quoted prices for identical or similar assets in markets that are not active, and inputs other than quoted prices that are observable for the asset.

Level 3 - Level 3 inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset. These Level 3 fair value measurements are based primarily on management's own estimates using pricing models, discounted cash flow methodologies, or similar techniques taking into account the characteristics of the asset.

In instances whereby inputs used to measure fair value fall into different levels in the above fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation. The Plan's assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset.

The following tables present information about the Plan's assets measured at fair value on a recurring basis at December 31, 2015 and 2014.

Assets Measured at Fair Value on a Recurring Basis at December 31, 2015

	Investments (at Fair Value)	Level 1	Level 2
Corporate stock	\$ 241	\$ 241	\$ -
Corporate debt and government securities	45,143,173	-	45,143,173
Mutual funds	23,179,800	23,179,800	-
Short-term investments	5,611,518	5,611,518	-
Other	175	175	-
Collateral held under securities loan agreements	3,896,562	-	3,896,562
Total	77,831,469	\$ 28,791,734	\$ 49,039,735
Investments measured at NAV:			
Fixed-income common/collective trusts (1)	149,999,752		
Global equity common/collective trusts	30,961,629		
Partnership interests (2)	139,770		
Hedge funds (3)	22,184,127		
Total assets at fair value	\$ 281,116,747		

SPX US Pension Plan

Notes to Financial Statements December 31, 2015 and 2014

Note 7 - Fair Value Measurements (Continued)

Assets Measured at Fair Value on a Recurring Basis at December 31, 2014

	Investments (at Fair Value)	Level 1	Level 2
Corporate stock	\$ 12,851,181	\$ 12,851,181	\$ -
Corporate debt and government securities	48,813,538	-	48,813,538
Mutual funds	25,537,111	25,537,111	-
Short-term investments	8,713,041	8,713,041	-
Other	282,255	282,255	-
Collateral held under securities loan agreements	6,552,047	-	6,552,047
Total	102,749,173	\$ 47,383,588	\$ 55,365,585
Investments measured at NAV:			
Fixed-income common/collective trusts (1)	162,806,803		
Global equity common/collective trusts	18,893,251		
Partnership interests (2)	189,080		
Hedge funds (3)	25,403,507		
Total assets at fair value	\$ 310,041,814		

(1) This class represents investments in actively managed common collective trust funds that invest in a variety of fixed-income investments, which may include corporate bonds, both U.S. and non-U.S. municipal securities, interest rate swaps, options, and futures.

(2) This class represents investments in private equity funds related to primarily venture capital.

(3) This class represents a fund composed of investments in underlying hedge funds that invest in both equity and debt securities.

The Plan's policy is to recognize transfers between levels of the fair value hierarchy as of the actual date of the event of change in circumstances that caused the transfer. There were no transfers between levels of the fair value hierarchy during 2015 and 2014.

The Plan also holds other assets and liabilities not measured at fair value on a recurring basis, including insurance contracts, receivables, and pending securities transactions. The fair value of the receivables and pending transactions approximates the carrying amounts in the accompanying financial statements due to the short maturity of the investments. The insurance contract invests in the general assets of various insurance companies; however, since there are no specific securities in the insurance companies' general accounts related to the contract and due to the contract terms, including the frequency of the interest rate reset intervals, contract value approximates fair value. Contract value represents deposits made to the contract, plus earnings at guaranteed crediting rates, less withdrawals and fees.

FD491
 SCHEDULE H (FORM 5500 - 41-1)
 SCHEDULE OF ASSETS HELD FOR
 INVESTMENT PURPOSES AT END OF YEAR

SPX CORPORATION
 BASE CURRENCY: USD

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 C 07103
 AS OF DECEMBER 31, 2015

IDENTITY OF ISSUE, BORROWER, LESSOR	DESCRIPTION OF INVESTMENT SHARES / PAR	COST	CURRENT VALUE
912810RK6 UNITED STATES OF AMERICA BOND FIXED 2.5%	SEMI-ANN. 2.500% 02/15/2045 4,175,000.000	3,724,821	3,745,935
912810QA9 UNITED STATES OF AMERICA BOND FIXED 3.5%	SEMI-ANN. 3.500% 02/15/2039 4,585,000.000	4,975,686	5,071,423
00206RAG7 AT&T INC NOTES FIXED 6.3% 15/JAN/2038 US RATINGS: A2 A	SEMI-ANN. 6.300% 01/15/2038 725,000.000	879,440	793,382
17275RAF9 CISCO SYSTEMS INC CALLABLE NOTES FIXED 5 RATINGS: A1 A+	SEMI-ANN. 5.500% 01/15/2040 325,000.000	391,892	381,141
20825CAQ7 CONOCOPHILLIPS CALLABLE NOTES FIXED 6.5% RATINGS: A1 A	SEMI-ANN. 6.500% 02/01/2039 275,000.000	358,078	289,798

JPMorgan Chase Bank N.A.
 270 Park Ave.
 New York, NY 10017

J.P.Morgan



06140980180010000205
 0614098061020000205

FD491
SCHEDULE H (FORM 5500 - 41-1)
SCHEDULE OF ASSETS HELD FOR
INVESTMENT PURPOSES AT END OF YEAR

SPX CORPORATION

BASE CURRENCY: USD

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AS OF DECEMBER 31, 2015

IDENTITY OF ISSUE, BORROWER, LESSOR	DESCRIPTION OF INVESTMENT SHARES / PAR	COST	CURRENT VALUE
36962G4B7 GENERAL ELECTRIC CAPITAL CORP MEDIUM TER RATINGS: AA2 AA+	SEMI-ANN. 6.875% 01/10/2039 258,000.000	346,362	351,672
401378AA2 GUARDIAN LIFE INSURANCE CO OF AMERICA NO RATINGS: A1 AA-	SEMI-ANN. 7.375% 09/30/2039 300,000.000	411,771	382,239
4042Q1AD9 HSBC BANK USA NA NOTES FIXED 7% 15/JAN/2 RATINGS: A1 AA-	SEMI-ANN. 7.000% 01/15/2039 350,000.000	483,508	441,133
575767AG3 MASSACHUSETTS MUTUAL LIFE INSURANCE CO N RATINGS: A1 AA-	SEMI-ANN. 8.875% 06/01/2039 325,000.000	518,480	471,933
637432CTO NATIONAL RURAL UTILITIES COOPERATIVE FIN RATINGS: A2 A	SEMI-ANN. 8.000% 03/01/2032 250,000.000	368,980	344,265
64952GAF5 NEW YORK LIFE INSURANCE CO CALLABLE NOTE RATINGS: AA2 AA	SEMI-ANN. 6.750% 11/15/2039 250,000.000	334,943	320,733
694308G50 PACIFIC GAS & ELECTRIC CO CALLABLE NOTES RATINGS: A3 BBB+	SEMI-ANN. 5.400% 01/15/2040 225,000.000	262,631	254,174
743674AY9 PROTECTIVE LIFE CORP CALLABLE NOTES FIXE RATINGS: BAA2 A-	SEMI-ANN. 8.450% 10/15/2039 250,000.000	377,643	329,740
87938WAC7 TELEFONICA EMISIONES SAU CALLABLE BOND F RATINGS: BAA1 A-	SEMI-ANN. 7.045% 06/20/2036 300,000.000	383,841	360,525
89352HAD1 TRANSCANADA PIPELINES LTD CALLABLE BOND RATINGS: A3 A-	SEMI-ANN. 6.200% 10/15/2037 625,000.000	794,434	657,625
92976GAJO WELLS FARGO BANK NA MEDIUM TERM NOTE FIX RATINGS: AA3 AA-	SEMI-ANN. 6.600% 01/15/2038 250,000.000	344,993	322,668
00037BAC6 ABB FINANCE USA INC CALLABLE NOTES FIXED	SEMI-ANN. 4.375% 05/08/2042 375,000.000	391,740	372,214
00287YAM1 ABBVIE INC CALLABLE NOTES FIXED 4.4% 06/	SEMI-ANN. 4.400% 11/06/2042 350,000.000	343,189	326,872
00440EAW7 ACE INA HOLDINGS INC CALLABLE NOTES FIXE	SEMI-ANN. 4.350% 11/03/2045 250,000.000	249,375	254,033

FD491
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IDENTITY OF ISSUE, BORROWER, LESSOR	DESCRIPTION OF INVESTMENT SHARES / PAR	COST	CURRENT VALUE
00507UAH4 ACTAVIS FUNDING SCS CALLABLE NOTES FIXED	SEMI-ANN. 4.850% 06/15/2044 350,000.000	349,265	346,297
00131L2B0 AIA GROUP LTD MEDIUM TERM NOTE FIXED 4.8	SEMI-ANN. 4.875% 03/11/2044 450,000.000	474,845	471,339
026874CW5 AMERICAN INTERNATIONAL GROUP INC CALLABL	SEMI-ANN. 6.820% 11/15/2037 250,000.000	337,953	298,680
03040WAM7 AMERICAN WATER CAPITAL CORP CALLABLE NOT	SEMI-ANN. 4.300% 09/01/2045 250,000.000	246,710	253,028
031162BK5 AMGEN INC CALLABLE NOTES FIXED 5.15% 15/	SEMI-ANN. 5.150% 11/15/2041 300,000.000	321,558	304,569
032511AY3 ANADARKO PETROLEUM CORP CALLABLE NOTES F RATINGS: BAA3 BBB-	SEMI-ANN. 6.450% 09/15/2036 300,000.000	372,438	289,158
00185AABO AON PLC CALLABLE NOTES FIXED 4.25% 12/DE	SEMI-ANN. 4.250% 12/12/2042 400,000.000	381,916	357,060
06051GEN5 BANK OF AMERICA CORP MEDIUM TERM NOTE FI	SEMI-ANN. 5.875% 02/07/2042 400,000.000	475,820	466,832
075887BMO BECTON DICKINSON AND CO CALLABLE BOND FI	SEMI-ANN. 4.875% 05/15/2044 350,000.000	354,855	353,563
05541VAF3 BG ENERGY CAPITAL PLC CALLABLE NOTES FIX	SEMI-ANN. 5.125% 10/15/2041 350,000.000	395,493	340,298
055451AVQ BHP BILLITON FINANCE USA LTD CALLABLE NO	SEMI-ANN. 5.000% 09/30/2043 300,000.000	330,852	269,640
12189LAJO BURLINGTON NORTHERN SANTA FE LLC CALLABL	SEMI-ANN. 4.400% 03/15/2042 400,000.000	394,472	380,356
136385AL5 CANADIAN NATURAL RESOURCES LTD CALLABLE RATINGS: BAA2 BBB	SEMI-ANN. 6.250% 03/15/2038 300,000.000	370,056	273,054
149123CD1 CATERPILLAR INC CALLABLE NOTES FIXED 4.3	SEMI-ANN. 4.300% 05/15/2044 400,000.000	409,864	386,284
161175AP9 CCD SAFARI II LLC CALLABLE NOTES FIXED 6	SEMI-ANN. 6.484% 10/23/2045 225,000.000	225,000	225,369
12527GAD5 CF INDUSTRIES INC CALLABLE NOTES FIXED 4	SEMI-ANN. 4.950% 06/01/2043 350,000.000	359,491	297,595

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125509BT5 CIGNA CORP CALLABLE NOTES FIXED 5.375% 1	SEMI-ANN. 5.375% 02/15/2042 325,000.000	373,243	356,314
172967JU6 CITIGROUP INC NOTES FIXED 4.65% 30/JUL/2	SEMI-ANN. 4.650% 07/30/2045 250,000.000	249,638	253,700
20030NAV3 COMCAST CORP CALLABLE NOTES FIXED 6.95% RATINGS: BAA1 BBB+	SEMI-ANN. 6.950% 08/15/2037 525,000.000	708,787	685,062
205887BS0 CONAGRA FOODS INC CALLABLE NOTES FIXED 4	SEMI-ANN. 4.650% 01/25/2043 350,000.000	355,744	312,207
209111FF5 CONSOLIDATED EDISON CO OF NEW YORK INC C	SEMI-ANN. 4.625% 12/01/2054 300,000.000	299,235	295,185
21685WCJ4 COOPERATIEVE RABOBANK UA MEDIUM TERM NOT	SEMI-ANN. 5.250% 05/24/2041 325,000.000	378,788	370,614
224044BY2 CDX COMMUNICATIONS INC CALLABLE NOTES FI	SEMI-ANN. 4.700% 12/15/2042 350,000.000	334,947	265,626
126408GS6 CSX CORP CALLABLE NOTES FIXED 6.22% 30/A	SEMI-ANN. 6.220% 04/30/2040 300,000.000	376,545	353,382
126650CDO CVS HEALTH CORP CALLABLE NOTES FIXED 5.3	SEMI-ANN. 5.300% 12/05/2043 300,000.000	344,364	322,224
25156PAC7 DEUTSCHE TELEKOM INTERNATIONAL FINANCE B RATINGS: BAA1 BBB+	SEMI-ANN. FLOATING 06/15/2030 250,000.000	364,915	346,610
25179MAL7 DEVON ENERGY CORP CALLABLE NOTES FIXED 5	SEMI-ANN. 5.600% 07/15/2041 325,000.000	371,153	245,645
26442UABO DUKE ENERGY PROGRESS LLC CALLABLE BOND F	SEMI-ANN. 4.200% 08/15/2045 250,000.000	248,733	246,308
268317AQ7 ELECTRICITE DE FRANCE SA CALLABLE NOTES	SEMI-ANN. 4.950% 10/13/2045 225,000.000	224,442	218,464
292505AKO ENCANA CORP CALLABLE NOTES FIXED 5.15% 1	SEMI-ANN. 5.150% 11/15/2041 350,000.000	381,098	234,089
29273RARO ENERGY TRANSFER PARTNERS LP CALLABLE NOT	SEMI-ANN. 6.500% 02/01/2042 300,000.000	345,189	243,990
29379VBC6 ENTERPRISE PRODUCTS OPERATING LLC CALLAB	SEMI-ANN. 5.100% 02/15/2045 350,000.000	379,302	293,174

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30161NAR2 EXELON CORP CALLABLE NOTES FIXED 5.1% 15	SEMI-ANN. 5.100% 06/15/2045 225,000.000	224,244	226,640
30219GAG3 EXPRESS SCRIPTS HOLDING CO CALLABLE NOTE	SEMI-ANN. 6.125% 11/15/2041 300,000.000	369,075	340,923
344419AB2 FOMENTO ECONOMICO MEXICANO SAB DE CV CAL	SEMI-ANN. 4.375% 05/10/2043 400,000.000	380,028	353,432
35671DBC8 FREEPORT-MCMORAN INC CALLABLE NOTES FIXE	SEMI-ANN. 5.450% 03/15/2043 325,000.000	333,258	169,000
36164NFH3 GE CAPITAL INTERNATIONAL FUNDING CO NOTE	SEMI-ANN. 4.418% 11/15/2035 917,000.000	861,793	935,780
375558BD4 GILEAD SCIENCES INC CALLABLE NOTES FIXED	SEMI-ANN. 4.750% 03/01/2046 200,000.000	199,174	202,406
98417EAC4 GLENCORE FINANCE CANADA LTD CALLABLE NOT RATINGS: BAA2 BBB	SEMI-ANN. 6.900% 11/15/2037 325,000.000	388,632	260,000
38141GGMO GOLDMAN SACHS GROUP INC/THE NOTES FIXED	SEMI-ANN. 6.250% 02/01/2041 475,000.000	575,192	566,580
406216BK6 HALLIBURTON CO CALLABLE NOTES FIXED 5% 1	SEMI-ANN. 5.000% 11/15/2045 225,000.000	224,930	222,422
416515BB9 HARTFORD FINANCIAL SERVICES GROUP INC/TH	SEMI-ANN. 4.300% 04/15/2043 380,000.000	370,531	353,677
42809HAD9 HESS CORP CALLABLE BOND FIXED 5.6% 15/FE	SEMI-ANN. 5.600% 02/15/2041 300,000.000	340,440	252,876
437076AV4 HOME DEPOT INC/THE CALLABLE NOTES FIXED	SEMI-ANN. 5.950% 04/01/2041 300,000.000	373,656	373,323
456873AC2 INGERSOLL-RAND LUXEMBOURG FINANCE SA CAL	SEMI-ANN. 4.650% 11/01/2044 375,000.000	372,776	358,909
46132FAC4 INVESCO FINANCE PLC CALLABLE NOTES FIXED	SEMI-ANN. 5.375% 11/30/2043 325,000.000	376,925	356,028
478366BB2 JOHNSON CONTROLS INC CALLABLE NOTES FIXE	SEMI-ANN. 5.250% 12/01/2041 350,000.000	378,676	320,737
46625HHV5 JPMORGAN CHASE & CO NOTES FIXED 5.5% 15/	SEMI-ANN. 5.500% 10/15/2040 550,000.000	640,133	622,248

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423074AV5 KRAFT HEINZ FOODS CO CALLABLE NOTES FIXE	SEMI-ANN. 5.200% 07/15/2045 225,000.000	224,114	235,105
534187BA6 LINCOLN NATIONAL CORP CALLABLE NOTES FIX	SEMI-ANN. 7.000% 06/15/2040 200,000.000	271,790	250,856
539830BL2 LOCKHEED MARTIN CORP CALLABLE NOTES FIXE	SEMI-ANN. 4.700% 05/15/2046 225,000.000	221,668	230,483
559080AG1 MAGELLAN MIDSTREAM PARTNERS LP CALLABLE	SEMI-ANN. 5.150% 10/15/2043 300,000.000	327,123	257,244
565849AE6 MARATHON OIL CORP CALLABLE NOTES FIXED 6 RATINGS: BAA1 BBB+	SEMI-ANN. 6.600% 10/01/2037 300,000.000	383,721	257,388
56585AAH5 MARATHON PETROLEUM CORP CALLABLE NOTES F	SEMI-ANN. 4.750% 09/15/2044 375,000.000	363,274	306,525
58013MFA7 MCDONALD'S CORP CALLABLE MEDIUM TERM NOT	SEMI-ANN. 4.875% 12/09/2045 225,000.000	225,000	226,370
59156RAY4 METLIFE INC CALLABLE NOTES FIXED 5.875%	SEMI-ANN. 5.875% 02/06/2041 300,000.000	375,375	352,350
594918BM5 MICROSOFT CORP CALLABLE NOTES FIXED 4.75	SEMI-ANN. 4.750% 11/03/2055 175,000.000	174,347	181,265
61166WAP6 MONSANTO CO CALLABLE NOTES FIXED 4.4% 15	SEMI-ANN. 4.400% 07/15/2044 400,000.000	405,384	331,172
617482V92 MORGAN STANLEY NOTES FIXED 6.375% 24/JUL	SEMI-ANN. 6.375% 07/24/2042 300,000.000	382,983	370,965
61945CAE3 MOSAIC CO/THE CALLABLE NOTES FIXED 5.625	SEMI-ANN. 5.625% 11/15/2043 300,000.000	335,478	287,550
65334HAJ1 NEXEN INC CALLABLE NOTES FIXED 7.5% 30/J RATINGS: BAA3 BBB-	SEMI-ANN. 7.500% 07/30/2039 300,000.000	418,356	386,766
65473QAW3 NISOURCE FINANCE CORP CALLABLE NOTES FIX	SEMI-ANN. 6.250% 12/15/2040 270,000.000	327,348	319,561
655844BN7 NORFOLK SOUTHERN CORP CALLABLE NOTES FIX	SEMI-ANN. 4.800% 08/15/2043 350,000.000	381,850	340,081
68268NAG8 ONEOK PARTNERS LP CALLABLE NOTES FIXED 6	SEMI-ANN. 6.125% 02/01/2041 300,000.000	354,621	229,248

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68389XAW5 ORACLE CORP CALLABLE NOTES FIXED 4.5% 08	SEMI-ANN. 4.500% 07/08/2044 350,000.000	367,924	352,146
70109HAN5 PARKER-HANNIFIN CORP CALLABLE MEDIUM TER	SEMI-ANN. 4.450% 11/21/2044 300,000.000	299,604	311,790
713448CQ9 PEPSICO INC CALLABLE MEDIUM TERM NOTE FI	SEMI-ANN. 4.250% 10/22/2044 350,000.000	349,528	347,270
718546AH7 PHILLIPS 66 CALLABLE NOTES FIXED 5.875%	SEMI-ANN. 5.875% 05/01/2042 300,000.000	356,187	300,708
74251VAJ1 PRINCIPAL FINANCIAL GROUP INC CALLABLE N	SEMI-ANN. 4.350% 05/15/2043 350,000.000	345,132	327,523
74432QBN4 PRUDENTIAL FINANCIAL INC CALLABLE MEDIUM	SEMI-ANN. 6.625% 06/21/2040 325,000.000	421,868	398,252
760759AK6 REPUBLIC SERVICES INC CALLABLE NOTES FIX	SEMI-ANN. 6.200% 03/01/2040 300,000.000	383,388	351,558
478165AH6 SC JOHNSON & SON INC CALLABLE NOTES FIXE	SEMI-ANN. 4.750% 10/15/2046 250,000.000	249,518	260,400
822582BF8 SHELL INTERNATIONAL FINANCE BV CALLABLE	SEMI-ANN. 4.375% 05/11/2045 200,000.000	199,602	188,814
82620KAFO SIEMENS FINANCIERINGSMAATSCHAPPIJ NV CAL	SEMI-ANN. 4.400% 05/27/2045 250,000.000	248,145	255,560
84756NAG4 SPECTRA ENERGY PARTNERS LP CALLABLE NOTE	SEMI-ANN. 4.500% 03/15/2045 250,000.000	248,085	192,120
871829AY3 SYSCO CORP CALLABLE NOTES FIXED 4.85% 01	SEMI-ANN. 4.850% 10/01/2045 200,000.000	199,842	208,078
878742AW5 TECK RESOURCES LTD CALLABLE NOTES FIXED	SEMI-ANN. 6.250% 07/15/2041 250,000.000	252,695	110,000
887317AH8 TIME WARNER INC CALLABLE BOND FIXED 6.1%	SEMI-ANN. 6.100% 07/15/2040 125,000.000	149,340	135,018
00184AAC9 TIME WARNER INC CALLABLE NOTES FIXED 7.6 RATINGS: BAA2 BBB	SEMI-ANN. 7.625% 04/15/2031 145,000.000	200,026	179,416
87305QCG4 TTX CO CALLABLE BOND FIXED 4.65% 15/JUN/	SEMI-ANN. 4.650% 06/15/2044 350,000.000	368,277	347,358

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91911TAK9 VALE OVERSEAS LTD CALLABLE NOTES FIXED 6 RATINGS: BAA2 BBB+	SEMI-ANN. 6.875% 11/10/2039 300,000.000	353,955	208,473
91913YAL4 VALERO ENERGY CORP CALLABLE NOTES FIXED RATINGS: BAA2 BBB	SEMI-ANN. 6.625% 06/15/2037 300,000.000	367,641	301,626
92343VBTO VERIZON COMMUNICATIONS INC CALLABLE NOTE	SEMI-ANN. 6.550% 09/15/2043 1,100,000.000	1,378,410	1,305,931
92826CAF9 VISA INC CALLABLE NOTES FIXED 4.3% 14/DE	SEMI-ANN. 4.300% 12/14/2045 225,000.000	224,624	228,276
45685EAJ5 VOYA FINANCIAL INC CALLABLE NOTES FIXED	SEMI-ANN. 5.700% 07/15/2043 325,000.000	385,583	368,986
931142DB6 WAL-MART STORES INC NOTES FIXED 5.625% 1	SEMI-ANN. 5.625% 04/15/2041 400,000.000	484,064	475,824
931422AK5 WALGREEN CO CALLABLE NOTES FIXED 4.4% 15	SEMI-ANN. 4.400% 09/15/2042 250,000.000	238,920	213,418
96950FAF1 WILLIAMS PARTNERS LP CALLABLE NOTES FIXE	SEMI-ANN. 6.300% 04/15/2040 300,000.000	348,372	230,205
384802ABO WW GRAINGER INC CALLABLE NOTES FIXED 4.6	SEMI-ANN. 4.600% 06/15/2045 125,000.000	124,899	130,876
98956PAH5 ZIMMER BIOMET HOLDINGS INC CALLABLE NOTE	SEMI-ANN. 4.450% 08/15/2045 200,000.000	198,392	183,924
90131HAH8 21ST CENTURY FOX AMERICA INC CALLABLE NO	SEMI-ANN. 4.750% 09/15/2044 350,000.000	349,724	336,651
073844102 BEAR STATE FINANCIAL INC COMMON STOCK US	.780	6	8
14174T107 CARETRUST REIT INC REIT USD 0.01	1.490	5	16
521CNT998 CONTRA LEAP WIRELESS CVR	79.000	0	199

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239360100 DAWSON GEOPHYSICAL CO COMMON STOCK USD O	.660	10	2
266CVR901 DURATA THERAPEUTICS, INC. - CVR	100.000	0	0
361CVR996 FURIEX PHARMACEUTICALS INC CVR	100.000	0	0
388991465 GMD MULTI- STRATEGY FUND (OFFSHORE), L.P	982,234.710	982,235	4,931,091
851990556 SPRUCEGROVE INTERNATIONAL EQUITIES	106,746.420	2,678,617	5,729,550
890516107 TOOTSIE ROLL INDUSTRIES INC COMMON STOCK	.610	15	19
896CVR990 TRIUS THERAPEUTICS INC COMMON STOCK USD	231.000	1,244	0
92343X100 VERINT SYSTEMS INC COMMON STOCK USD O.OO	.290	9	12
409990975 HARBOURVEST PARTNERS V PARTNERSHIP FD L	1,000.000	119,926	139,770
747990925 PYRAMIS LONG DURATION POOL	2,314,200.650	45,133,908	46,052,593
09199G155 BLACKROCK LONG TERM GOVERNMENT BOND INDE	260,534.480	18,897,862	20,197,401
09199F355 BLACKROCK US LONG CORPORATE OPEN-END FUN	2,246,004.010	26,576,231	26,412,169

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107993651 BRIDGEWATER ALL WEATHER FUND	14,932.660	15,520,954	22,184,127
89599L905 JPMCB EXTENDED DURATION FUND	2,231,114.830	34,037,849	45,782,476
9289919A8 JPMORGAN US GOVT MMKT - PREMIER SHR FUND	MONTHLY VARIABLE 12/31/2049 5,611,518.410	5,611,518	5,611,518
616990206 MORGAN STANLEY POOLED INTL EQUITY MUTUAL	29,108.880	3,160,392	7,105,449
362999468 GMD STRATEGIC OPPORTUNITIES ALLOCATION F	638,756.810	13,142,961	11,555,111
565990900 MARSHALL & LLSLEY MONEY MARKET FUND	1.090	1	1
722005626 PIMCO ALL ASSET FUND FUND OF FUNDS USD	943,659.300	11,311,745	9,625,325
72201F433 PIMCO STOCKPLUS LONG DURATION FUND OPEN- USD	2,158,355.860	15,061,166	13,554,475
78199U1E0 RUSSELL 2000 INDEX NON-LENDABLE FUND	469,269.780	14,669,341	13,195,539

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294910997 EQUITABLE LIFE INS CO	CONTRACT GA-1403 148,032.490	148,032	63,844
294911995 EQUITABLE LIFE INS CO	CONTRACT GA-1039 336,387.000	336,387	20,732
294990940 EQUITABLE MELVILLE # 74877	602,779.680	602,780	602,780
554991323 MASS MUTUAL LIFE - 18 POLICIES	MONTHLY VARIABLE 12/31/2049 18.000	0	18
575019997 MASSACHUSETTS MUTUAL INS CO	MONTHLY VARIABLE 12/31/2049 173,358.700	173,359	173,359
71654QAZ5 PETROLEOS MEXICANOS CALLABLE NOTES FIXED	SEMI-ANN. 6.500% 06/02/2041 300,000.000	346,962	259,350
91086QAVO UNITED MEXICAN STATES MEDIUM TERM NOTE F	SEMI-ANN. 6.050% 01/11/2040 300,000.000	367,146	328,500
28140M137 EDUCATION MGMT CORP WARRANTS B SHARES	286.000	0	0
879080133 TEJON RANCH CO EQUITY WRT 31/AUG/2016 US	53.000	0	0
55973B110 WTS MAGNUM HUNTER RES CORP DEL	3.000	0	0

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IDENTITY OF ISSUE, BORROWER, LESSOR

DESCRIPTION OF INVESTMENT
SHARES / PAR

COST

CURRENT VALUE

TOTAL GENERAL INVESTMENTS

257,034,969

278,080,918

SPX US Pension Plan

Schedule of Reportable Transactions Form 5500, Schedule H, Line 4j EIN 38-1016240, Plan No. 003 Year Ended December 31, 2015

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (iii) - A series of transactions with respect to securities of the same issue that amount in the aggregate to more than 5 percent of the beginning value of the total plan assets:						
JPMorgan Chase Bank, N.A.	JPMorgan US Government Money Market - Premier Shares Fund:					
	Purchases - 287	\$ 34,154,562	\$ -	\$ 34,154,562	\$ 34,154,562	\$ -
	Sales - 146	-	37,256,085	37,256,085	37,256,085	-

There were no Category (i), (ii), or (iv) reportable transactions during the year.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26 Schedule of Active Participant Data as of January 1, 2015

Attained Age	Years of Credited Service																			
	Under 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 & Over	
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Under 25	0		0		0		0		0		0		0		0		0		0	
25 - 29	0		0		1		0		0		0		0		0		0		0	
30 - 34	0		1		1		3		3		0		0		0		0		0	
35 - 39	2		12		3		11		11		0		0		0		0		0	
40 - 44	2		20	71,802	21	82,059	22	88,800	25	58,828	5		0		0		0		0	
45 - 49	0		11		24	92,104	61	84,008	31	82,631	8		28	71,001	0		0		0	
50 - 54	2		20	77,901	22	88,205	48	79,858	46	90,067	37	90,960	36	78,118	15		10		0	
55 - 59	1		10		20	74,434	81	71,193	55	175,880	48	92,660	40	66,045	31	84,668	67	69,400	8	
60 - 64	1		13		6		49	76,691	39	71,328	24	91,776	43	77,066	30	83,126	37	77,060	57	72,972
65 - 69	0		3		5		15		16		4		22	59,419	10		4		24	75,380
70 & Over	0		1		0		1		1		2		4		2		0		1	

Plan Name: SPX US Pension Plan
 EIN / PN: 38-1016240 / 003
 Plan Sponsor: SPX Corporation
 Valuation Date: January 1, 2015

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26

Schedule of Active Participant Data for Cash Balance Plans as of January 1, 2015

Attained Age	Years of Credited Service																			
	Under 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 & Over	
	No.	Avg. Bal.	No.	Avg. Bal.	No.	Avg. Bal.	No.	Avg. Bal.	No.	Avg. Bal.	No.	Avg. Bal.	No.	Avg. Bal.	No.	Avg. Bal.	No.	Avg. Bal.	No.	Avg. Bal.
Under 25	0		0		0		0		0		0		0		0		0		0	
25 - 29	0		0		0		0		0		0		0		0		0		0	
30 - 34	0		0		0		0		2		0		0		0		0		0	
35 - 39	0		0		0		8		5		0		0		0		0		0	
40 - 44	0		0		0		9		6		4		0		0		0		0	
45 - 49	0		0		0		17		17		9		15		0		0		0	
50 - 54	0		0		0		22	48,176	20	76,355	25	60,873	25	63,807	12		5		0	
55 - 59	3		0		3		42	38,907	24	135,831	16		21	61,848	32	71,643	46	82,175	7	
60 - 64	0		0		0		26	40,619	17		15		19		20	89,117	29	110,691	38	93,522
65 - 69	0		0		0		4		7		1		9		7		2		18	
70 & Over	8		0		0		1		1		1		1		1		0		1	

Plan Name: SPX US Pension Plan
 EIN / PN: 38-1016240 / 003
 Plan Sponsor: SPX Corporation
 Valuation Date: January 1, 2015

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods as of January 1, 2015

Plan Sponsor

SPX Corporation

Plan

SPX US Pension Plan

EIN/PN

38-1016240/003

Interest rate basis:

■ Applicable month	September
■ Yield curve basis	3-Segment Rates
■ MAP-21 applied for funding	Yes
■ MAP-21 applied for benefit restrictions	Yes

Interest rates:

	Reflecting Corridors	Not Reflecting Corridors
■ First segment rate	4.72%	1.15%
■ Second segment rate	6.11%	4.06%
■ Third segment rate	6.81%	5.15%
■ Effective interest rate	6.27%	4.36%

Compensation Increase Rate

3.75%

Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date: January 1, 2015

SCHEDULE SB ATTACHMENTS

Assumed Cost of Living Adjustments

None

Inclusion Date

The valuation date coincident with or next following the date on which the employee becomes a participant.

Plan-related Expenses

The amount included for this year for plan-related expenses is \$3,200,000. This amount is based on projected non-investment fees for the current year including the expected PBGC premiums due in the current plan year.

Mortality

For all participants: The prescribed mortality assumption under Section 430(h)(3)(A) of the Internal Revenue Code using static tables with separate mortality rates for annuitants and non-annuitants.

Retirement

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates (per 100 employees) at which participants retire by age and gender are shown below.

Attained Age	Unisex Rates	Attained Age	Unisex Rates
55	2.50	62	20.00
56	2.50	63	15.00
57	2.50	64	15.00
58	2.50	65	70.00
59	2.50	66	50.00
60	5.00	67	100.00
61	5.00		

Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date: January 1, 2015

SCHEDULE SB ATTACHMENTS

Disability Rates

The rates (per 1000 employees) at which participants become disabled by age and gender are shown below:

Percentage becoming disabled during the year		
Age	Males	Females
20	.30	.30
25	.30	.30
30	.30	.40
35	.40	.70
40	.80	1.30
45	1.60	2.40
50	3.30	4.00
55	6.90	6.40
60	11.50	9.00

Future Increases in Social Security

For purposes of determining the target normal cost and the additional funding target for maximum deductible contribution purposes, Social Security benefits are assumed to increase in the future due to increases in the national average wage index of 2.75% per year and due to increases in the cost of living of 2.25% per year compounded annually.

Cash Balance Interest Crediting Rate

The actual known interest rate in the first year of valuation (1.49% in 2015) and the 5-year average of actual rates in the second year and thereafter (1.18% in 2016 and beyond).

Future Increases in Maximum Benefits and Plan Compensation Limitations

Accrued benefits projected to be paid in future years are limited to the maximum presently allowed under IRC Section 415. Plan compensation is limited to the maximum presently allowed under IRC Section 401(a)(17). No provision is made for future increase in the maximum annual benefit or compensation limit.

Calculation of Lump Sum

100% of participants in the main IARP (cash balance plan with grandfathered benefits) are assumed to elect a lump sum when eligible. Lump sums were valued using the PPA valuation interest rates and mortality tables.

Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date: January 1, 2015

SCHEDULE SB ATTACHMENTS

Representative Termination Rates (per 100 employees) not Due to Disability, Retirement or Mortality

For participants in the former Bargaining Plan:

Attained Age	1st Year Unisex Select Rates	2nd Year Unisex Select Rates	Ultimate Rates
20	18.00	18.00	12.00
25	17.39	17.39	11.60
30	16.27	16.27	10.84
35	14.14	14.14	9.43
40	11.61	11.61	7.74
45	8.98	8.98	5.98
50	5.87	5.87	3.92
55 and over	0.00	0.00	0.00

For all other participants:

Attained Age	Males	Females
20	18.00	18.00
25	17.39	17.39
30	16.27	16.27
35	14.14	14.14
40	11.61	11.61
45	8.98	8.98
50	5.87	5.87
55 and over	0.00	0.00

Form of Payment

For participants in the former Bargaining Plan, participants are assumed to elect the normal form.

In the main IARP (cash balance plan with grandfathered formulas) participants are assumed to elect a lump sum. For the other benefit structures participants are generally assumed to elect the normal form.

Marriage

90% of all active participants are assumed to be married at retirement or death before retirement. The female spouse is assumed to be three years younger than the male spouse.

Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date: January 1, 2015

SCHEDULE SB ATTACHMENTS

Employees

It was assumed that there will be no new or rehired employees.

Funding Target

Present value of accrued benefits as required by regulations under IRC §430

Target Normal Cost

Present value of benefits expected to accrue during the year plus plan-related expenses expected to be paid from plan assets during the plan year as required by regulations under IRC §430.

Asset Method

Under this method, the valuation assets are equal to the average of four values, the result increased by the discounted present value of contributions expected to be made after the valuation date based on the prior plan year PPA effective interest rate. This amount is then subject to a 10% corridor around the market value of assets (including the discounted present value of receivable contributions) as of the valuation date. The four values used to develop the average value are: the market value of assets as of the current valuation date, the adjusted market value of assets as of 8 months prior to the valuation date, the adjusted market value of assets as of 16 months prior to the valuation date, and the adjusted market value of assets as of 24 months prior to the valuation date. The adjusted market value as of a relevant determination date is equal to the market value of assets as of that date increased by actual plan contributions and assumed return on plan assets and decreased by actual plan disbursements after that date until the current valuation date.

The assumed rate of return on plan assets for the prior plan year (pursuant to IRS Notice 2009-22) was 6.99%, which is the lesser of the anticipated rate of return on assets for the plan year, equal to 7.00%, and the applicable limitation for the plan year, equal to 6.99%. The assumed rate of return on plan assets for the second prior plan year (pursuant to IRS Notice 2009-22) was 6.76%, which is the lesser of the anticipated rate of return on assets for the plan year, equal to 7.25%, and the applicable limitation for the plan year, equal to 6.76%. For periods that span two plan years, the assumed rate of return on assets is the lower of the assumed rates of return for each year (pursuant to IRS Notice 2009-22). Because expected investment returns under this method are limited under WRERA, over time it is more likely to produce an actuarial value that is expected to be less than the market value of assets.

Participant Data

Employee data was supplied electronically as of the valuation date.

Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date: January 1, 2015

SCHEDULE SB ATTACHMENTS

Benefits not Included in Valuation

None for this plan year.

Changes in Assumptions and Methods since Last Actuarial Valuation

In addition to the required updates to the interest rates and mortality tables, the following change to assumptions and methods was made:

- Expected administrative expenses of \$3,200,000 for 2015 were included as a component of the Target Normal Cost.
- The method for setting the interest crediting rate assumption changed from the 5-year average of actual rates to the actual known interest rate in the first year of valuation and the 5-year average of actual rates in the second year and thereafter.
- The National Average Wage increase changed from 3.00% to 2.75% and the CPI increase changed from 2.50% to 2.25%.

Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date: January 1, 2015

SPX US Pension Plan

Schedule of Reportable Transactions Form 5500, Schedule H, Line 4j EIN 38-1016240, Plan No. 003 Year Ended December 31, 2015

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (iii) - A series of transactions with respect to securities of the same issue that amount in the aggregate to more than 5 percent of the beginning value of the total plan assets:						
JPMorgan Chase Bank, N.A.	JPMorgan US Government Money Market - Premier Shares Fund:					
	Purchases - 287	\$ 34,154,562	\$ -	\$ 34,154,562	\$ 34,154,562	\$ -
	Sales - 146	-	37,256,085	37,256,085	37,256,085	-

There were no Category (i), (ii), or (iv) reportable transactions during the year.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

► **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 SPX US PENSION PLAN	B Three-digit plan number (PN) ►	003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF SPX CORPORATION	D Employer Identification Number (EIN) 38-1016240	

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>2015</u>			
2 Assets:			
a Market value	2a	304,734,865	
b Actuarial value	2b	299,016,178	
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	1,225	36,570,959	36,570,959
b For terminated vested participants	3,526	110,916,705	110,916,705
c For active participants	1,369	71,391,040	72,082,710
d Total	6,120	218,878,704	219,570,374
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	6.27%	
6 Target normal cost	6	5,590,834	

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	<u>10/06/16</u> Date 1407582
MEGAN FOSTER Type or print name of actuary TOWERS WATSON DELAWARE INC. Firm name 26555 Evergreen Rd SOUTHFIELD MI 48076 Address of the firm		Most recent enrollment number 248-936-7700 Telephone number (including area code)

(b) Prefunding balance

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:
4.72%2nd segment:
6.11%3rd segment:
6.81%☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

4

22 Weighted average retirement age**22**

64

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**

5,590,834

b Excess assets, if applicable, but not greater than line 31a**31b**

5,590,834

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**

0

38 Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36)**38a**

0

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****43** Excess installment acceleration amount to be carried over to future plan years**43**

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2015

See Schedule SB, Part V - Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date: January 1, 2015

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	SPX Corporation
EIN/PN	38-1016240/003
Plan Name	SPX US Pension Plan
Valuation Date	January 1, 2015
Enrolled Actuary	Megan Foster
Enrollment Number	14-7582

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. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Plan Provisions as of January 1, 2015

Plan Sponsor

SPX Corporation

Plan

SPX Corporation US Pension Plan

Effective Date and Most Recent Amendment

The plan was originally effective July 1, 1997. The last amendment reflected herein was effective December 21, 2013.

Plan Year

The twelve-month period beginning January 1.

Section 1: Former Bargaining Plan

Summary of Principal Plan Provisions – Waukesha Goldsboro

Effective Date and Most Recent Amendment

The plan was originally effective January 1, 1969. The last amendment reflected herein was effective December 17, 2008.

Coverage and Participation

Hourly employees in the bargaining units represented by the Communications Workers of America, Local 3676-Waukesha, Goldsboro, NC. Participation begins the first day of employment for employees hired before August 1, 2004. Participation is closed to new participants as of August 1, 2004.

In addition, there are inactive participants at various other locations (terminated vested and retirees) who are covered by this plan.

Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date: January 1, 2015

SCHEDULE SB ATTACHMENTS

Credited Service

Credited Service is used to determine benefit amounts under the plan. For each calendar year of employment, if a participant works at least 1,750 hours, one year of credited service is granted. For a year in which less than 1,750 hours are worked, a partial year of credited service is granted as follows:

Hours	Credited Service
1,750 or more	1.0
1,575 to 1,749	0.9
1,400 to 1,574	0.8
1,225 to 1,300	0.7
1,050 to 1,224	0.6
875 to 1,049	0.5
700 to 874	0.4
525 to 699	0.3
350 to 524	0.2
Less than 350	0.0

Except for military leave and certain leaves for union business, credited service does not accrue during unpaid leaves of absence.

Vesting (Continuous) Service

Elapsed time. Continuous service is used to determine eligibility for benefits under the plan. It is measured from date of hire to date of termination. Participants that terminate and are rehired within 12 months have the period of absence recognized as continuous service.

Final Average Compensation/Salary

N/A

Normal Retirement Benefit

Normal Retirement Date: First of the month coinciding with or next following 65th birthday.

Benefit Formula: The monthly benefit is determined by multiplying the Credited Service by the benefit rate according to the following schedule for terminating retirements prior to August 1, 2001:

- \$12.00 for years of Credited Service prior to January 1, 1999.
- \$14.00 for years of Credited Service after January 1, 1999.

Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date: January 1, 2015

SCHEDULE SB ATTACHMENTS

For terminations and retirements on or after August 1, 2001:

- \$15.00 for years of Credited Service prior to January 1, 1999.
- \$18.00 for years of Credited Service after January 1, 1999 (if retire prior to July 31, 2010)
- \$20.00 for years of Credited Service after January 1, 1999 (if retire prior to July 31, 2014 and on or after July 31, 2010)
- \$21.00 for years of Credited Service after January 1, 1999 (if retire on or after July 31, 2014)

Normal Form of Benefit: Life annuity if unmarried. 50% joint & surviving spouse, if married.

Late Retirement Benefit

The greater of the accrued benefit to actual retirement date and the accrued benefit at normal retirement actuarially increased to late retirement date. If a vested deferred participant applies after normal retirement date, retroactive annuity start date rules apply.

Early Retirement Benefit

Eligibility: Age 55 and 15 years of Continuous Service.

Benefit: Normal Retirement benefit calculated based on Benefit Rate and Credited Service at early retirement. Reduced $\frac{1}{2}$ of 1% per month for commencement before age 65.

Disability Benefit

Eligibility: 10 years of Continuous Service and eligible for Federal Social Security Disability benefits.

Benefit: Normal retirement benefit based on credited service and benefit rate at disability date. Payable only as life annuity regardless of marital status.

Vested Benefits upon Termination of Service

Vesting: 5 years of Continuous Service.

Termination Benefit: Normal retirement benefit based on credited service and benefit rate at termination. Payable at age 55 reduced $\frac{1}{2}$ of 1% for each month preceding age 65.

Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date: January 1, 2015

SCHEDULE SB ATTACHMENTS

Death Benefits for Participants in Active Service

Eligibility: Available to surviving spouse of participants eligible for normal, early, deferred vested or those receiving a disability pension. Upon death of participant, the surviving spouse (married at least one year as of date of death) shall receive a 50% survivor benefit. Benefit payable at age 65 but if participant died as active employee, eligible for early retirement benefit payable at age 55. Surviving spouses of active employees or deferred vesteds with 15 years Continuous Service or disability pensioner also eligible to commence at age 55.

Benefit: Benefit reduced $\frac{1}{2}$ of 1% per month for payment before normal retirement date and further reduced for joint & survivor option.

Optional Forms of Retirement Income in Lieu of Normal Form

- Life annuity if married.
- 50%, 60%, 66-2/3%, 75% or 100% Joint & Survivor.
- 5 and 10 Year Certain & Life.
- Automatic cashout if the present value of the benefit is \$1,000 or less.
- Voluntary cashout if the present value of the benefit exceeds \$1,000 but does not exceed \$5,000.

Changes in Plan Provisions since Last Actuarial Valuation

None.

Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date: January 1, 2015

SCHEDULE SB ATTACHMENTS

Summary of Principal Plan Provisions – Filtran

Effective Date and Most Recent Amendment

The plan was originally effective July 1, 1983. The last amendment reflected herein was effective December 22, 2009.

Effective as of the divestiture of the Filtran business unit to Madison Capital Partners, active participants under the Plan who were immediately employed at the Filtran business unit prior to the divestiture shall be considered to have terminated employment with the company for purposes of the Plan and shall be fully vested in Plan benefits. Filtran was sold on October 23, 2009.

Coverage and Participation

Hourly employees in the bargaining unit represented by the International Association of Bridge, Structural & Ornamental Iron Workers (AFL-CIO), Shopmen's Local 473.

An employee shall become eligible to participate on the first day of employment that he is covered by the collective bargaining agreement.

Credited Service

A participant shall be granted one year of Credited Service for each Plan Year in which he has at least 1,740 hours. If less than 1,740 hours, the participant will receive Credited Service as follows:

Hours	Credited Service
1,305 – 1,739	$\frac{3}{4}$ year
870 – 1,304	$\frac{1}{2}$ year
435 – 869	$\frac{1}{4}$ year
Less than 435	None

Credited Service limited to maximum of 40 years.

Vesting Service

An employee shall be granted one year of Vesting Service for each plan year in which he has at least 870 hours. If less than 870, but more than 434, an employee receives $\frac{1}{4}$ year of Vesting Service.

Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date: January 1, 2015

SCHEDULE SB ATTACHMENTS

Normal Retirement Benefit

Normal Retirement Date: First of the month coinciding with or next following 65th birthday.

Benefit Formula: The monthly benefit is determined by multiplying the Credited Service limited to a maximum of 40 years by the benefit rate according to the following schedule:

Effective Date	Rate
05/01/1996	\$25.00
05/01/1998	\$26.00
05/01/1999	\$27.00
05/01/2000	\$28.00
05/01/2008 & after	\$31.00

Normal Form of Benefit: Life annuity if unmarried. 50% joint & surviving spouse, if married.

Late Retirement Benefit

The greater of the accrued benefit to actual retirement date and the accrued benefit at normal retirement actuarially increased to late retirement date. If a vested deferred participant applies after normal retirement date, retroactive annuity start date rules apply.

Early Retirement Benefit

Eligibility: Age 60 and 10 years of Vesting Service.

Benefit: The Accrued Normal Retirement benefit reduced 3/10ths of 1% per complete calendar month benefit commences prior to age 65 for retirements after May 1, 2004.

For retirements prior to May 1, 2004, the Accrued Normal Retirement benefit reduced 6/10ths of 1% per complete calendar month benefit commences prior to age 65.

Disability Benefit

Eligibility: 10 years of Vesting Service when a participant suffers a Total and Permanent Disability while in the employment of the Company prior to age 65.

Benefit: Normal retirement benefit based on Credited Service and benefit rate at disability date offset by Workers Compensation and other payments resulting from programs to which the Employer is required to contribute by federal and state law.

Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date: January 1, 2015

SCHEDULE SB ATTACHMENTS

Vested Benefits Upon Termination of Service

Vesting: 5 years of Vesting Service.

Termination Benefit: Normal retirement benefit based on credited service and benefit rate at termination. The accrued Normal Retirement Benefit will be reduced 6/10ths of 1% for each complete calendar month the benefit commences prior to age 65.

Death Benefits for Terminated Vested Participants

Eligibility: A Qualified Preretirement Survivor Annuity is available to the surviving spouse of participants eligible for a normal, early, deferred vested or disability pension.

Benefit: 50% of the participant's normal retirement benefit payable as a Qualified Joint & Survivor annuity at the earliest retirement age.

Death Benefits for Participants in Active Service

Eligibility: Preretirement Beneficiary Annuity is available to the beneficiary of an unmarried vested participant who dies.

Surviving Spouse Benefit is available to the spouse of a vested participant.

Benefit: The Surviving Spouse Benefit and the Preretirement Beneficiary Annuity is a life annuity equal to the Credited Service of the deceased participant (max. 40) multiplied by the following:

Effective Date	Rate
05/01/1996	\$12.50
05/01/1998	\$13.00
05/01/1999	\$13.50
05/01/2000	\$14.00
05/01/2008 & after	\$15.50

If the Beneficiary or Spouse is 10 or more years younger than the participant, the benefit shall be reduced by ½ of 1% for each full 12 months in excess of 10 years.

Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date: January 1, 2015

SCHEDULE SB ATTACHMENTS

Optional Forms of Retirement Income in Lieu of Normal Form

- Life annuity if married.
- 50%, 75% or 100% Joint & Survivor.
- 10 Year Certain & Life.
- Automatic cashout if the present value of the benefit is \$1,000 or less.
- Voluntary cashout if the present value of the benefit exceeds \$1,000 but does not exceed \$25,000.

Changes in Plan Provisions since Last Actuarial Valuation

None.

Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date: January 1, 2015

SCHEDULE SB ATTACHMENTS

Summary of Principal Plan Provisions – Marley Electric Heating- Bennettsville

Effective Date and Most Recent Amendment

The plan was originally effective July 26, 1986.

Coverage and Participation

Hourly paid employees of the Marley Engineering Products division in Bennettsville, SC.

Service is used to determine eligibility for participation in the Plan. One year for 1,000 hours of service in 12-month period starting on date of hire. If <1,000 hours in 12-month period, employee needs 1,000 hours in any plan year after his date of hire to earn a year of eligibility service.

Employees hired on or after January 1, 2011 are not eligible to participate in the plan.

Credited Service

Credited Service is used to determine benefit amounts under the Plan. One year for each plan year from date of hire, not prior to July 15, 1986 with at least 1,000 Hours of Service.

Vesting Service

Vesting service is used to determine eligibility for benefits under the Plan. One year for each 12-month period from date of hire with at least 1,000 Hours of Service.

Normal Retirement Benefit

Normal Retirement Date: First month following 65th birthday and five years of vesting service.

Benefit Formula: Accrued benefit at normal retirement date.

Normal Form of Benefit: Life annuity if unmarried. 50% joint & surviving spouse, if married.

Late Retirement Benefit

Accrued benefit to actual retirement date.

Accrued Benefits

\$120 x year of credited service.

Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date: January 1, 2015

SCHEDULE SB ATTACHMENTS

Early Retirement Benefit

Eligibility: Age 55 and 10 years of Vesting Service.

Benefit: Accrued benefit at early retirement date actuarially reduced for each month early retirement precedes normal retirement date.

Disability Benefit

Eligibility: 10 years of credited service and totally and permanently disabled.

Benefit: Accrued benefit at date of disablement. Amount may be reduced by any amount received from other company funded sources, such as Worker's Compensation.

Vested Benefits upon Termination of Service

Vesting: 5 years of Vesting Service.

Termination Benefit: Normal retirement benefit based on credited service and benefit rate at termination. The accrued Normal Retirement Benefit will be actuarially reduced for each month early retirement precedes normal retirement date.

Death Benefits for Participants in Active Service

Eligibility: Five years of vesting service and married at least one year.

Benefit: Deferred vested benefit is same as Normal or Early Retirement Benefit.

Pre-retirement surviving spouse benefit is equal to survivor portion of the 50% Joint & Survivor benefit reduced for payment before Normal Retirement Date.

Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date: January 1, 2015

SCHEDULE SB ATTACHMENTS

Optional Forms of Retirement Income in Lieu of Normal Form

- Life annuity if married.
- 50%, 75% or 100% Joint & Survivor.
- 10 Year Certain & Life.
- Social Security adjustment option.
- Automatic cashout if the present value of the benefit is \$1,000 or less.
- Voluntary cashout if the present value of the benefit exceeds \$1,000 but does not exceed \$5,000.

Changes in Plan Provisions since Last Actuarial Valuation

None.

Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date: January 1, 2015

SCHEDULE SB ATTACHMENTS

Summary of Principal Plan Provisions – Weil McLain-Benton Harbor

Effective Date and Most Recent Amendment

The plan was originally effective February 1, 1968. The last amendment reflected herein was effective February 1, 1999.

Coverage and Participation

Service is used to determine eligibility for participation in the Plan. One year for 1,000 hours of service in 12-month period starting on date of hire. If <1,000 hours in 12-month period, employee needs 1,000 hours in any plan year after his date of hire to earn a year of eligibility service.

Participation in the plan was closed to new entrants in 2006.

Credited Service

One year for each plan year with at least 1,000 hours of service.

Vesting Service

One year for each 12-month period from date of hire with at least 1,000 hours of service.

Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date: January 1, 2015

SCHEDULE SB ATTACHMENTS

Accrued Benefit

Monthly Accrued Benefit is \$24.50 x years of credited service.

	Rate
2/1/1979 to 1/31/1980	\$9.00
2/1/1980 to 1/31/1981	\$10.00
2/1/1981 to 1/31/1982	\$12.00
2/1/1982 to 1/31/1983	\$12.00
2/1/1983 to 1/31/1984	\$12.00
2/1/1984 to 1/31/1985	\$12.00
2/1/1985 to 1/31/1986	\$14.00
2/1/1986 to 1/31/1987	\$14.50
2/1/1987 to 1/31/1988	\$15.00
2/1/1988 to 1/31/1990	\$16.00
2/1/1990 to 1/31/1991	\$16.50
2/1/1991 to 1/31/1992	\$17.00
2/1/1992 to 1/31/1993	\$17.50
2/1/1993 to 1/31/1994	\$18.00
2/1/1994 to 1/31/1995	\$18.50
2/1/1995 to 1/31/1996	\$19.00
2/1/1996 to 1/31/1997	\$19.50
2/1/1998 to 1/31/1999	\$20.50
2/1/1999 & after	\$24.50

Normal Retirement Benefit

Normal Retirement Date: First month following 65th birthday and five years of vesting service.

Benefit Formula: Accrued benefit at normal retirement date.

Normal Form of Benefit: Life annuity if unmarried. 50% joint & surviving spouse, if married.

Mandatory lump sum if the present value is less than \$1,000.

Late Retirement Benefit

Accrued benefit to actual retirement date.

Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date: January 1, 2015

SCHEDULE SB ATTACHMENTS

Early Retirement Benefit

Eligibility: Age 55 and 10 years of vesting service.

Benefit: Accrued benefit at early retirement date actuarially reduced for each month early retirement precedes normal retirement date.

Disability Benefit

Eligibility: 15 years of credited service and permanently and totally disabled.

Benefit: Accrued benefit at date of disablement. Amount may be reduced by any amount received from other Company funded sources, such as Worker's Compensation.

Vested Benefits upon Termination of Service

Vesting: 5 years of vesting service.

Termination Benefit: Normal retirement benefit based on credited service and benefit rate at termination. The accrued Normal Retirement Benefit will be actuarially reduced for each month early retirement precedes normal retirement date.

Death Benefits for Participants in Active Service

Eligibility: Five years of vesting service and married at least 1 year.

Benefit: 50% of accrued benefit reduced for payment before Normal Retirement Date and for 50% joint and survivor option; benefit payable at the later of participant's date of death and early retirement date (normal retirement date if not eligible for early retirement).

Optional Forms of Retirement Income in Lieu of Normal Form

- 50%, 75% or 100% Joint & Survivor
- Automatic cashout if the present value of the benefit is \$1,000 or less.
- Voluntary cashout if the present value of the benefit exceeds \$1,000 but does not exceed \$5,000.

Changes in Plan Provisions since Last Actuarial Valuation

None.

Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date: January 1, 2015

SCHEDULE SB ATTACHMENTS

Summary of Principal Plan Provisions – Fenn

Effective Date and Most Recent Amendment

The plan was originally effective January 1, 1959. The last amendment reflected herein was effective March 5, 2012.

Coverage and Participation

Active employees are eligible immediately on date of hire.

Participation in plan was frozen effective March 6, 2007. No new entrants into the plan on and after this date.

Credited Service

Credited Service is used to determine benefit amounts under the Plan.

Plan Year Hours of Service	Credited Service
1,700 or more	1.0
1,530 – 1,699	.9
1,360 – 1,529	.8
1,190 – 1,359	.7
1,020 – 1,189	.6
850 – 1,019	.5
680 – 849	.4
510 – 679	.3
340 – 509	.2
170 – 339	.1
Less than 170	0

Vesting Service

Vesting service is used to determine eligibility for benefits under the Plan. One year for each plan year with at least 1,000 Hours of Service.

Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date: January 1, 2015

SCHEDULE SB ATTACHMENTS

Normal Retirement Benefit

Normal Retirement Date: First of month following 65th birthday and five years of vesting service.

Benefit Formula: Accrued benefit at Normal Retirement Date.

Normal Form of Benefit: Life annuity (normal form for single employees); 50% joint & survivor annuity (normal form for married employees).

Late Retirement Benefit

Accrued benefit to actual retirement date.

Accrued Benefits

- If retiring 6/1/2001-3/9/2003: \$360 x years of credited service
- If retiring 3/10/2003-3/9/2004: \$384 x years of credited service
- If retiring 3/10/2004-3/9/2005: \$408 x years of credited service
- If retiring 3/10/2005-3/9/2006: \$432 x years of credited service
- If retiring 3/10/2006-2/28/2008: \$444 x years of credited service
- If retiring 3/1/2008-2/28/2009: \$456 x years of credited service
- If retiring 3/1/2009-2/28/2011: \$468 x years of credited service
- If retiring on or after 3/1/2011: \$480 x years of credited service
- If retiring on or after 3/5/2012: \$492 x years of credited service
- If retiring on or after 3/1/2013: \$498 x years of credited service
- If retiring on or after 3/1/2014: \$504 x years of credited service
- If retiring on or after 3/1/2015: \$510 x years of credited service
- If retiring on or after 3/1/2016: \$522 x years of credited service

Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date: January 1, 2015

SCHEDULE SB ATTACHMENTS

Early Retirement Benefit

Eligibility: Age 55 and 15 years of vesting service.

Benefit: Accrued benefit at Early Retirement Date, benefit reduced by 0.4% for each month early retirement precedes Normal Retirement Date.

Disability Benefit

Eligibility: 10 years of credited service and permanently and totally disabled.

Benefit: Accrued benefit at date of disablement. Amount may be reduced by any amount received from other Company funded sources, such as Worker's Compensation.

Vested Benefits upon Termination of Service

Vesting: 5 years of vesting service.

Termination Benefit: Normal Retirement Benefit based on credited service and benefit rate at termination. The accrued Normal Retirement Benefit will be reduced by 0.4% for each month early retirement precedes Normal Retirement Date.

Death Benefits for Participants in Active Service

Eligibility: Five years of vesting service and married at least one year.

Benefit: 50% of accrued benefit reduced for payment before Normal Retirement Date and for 50% joint and survivor option; benefit payable at the later of participant's date of death and Early Retirement Date (Normal Retirement Date if not eligible for Early Retirement).

Optional Forms of Retirement Income in Lieu of Normal Form

- 50%, 75% or 100% Joint & Survivor option.
- 10-year Certain and Life.
- Level income option.
- Automatic cashout if the present value of the benefit is \$1,000 or less.
- Voluntary cashout if the present value of the benefit exceeds \$1,000 but does not exceed \$5,000.

Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date: January 1, 2015

SCHEDULE SB ATTACHMENTS

Changes in Plan Provisions since Last Actuarial Valuation

None.

Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date: January 1, 2015

SCHEDULE SB ATTACHMENTS

Summary of Principal Plan Provisions – MCTC (Olathe)

Effective Date and Most Recent Amendment

The plan was originally effective September 2, 1955. The last amendment reflected herein was effective December 31, 2003.

Coverage and Participation

January 1 or July 1 following the completion of one year of eligibility service. Service is used to determine eligibility for participation in the Plan. One year for 1,000 hours of service in 12-month period starting on date of hire. If <1,000 hours in 12-month period, employee needs 1,000 hours in any plan year after his date of hire to earn a year of eligibility service.

Participation in the plan closed to new entrants on January 1, 2004.

Credited Service

Credited Service is used to determine benefit amounts under the Plan. Credited service is frozen as of December 31, 2003.

Prior to November 1, 1976: completed years and months of continuous service from date of hire.

After November 1, 1976:

Plan Year Hours of Service	Credited Service
2,050 or more	1
1,881 - 2,049	11/12
1,710 - 1,880	10/12
1,540 - 1,709	9/12
1,264 - 1,539	8/12
1,195 - 1,263	7/12
1,026 - 1,194	6/12
855 - 1,025	5/12
684 - 854	4/12
510 - 683	3/12
340 - 509	2/12
170 - 339	1/12
Less than 170	0

2/12 of a year of credited service is awarded for the short plan year November 1, 1982 – December 31, 1982 if one hour of service was completed.

Credited service is frozen as of December 31, 2003.

Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date: January 1, 2015

SCHEDULE SB ATTACHMENTS

Vesting Service

Prior to October 1, 1976, completed years and months of continuous employment from date of hire; after October 1, 1976, one year for each plan year with at least 1,000 Hours of Service. If at least one hour of service in short 1982 plan year, one year of service is given.

Normal Retirement Benefit

Normal Retirement Date: First of month following 65th birthday and five years of vesting service.

Benefit Formula:

- If retiring 1/1/2000-12/31/2000: \$264 x years of credited service
- If retiring 1/1/2001-12/31/2001: \$300 x years of credited service
- If retiring 1/1/2002-12/31/2002: \$336 x years of credited service
- If retiring on or after 1/1/2003: \$384 x years of credited service

Normal Form of Benefit: Life annuity (normal form for single employees); 50% joint & survivor annuity (normal form for married employees).

Late Retirement Benefit

Accrued benefit to actual retirement date.

Early Retirement Benefit

Eligibility: Age 55 and 10 years of vesting service.

Benefit: Accrued benefit actuarially reduced for each month early retirement precedes Normal Retirement Date.

Vested Benefits upon Termination of Service

Vesting: 5 years of vesting service.

Termination Benefit: Accrued benefit actuarially reduced for each month early retirement precedes Normal Retirement Date.

Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date: January 1, 2015

SCHEDULE SB ATTACHMENTS

Death Benefits for Participants in Active Service

Eligibility: 5 years of vesting service and married at least one year.

Benefit: 50% of accrued benefit reduced for payment before Normal Retirement Date and for 50% joint and survivor option; benefit payable at the later of participant's date of death and Early Retirement Date (Normal Retirement Date if not eligible for Early Retirement).

Optional Forms of Retirement Income in Lieu of Normal Form

- 50%, 75%, or 100% joint & survivor option.
- Social Security adjustment option.
- Automatic cashout if the present value of the benefit is \$1,000 or less.
- Voluntary cashout if the present value of the benefit exceeds \$1,000 but does not exceed \$5,000.

Changes in Plan Provisions since Last Actuarial Valuation

None.

Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date: January 1, 2015

SCHEDULE SB ATTACHMENTS

Summary of Principal Plan Provisions – Weil McLain - Michigan City

Effective Date and Most Recent Amendment

The plan was originally effective July 1, 1967. The last amendment reflected herein was effective June 1, 2009.

Coverage and Participation

Date of hire. Service is used to determine eligibility for participation in the Plan. One year for 1,000 hours of service in 12-month period starting on date of hire. If <1,000 hours in 12-month period, employee needs 1,000 hours in any plan year after his date of hire to earn a year of eligibility service.

Participation in the plan closed to new entrants as of June 1, 2009.

Credited Service

One year for each plan year with at least 1,000 hours of service.

Vesting Service

Vesting service is used to determine eligibility for benefits under the Plan. One year for each 12 month period from date of hire with at least 1,000 Hours of Service.

Normal Retirement Benefit

Normal Retirement Date: First month following 65th birthday and five years of vesting service.

Benefit Formula: If retiring on or after June 1, 2003 - \$300 x years of credited service.

Normal Form of Benefit: Life annuity (normal form for single employees); 50% joint & survivor annuity (normal form for married employees).

Late Retirement Benefit

Accrued benefit to actual retirement date.

Early Retirement Benefit

Eligibility: Age 55 and 10 years of vesting service.

Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date: January 1, 2015

SCHEDULE SB ATTACHMENTS

Benefit: Accrued benefit actuarially reduced for each month early retirement precedes Normal Retirement Date.

Disability Benefit

Eligibility: 10 years of credited service and permanently and totally disabled.

Benefit: Accrued benefit at date of disablement. Amount may be reduced by any amount received from other Company funded sources, such as Worker's Compensation.

Vested Benefits upon Termination of Service

Vesting: 5 years of vesting service.

Termination Benefit: Accrued benefit actuarially reduced for each month early retirement precedes Normal Retirement Date.

Death Benefits for Participants in Active Service

Eligibility: Five years of vesting service and married at least one year.

Benefit: 50% of accrued benefit reduced for payment before Normal Retirement Date and for 50% joint and survivor option; benefit payable at the later of participant's date of death and Early Retirement Date (Normal Retirement Date if not eligible for Early Retirement).

Optional Forms of Retirement Income in Lieu of Normal Form

- Life annuity if married.
- 50%, 75%, or 100% Joint & Survivor option.
- Automatic cashout if the present value of the benefit is \$1,000 or less.
- Voluntary cashout if the present value of the benefit exceeds \$1,000 but does not exceed \$5,000.

Changes in Plan Provisions since Last Actuarial Valuation

None.

Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date: January 1, 2015

SCHEDULE SB ATTACHMENTS

Summary of Principal Plan Provisions – Core Union

Effective Date and Most Recent Amendment

The plan was originally effective July 1, 1984. The last amendment reflected herein is effective July 1, 1992.

Coverage and Participation

All hourly employees of the Great Lakes/Eglinton Division on the January 1 or July 1 following date of hire and completion of six months of employment.

Participation in the plan was closed to new entrants November 1, 2010.

Credited Service

One year for each 1,800-hour calendar year of employment. Partial years of service are granted for each year in which a participant works less than 1,800 hours, but greater than 150. Partial years are determined by the fraction of hours worked over 1,800 rounded to three decimal points.

Vesting Service

One year for each 1,000-hour calendar year of employment. Partial years of service are not granted for vesting.

Pensionable Pay

Base earnings.

Normal Retirement Benefit

Normal Retirement Date: First of month coinciding with or next following the attainment of age 65.

Benefit Formula: The product of a and b but not less than c:

- a. 1.1% of Average Monthly Earnings.
- b. Years of Credited Service, not in excess of 30.
- c. The maximum of \$36 or the participant's accrued benefit as of August 31, 1995.

Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date: January 1, 2015

SCHEDULE SB ATTACHMENTS

Normal Form of Benefit: Monthly benefit payable for life with ten years of payments guaranteed, if unmarried. 50% joint and surviving spouse, if married.

Late Retirement Benefit

Greater of Accrued benefit to actual retirement date or Normal Retirement Benefit actuarially increased to Late Retirement Date.

Early Retirement Benefit

Eligibility: Retirement before Normal Retirement Date and on or after both attaining age 55 and completing fifteen years of vesting service.

Benefit: Monthly pension benefit determined as of early retirement date, reduced 5/9 of 1% for each of the first 60 months and 5/18 of 1% for each additional month by which his Early Retirement Date precedes his Normal Retirement Date.

Disability Benefit

Eligibility: Three years of service and participant becomes permanently disabled.

Benefit: Accrued benefit at date of disability.

Vested Benefits upon Termination of Service

Vesting: 100% vested after 7 years of service, otherwise vest according to the following schedule:

Years of Service	Vesting Percent
< 3 years	0%
3 to 4 years	20%
4 to 5 years	40%
5 to 6 years	60%
6 to 7 years	80%

Active participants on January 1, 2002 become fully vested in their accrued benefit on that date.

Termination Benefit: Benefits the same as the normal retirement benefit.

Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date: January 1, 2015

SCHEDULE SB ATTACHMENTS

Death Benefits

Eligibility: 3 years of service.

Benefit Before Normal Retirement: 50% of the vested monthly pension benefit as of the date of death, reduced for the 50% joint and survivor election and reduced for payment as early as the participant's 55th birthday.

Benefit After Normal Retirement: Monthly preretirement spouse benefit is payable.

Optional Forms of Retirement Income in Lieu of Normal Form

- 10 Year Certain and life.
- 50%, 66-2/3%, 75%, or 100% joint & survivor option.
- 50%, 66-2/3%, or 100% joint & survivor with a level income option.
- Automatic cashout if the present value of the benefit is \$1,000 or less.
- Voluntary cashout if the present value of the benefit exceeds \$1,000.

Changes in Plan Provisions since Last Actuarial Valuation

None.

Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date: January 1, 2015

SCHEDULE SB ATTACHMENTS

Summary of Principal Plan Provisions – Other Inactive Participants

Effective Date and Most Recent Amendment

Former UDI: Merged in effective December 31, 2001.

Former GSX: Most plans merged in effective November 30, 1998.

Old SPX: Effective date as it appears on the separate documents for each participating unit.

Provisions

Based upon separate documents for each participating unit. No active participants remain.

Changes in Plan Provisions since Last Actuarial Valuation

None.

Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date: January 1, 2015

SCHEDULE SB ATTACHMENTS

Section 2: All Other Participants

Summary of Principal Plan Provisions – Main IARP

Effective Date

The plan was originally effective July 1, 1997. The last amendment reflected herein is effective December 22, 2009.

Coverage and Participation

Salary, nonunion hourly employees and union Waukesha employees, except those employed as wage employees at Contech or Acutex, of SPX Corporation. Employees hired after December 31, 2000 are not covered by this plan.

An employee shall become eligible to participate on his date of hire if he is employed as of the first anniversary of employment or date of coverage under this plan if later.

Credited Service

A participant is granted Credited Service equal to continuous service as a salaried employee based on complete years and days divided by 365 rounded up to the nearest one hundredth of a percent. After June 30, 1997 additional Credited Service will accrue only for Grandfathered participants. Certain acquisitions may have granted service for periods with a prior employer. This must be by amendment.

Vesting (Continuous) Service

An employee shall be granted one year of Continuous Service for each complete year of employment with the Company from date of hire. For partial years, days are divided by 365 and rounded up to the nearest one hundredth of a percent. Certain acquisitions may have granted service for periods with a prior employer. This must be by amendment.

Compensation

Cash Balance compensation includes regular earnings, vacation, holiday, overtime pay and certain bonuses paid the year before termination. It also includes amounts contributed to the 401(k) plan and the cafeteria plan. It does not include severance pay, fringe and welfare benefits, moving expenses, deferred compensation and certain bonuses paid in the year in which termination occurs.

Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date: January 1, 2015

SCHEDULE SB ATTACHMENTS

Normal Retirement Benefit

Normal Retirement Eligibility: Age 65 with 5 years of Vesting Service

Benefit Formula: For all active participants on July 1, 1997 (December 31, 1998 for the General Signal Corporate or Hourly Plan), the Accrued Benefit was converted to an initial pension account balance. The plan will update this cash balance account each December 31:

- With interest at 5-year treasuries as of the last business day of November preceding the plan year; and
- With principal credits equal to 4% of pay up to the wage base and 8% of pay over the wage base.
- With additional principal credits for certain key employees.

Grandfathered or participants with transition benefits are entitled to receive at least the minimum benefit as described under the individual plan agreements.

Normal Form of Benefit: The standard form of payment is a Life Annuity if unmarried and a 50% Joint & Survivor Annuity, if married. The 50% Joint & Survivor Annuity is the Life Annuity actuarially reduced.

Late Retirement Benefit

The greater of the accrued benefit to actual retirement date and the accrued benefit at normal retirement actuarially increased to late retirement date. If a vested deferred participant applies after normal retirement date, retroactive annuity start date rules apply.

Accrued Benefits

The Accrued Benefit is the Account Balance as of the date of determination and the actuarial equivalence of this Account Balance in the form of a monthly benefit payable immediately. The Grandfathered Accrued Benefit is the benefit determined under the various Grandfathered and transition benefit provisions as of the date of determination payable at the Normal Retirement Age.

Grandfathered Minimum Accrued Benefits

Benefits accrued prior to conversion to a cash balance plan are protected. SPX participants with 10 years of service and 50 age-plus-service points on June 30, 1997 will receive the greater of their cash balance benefit or the benefit formula in effect at conversion.

General Signal participants on January 1, 1999 who had completed 5 years of Vesting Service and attained age 45 by that date are eligible for the Transition Benefit if retirement occurs at or after age 55.

Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date: January 1, 2015

SCHEDULE SB ATTACHMENTS

The Transition Benefit shall be an alternate benefit, determined as follows:

- A. The Participant's Transition Account Balance at Early Retirement Age, which is at or after age 55, shall be converted to an Actuarially Equivalent annuity, payable at Normal Retirement Age. The Participant's Transition Account Balance is the same as the regular cash balance account, with the exception that effective January 1, 1999, certain employees are entitled to Special Transition Principal Credits equal to 7% of pay up to the wage base and 11% of pay over the wage base.
- B. The monthly amount payable (determined above) to the Participant at Normal Retirement Age shall be reduced by $\frac{1}{4}$ percent per month for each month prior to the participant's 62nd birthday that the participant's Early Retirement Date occurs.
- C. The Participant may request payment of his/her benefit in any optional form otherwise available under the Plan. The amount of any optional form of benefit shall be the Actuarial Equivalent of the amount determined above, expressed as a single life annuity. If the Participant requests a lump sum payment, the Actuarial Equivalent of the amount payable at the Participant's Early Retirement Age shall be determined and, if larger than the Participant's Account Balance, shall be paid instead of the account balance.

Early Retirement Benefit

Eligibility: Age 55 with 10 years of Credited Service for participants with a prior SPX Grandfathered benefit at June 30, 1997. Age 55 with 5 years of Vesting Service for former General Signal employees who were participants in a prior plan as of December 31, 1998, and eligible for transition benefit.

Benefit: The actuarial equivalent of the Account Balance is available as an annuity at early retirement.

SPX Grandfathered Benefits: If retirement is within three years of the SSURA, 100% of the accrued Normal Retirement Benefit. If retirement is more than three years before the SSURA, the Normal Retirement Benefit accrued at the Early Retirement Age is reduced by $\frac{5}{10}$ of 1% for each month in excess of 36 by which commencement of benefits precedes the SSURA.

OTC Grandfathered Benefits: The reduction is $\frac{5}{9}$ of 1% for each month of the first 60 months and $\frac{5}{18}$ of 1% per month for each of the following months preceding SSURA.

Automotive Diagnostics Division Grandfathered Benefits: The reduction is $\frac{1}{2}\%$ for each month prior to age 65.

General Signal Frozen December 31, 1998 Benefits: The early retirement reductions were generally $\frac{1}{4}\%$ for each month prior to age 62.

Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date: January 1, 2015

SCHEDULE SB ATTACHMENTS

Disability Benefit

Eligibility: Upon permanent and Total Disability as defined under the company's Long-Term Disability plan.

Benefit: Normal retirement benefit payable at Normal Retirement Age based on pay at disability date but Credited Service continuing for two years from date of disability, or Account Balance credited with Principal Credits for two years from date of disability based on compensation at date of disability plus interest credits.

Vested Benefits upon Termination of Service

Vesting: 3 years of Vesting Service. Participants terminating prior to January 1, 2008, 5 years of Vesting Service.

Termination Benefit: Normal Retirement Benefit based on Accrued Benefit at date of termination. The benefit will be reduced by 5/10 of 1% times the number of months by which payments commence prior to SSURA. For Automotive Diagnostics Division only, the reduction is 1/2 of 1% for each month by which commencement precedes age 65.

Accrued Benefits Prior to Cash Balance Conversion

For employees of SPX on July 1, 1997: The monthly benefit is the sum of A, B and C with a minimum monthly benefit of \$13 times Credited Service (no minimum for Automotive Diagnostics Division):

- A. 1% (0.85% for Automotive Diagnostics Division) of pay up to Covered Compensation times Credited Service up to 30 years.
- B. 1.5% (1.35% for Automotive Diagnostics Division) of pay over Covered Compensation times Credited Service up to 30 years.
- C. 0.75% (0.375% for OTC, 0.6% for Automotive Diagnostics Division) of pay times Credited Service in excess of 30 but not over 40 years.

For General Signal Plans on December 31, 1998: The greatest of D, E, F or G:

- D. 1% of pay up to Covered Compensation plus 1.5% of pay over Covered Compensation times Credited Service during the first 10 years of Benefit Service; plus 1.25% of pay up to Covered Compensation plus 1.75% of pay over Covered Compensation times Credited Service during the next 20 years of Benefit Service; plus 1.5% of pay times Credited Service during Benefit Service over 30 years; plus prior plan benefit, if applicable.

Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date: January 1, 2015

SCHEDULE SB ATTACHMENTS

E. Formula (A) based on Benefit Service as of December 31, 1988 plus 1.125% of pay times Credited Service earned January 1, 1989 and later plus prior plan benefit, if applicable.

F. \$9.50 times Credited Service plus prior plan benefit, if applicable.

G. Hourly Plan benefit.

Death Benefits for Participants in Active Service

Eligibility: Upon the death of a participant eligible for a vested retirement benefit before the commencement of such benefits.

Benefit: Monthly benefit equal to 50% of the benefit to which the participant would have been entitled had he survived to early retirement and commenced benefits just prior to death under the automatic 50% Joint & Survivor Form of benefit.

Cash balance surviving spouses will have the option of electing the full Account Balance. Death benefits are also available to nonspouse beneficiaries.

Optional Forms of Retirement Income in Lieu of Normal Form

Lump Sum.

Life Annuity.

50%, 66-2/3%, 75% or 100% actuarially reduced Joint & Survivor Annuity with any beneficiary.

10, 15 or 20-year period certain and life benefit actuarially reduced with any beneficiary.

Automatic cashout if \$1,000 or less. There is a voluntary cashout if the present value of the benefit exceeds \$1,000 unless specifically excluded for certain participants who were covered by prior plans that were merged into this plan and/or have special options detailed.

Changes in Plan Provisions since Last Actuarial Valuation

None.

Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date: January 1, 2015

SCHEDULE SB ATTACHMENTS

Summary of Principal Plan Provisions – UDI Retirement Plan

Effective Date

The plan was originally effective January 1, 1973 (merged into the SPX US Pension Plan on December 31, 2001)

Coverage and Participation

Prior to January 1, 1991: On date of hire.

January 1, 1991 or later: January 1 or July 1 following the completion of one year of eligibility service.

No new entrants after January 1, 2002.

Service is measured based on complete calendar years and months of employment. Partial months of service are also recognized and are determined by dividing the number of days of service in the month by the number of days in that month.

Credited Service

Credited Service is used to determine benefit amounts under the Plan.

Credited Service is frozen as of January 1, 2002.

Vesting Service

Vesting service is used to determine eligibility for benefits under the plan. Participants terminating prior to January 1, 2002 were 100% vested after five years of service.

Active participants on January 1, 2002 became fully vested in their accrued benefit on that date.

Final Average Compensation/Salary (FAE)

Average of highest 5 consecutive full calendar years of covered pay in last 10 years.

Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date: January 1, 2015

SCHEDULE SB ATTACHMENTS

Normal Retirement Benefit

Normal Retirement Date: Age 65 and the fifth anniversary of participation (or five years of vesting service, if earlier).

Benefit Formula: Accrued benefit at Normal Retirement Date

Normal Form of Benefit: Life annuity (normal form for single employees); 50% joint & survivor annuity (normal form for married employees).

Late Retirement Benefit

Accrued benefit to actual retirement date.

Accrued Benefits

Greatest of A, B, C, D, E, F, and G where FAE and credited service are as of the calculation date:

A. Current Plan Formula:

0.8% of FAE up to covered compensation x credited service less than 35 years
plus
1.4% of FAE over covered compensation x credited service less than 35 years
plus
0.5% of FAE x credited service over 35 years

B. Prior Plan Formula Frozen at December 31, 1989*

C. \$96 x credited service up to 40 years except for Fenn (\$168 x credited service up to 40 years)

D. For members of the Plan as of December 31, 1978: benefit based upon formula in effect on December 31, 1978 and frozen at December 31, 1989*

E. Benefit from the Profit Sharing Retirement Fund Plan for the employees of Varco-Pruden who have not withdrawn their Profit Sharing

F. For former members of the Stran, GA plan, the minimum accrued benefit will be based on the prior plan benefit as of December 31, 1990

G. Cash refund annuity from prior Koehring Profit Sharing Plan balance plus 5% per year interest

* Frozen at December 31 1988 for super highly compensated employees. For non-highly compensated employees (at BOMAG, Little Falls, Waukesha, Process Equipment, and Fenn) who were at least age 50 with 10 years of service at December 31 1988, frozen on the day before first becoming a highly compensated employee.

Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date: January 1, 2015

SCHEDULE SB ATTACHMENTS

Prior Waukesha Hourly participants receive the accrued benefit from the prior plan at December 31, 1991 plus future service benefits from the Retirement Plan.

On behalf of participants in the Retirement Plan on December 31, 1986, annuities were purchased covering the Accrued Benefits as of December 31, 1986. These annuities are offset against the total accrued benefit payable under the Plan.

Early Retirement Benefit

Eligibility: Age 55 and 10 years of vesting service

Benefit: Accrued benefit at Early Retirement Date; benefit reduced 0.5% per month that early retirement date precedes Normal Retirement Date.

Disability Benefit

Eligibility: Permanently and totally disabled and eligible for benefits from Social Security or Long Term Disability Plan.

Benefit: Accrued benefit at Normal Retirement Date, or reduced accrued benefit at Early Retirement Date, if elected, assuming level earnings from date of disability to retirement date; benefit payable at Normal Retirement Date, or Early Retirement Date, if elected.

Vested Benefits upon Termination of Service

Termination Benefit: Benefit is the same as normal or early retirement, based on benefit earned at termination.

Death Benefits for Participants in Active Service

Eligibility: Five years of vesting service and married at least 1 year.

Benefit: 50% of accrued benefit reduced for 50% joint & survivor option; benefit payable at the later of participant's date of death and ERD (NRD if not eligible for Early Retirement); benefit reduced for payment before NRD if participant was terminated at date of death, not reduced if participant was active at date of death.

Optional Forms of Retirement Income in Lieu of Normal Form

50%, 75%, or 100% joint & survivor annuity; 10-year certain & continuous; Social Security adjustment option.

Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date: January 1, 2015

SCHEDULE SB ATTACHMENTS

Automatic cashout if \$1,000 or less. There is a voluntary cashout if the present value of the benefit exceeds \$1,000 and is less than \$5,000 unless specifically excluded for certain participants who were covered by prior plans that were merged into this plan and/or have special options detailed.

Changes in Plan Provisions since Last Actuarial Valuation

None.

Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date: January 1, 2015

SCHEDULE SB ATTACHMENTS

Summary of Principal Plan Provisions – Marley Salaried

Effective Date

The plan was originally effective December 26, 1957 (merged into the SPX US Pension Plan on December 31, 2001).

Coverage and Participation

Completion of one year of eligibility service.

Prior to January 1, 1991: On date of hire.

January 1, 1991 or later: January 1 or July 1 following the completion of one year of eligibility service.

No new entrants after January 1, 2002.

Service is measured based on complete calendar years and months of employment. Partial months of service are also recognized and are determined by dividing the number of days of service in the month by the number of days in that month.

Credited Service

Credited service is used to determine benefit amounts under the Plan.

Credited service is frozen as of January 1, 2002.

Vesting Service

Vesting Service is used to determine eligibility for benefits under the plan. Participants terminating prior to January 1, 2002 were 100% vested after 5 years of service.

Active participants on January 1, 2002 became fully vested in their accrued benefit on that date.

Final Average Compensation/Salary

Average monthly compensation is the average of participant's highest earnings over any 60 consecutive month period within the last 120 months of employment.

Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date: January 1, 2015

SCHEDULE SB ATTACHMENTS

Normal Retirement Benefit

Normal Retirement Eligibility: First month coinciding with or next following 65th birthday and 5 years of vesting service.

Benefit Formula: Accrued benefit at normal retirement date.

Normal Form of Benefit: Life annuity if single; 50% Joint and Survivor if married.

Accrued Benefits

As of any applicable date, a participant's accrued benefit is the sum of the larger of 1 or 2 and 3, where

1. The sum of (a) and (b) below:
 - a. The sum of 1 % of Final Average Earnings plus 1/2% of the excess of the Final Average Earnings over \$6,600, all multiplied by Credited Service up to May 1, 1988;
 - b. The sum of 1% of the Final Average Earnings plus 1/2% of the excess of the Final Average Earnings over Covered Compensation, all multiplied by Credited Service after April 30, 1988; and
2. The difference between 40% of the Final Average Earnings and 60% of the participant's Primary Insurance Amount under the law in effect on the date of determination. If the participant is under 55 years old, the 40% factor will be adjusted by multiplying it by the ratio of credited service actually earned to the amount of credited service the participant could earn if he continued to work until normal retirement. This minimum benefit was frozen as of December 31, 1988 (i.e., participants were treated as if they terminated on December 31, 1988 for purposes of calculating this minimum benefit).
3. The frozen accrued benefit as of December 31, 1990 from the Retirement Annuity Plan for Employees of Layne & Bowler, Inc., if the employee was a participant in such prior plan on December 31, 1990.

Early Retirement Benefit

Eligibility: Age 55 and 10 years of vesting service.

Benefit: Accrued benefit at Normal Retirement Date actuarially reduced to Early Retirement Date.

Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date: January 1, 2015

SCHEDULE SB ATTACHMENTS

Late Retirement Benefit

The greater of the accrued benefit to actual retirement date and the accrued benefit at normal retirement actuarially increased to late retirement date. If a vested deferred participant applies after normal retirement date, retroactive annuity start date rules apply.

Disability Benefit

Eligibility: 10 years of vesting service; has become permanently and totally disabled.

Benefit: Accrued benefit at disability date. Amount may be reduced by any amount received from other Company funded sources, such as Workers' Compensation.

Vested Benefits upon Termination of Service

Vesting: 5 years of vesting service.

Termination Benefit: Same as normal or early retirement, based on benefit earned as of termination.

Death Benefits for Participants in Active Service

Eligibility: Five years of Vesting Service.

Benefit: 50% of accrued benefit under 50% joint and survivor option payable at later of date of death and earliest retirement date; reduced to early retirement date, if applicable.

Optional Forms of Retirement Income in Lieu of Normal Form

Optional: 66-2/3%, 75%, 100% Joint and Survivor.

Plan Participants' Contributions

Mandatory participant contributions were made post-tax prior to May 1, 1988. On and after that date, participant contributions were no longer required or permitted.

Changes in Plan Provisions since Last Actuarial Valuation

None.

Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date: January 1, 2015

SCHEDULE SB ATTACHMENTS

Summary of Principal Plan Provisions – Marley Cooling Tower

Effective Date

The plan was originally effective November 1, 1973 (merged into the SPX US Pension Plan on December 31, 2001).

Coverage and Participation

Completion of one year of eligibility service.

No new entrants after January 1, 2002.

Service is measured based on complete calendar years and months of employment. Partial months of service are also recognized and are determined by dividing the number of days of service in the month by the number of days in that month.

Vesting and Credited Service

Vesting Service is used to determine eligibility for benefits under the plan. Participants terminating prior to January 1, 2002 were 100% vested after 5 years of service.

Active participants on January 1, 2002 became fully vested in their accrued benefit on that date.

Credited service is used to determine benefit amounts under the plan.

Credited service is frozen as of January 1, 2002.

Final Average Compensation/Salary

Average monthly compensation is the average of participant's highest earnings over any 60 consecutive month period within the last 120 months of employment.

Normal Retirement Benefit

Normal Retirement Date: The latter of age 65 or the fifth anniversary of participation.

Benefit Formula: Accrued benefit at Normal Retirement Date.

Normal Form of Benefit: Life annuity if single; 50% Joint and Survivor if married.

Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date: January 1, 2015

SCHEDULE SB ATTACHMENTS

Accrued Benefits

As of any applicable date, a participant's accrued benefit is the largest of A and B, below:

- A. Excess of 1% of final average compensation multiplied by Credited Service accrued to date of termination over .5% of the lesser of covered compensation, 3-year final average compensation limited by the wage bases, and 5-year final average compensation multiplied by Credited Service accrued to the date of termination (maximum 35 years);
- B. The greater of \$150 or the product of \$6.00 multiplied by Credited Service accrued to date of termination (maximum 25 years).

Early Retirement Benefit

Eligibility: Age 55 and 10 years of vesting service.

Benefit: Accrued benefit at Normal Retirement Date actuarially reduced to Early Retirement Date.

Late Retirement Benefit

The greater of the accrued benefit to actual retirement date and the accrued benefit at normal retirement actuarially increased to late retirement date. If a vested deferred participant applies after normal retirement date, retroactive annuity start date rules apply.

Disability Benefit

Eligibility: 10 years of vesting service; has become permanently and totally disabled.

Benefit: Accrued benefit at NRD, or reduced benefit at ERD, if elected. Amount may be reduced by any amount received from other Company funded sources, such as Workers' Compensation.

Vested Benefits upon Termination of Service

Vesting: 5 years of vesting service.

Termination Benefit: Same as normal or early retirement, based on the benefit earned at termination.

Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date: January 1, 2015

SCHEDULE SB ATTACHMENTS

Death Benefits for Participants in Active Service

Eligibility: Five years of vesting service.

Benefit: 50% of accrued benefit under 50% joint and survivor option payable at later of date of death and earliest retirement date; reduced to Early Retirement Date, if applicable.

Optional Forms of Retirement Income in Lieu of Normal Form

Optional: 66-2/3%, 75%, 100% Joint and Survivor.

Changes in Plan Provisions since Last Actuarial Valuation

None.

Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date: January 1, 2015

SCHEDULE SB ATTACHMENTS

Summary of Principal Plan Provisions – CMB Plan

Effective Date

The plan was originally effective December 1, 1960 (merged into the SPX US Pension Plan on December 31, 2001).

Coverage and Participation

January 1, following completion of one year of eligibility service.

No new entrants after January 1, 2002.

Vesting Service

Vesting Service is used to determine eligibility for benefits under the plan. Participants terminating prior to January 1, 2002 were 100% vested after 7 years of service.

Active participants on January 1, 2002 became fully vested in their accrued benefit on that date.

Credited Service

Credited service is used to determine benefit amounts under the plan.

Credited Service is frozen as of January 1, 2002.

Final Average Compensation/Salary

Average monthly compensation is the average of participant's highest earnings over any 60 consecutive month period within the last 120 months of employment.

Compensation is the participant's total compensation received, including overtime, bonuses and commissions, less fringe benefits.

Normal Retirement Benefit

Normal Retirement Date: First month coinciding with or next following 65th birthday.

Benefit Formula: Accrued benefit at normal retirement date.

Normal Form of Benefit: 10 year certain and single life annuity if single; 50% joint and survivor if married.

Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date: January 1, 2015

SCHEDULE SB ATTACHMENTS

Late Retirement Benefit

The greater of the accrued benefit to actual retirement date and the accrued benefit at normal retirement actuarially increased to late retirement date. If a vested deferred participant applies after normal retirement date, retroactive annuity start date rules apply.

Accrued Benefits

As of any applicable date, a participant's accrued benefit is the product of (A), (B) and (C), as follows:

- A. 2.0% of Final Average Earnings;
- B. Years of Service projected to NRD, not to exceed 20; and
- C. The ratio of Years of Service to date over Years of Service projected to NRD.

Early Retirement Benefit

Eligibility: Age 55 and 10 Years of Service.

Benefit: Accrued benefit at Normal Retirement Date reduced to Early Retirement Date by multiplying the normal retirement benefit by one less the number of completed calendar months between benefit commencement date and normal retirement date times 0.005.

Disability Benefit

Eligibility: Vested participant and has become permanently and totally disabled.

Benefit: Actuarial present value of accrued benefit. Amount may be reduced by any amount received from other Company funded sources, such as Workers' Compensation.

Vested Benefits upon Termination of Service

Vesting: Five years of vesting service.

Termination Benefit: Same as normal or early retirement benefit, based on the benefit earned at termination.

Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date: January 1, 2015

SCHEDULE SB ATTACHMENTS

Death Benefits for Participants in Active Service

Eligibility: Vested Participant and married one year.

Benefit: 50% of accrued benefit under 50% joint and survivor option payable at later of date of death and earliest retirement date; reduced to Early Retirement Date, if applicable.

Supplemental Death Benefit

Eligibility: Participant entitled to a benefit.

Benefit: Supplemental death benefit is equal to the present value of the participant's accrued benefit at date of death minus the present value of the pre-retirement surviving spouse benefit paid, if any. The benefit is paid in addition to the pre-retirement surviving spouse benefit.

Optional Forms of Retirement Income in Lieu of Normal Form

Lump Sum, Life with 10-Year Term Certain, Life only, or 50%. 75% or 100% Joint and Survivor.

Mandatory Lump Sum: If the lump sum present value of the participant's vested benefit is less than or equal to \$1,000, the benefit shall be paid as a single lump sum.

Changes in Plan Provisions since Last Actuarial Valuation

None.

Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date: January 1, 2015

SCHEDULE SB ATTACHMENTS

Summary of Principal Plan Provisions – Core Non-Union

Effective Date

The plan was originally effective July 1, 1984 (merged into the SPX US Pension Plan on June 30, 2002).

Coverage and Participation

All salaried employees of the Great Lakes/Eglinton Division.

No new entrants after January 1, 2002.

An employee is eligible to participate January 1 or July 1 following date of hire and completion of six months of employment.

Credited Service

One year for each 1,000-hour calendar year of employment.

Credited service is frozen as of January 1, 2002.

Vesting Service

One year for each 1,000-hour calendar year of employment.

All active participants are fully vested as of January 1, 2002.

Final Average Compensation/Salary

Average monthly compensation is the average of the participant's highest earnings during the five consecutive plan years during the last ten years of employment.

Compensation is the basic rate of monthly pay in effect on the first day of the plan year.

Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date: January 1, 2015

SCHEDULE SB ATTACHMENTS

Normal Retirement Benefit

Normal Retirement Date: First of month coinciding with or next following the attainment of age 65.

Benefit Formula: The product of (A) and (B) but not less than (C):

- A. 1.1% of Average Monthly Earnings.
- B. Years of Credited Service, not in excess of 30.
- C. The maximum of \$36 or the participant's accrued benefit as of August 31, 1995.

Normal Form of Benefit: 10 year certain and single life annuity if single; 50% joint and survivor annuity if married.

Late Retirement Benefit

Greater of Accrued Benefit to actual retirement date or Normal Retirement Benefit actuarially increased to the late retirement date.

Accrued benefit to actual retirement date.

Early Retirement Benefit

Eligibility: Retirement before Normal Retirement Date and on or after both attaining age 55 and completing fifteen years of vesting service.

Benefit: Monthly pension benefit determined as of early retirement date, reduced 5/9 of 1% for each of the first 60 months and 5/18 of 1% for each additional month by which his Early Retirement Date precedes his Normal Retirement Date.

Vested Benefits upon Termination of Service

Vesting: Termination for reasons other than death or retirement after completing three years of vesting service.

Termination Benefit: Participants are 20% vested after completion of three years of vesting service; an additional 20% will vest with the completion of each of the next four years of vesting service.

Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date: January 1, 2015

SCHEDULE SB ATTACHMENTS

Death Benefits for Participants in Active Service

Eligibility: Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse.

Benefit: 50% of the vested monthly pension benefit as of the date of death, reduced for the 50% joint and survivor election and reduced for payment as early as the participant's 55th birthday.

Supplemental Death Benefit

Eligibility: Participant entitled to a benefit.

Benefit: Supplemental death benefit is equal to the present value of the participant's accrued benefit at date of death minus the present value of the pre-retirement surviving spouse benefit paid, if any. The benefit is paid in addition to the pre-retirement surviving spouse benefit.

Optional Forms of Retirement Income in Lieu of Normal Form

10 year certain and continuous; single life annuity; 50%, 66-2/3%, 75%, and 100% joint and survivor; 50%, 66-2/3%, 100% joint and survivor annuity with a Social Security level income option.

Mandatory lump sum if present value of vested benefit is less than or equal to \$1,000. Voluntary lump sum available if present value of benefit is greater than \$1,000.

Changes in Plan Provisions since Last Actuarial Valuation

None.

Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date: January 1, 2015

SCHEDULE SB ATTACHMENTS

Summary of Principal Plan Provisions – Other Inactive Participants

Effective Date

Former UDI: Merged in effective December 31, 2001.

Former GSX: Most plans merged in effective November 30, 1998.

Old SPX: Effective date as it appears on the separate documents for each participating unit.

Provisions

Based upon separate documents for each participating unit; no active participants.

Changes in Plan Provisions since Last Actuarial Valuation

None.

Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date: January 1, 2015

SPX US PENSION PLAN; EIN: 38-1016240 / PN: 003; SCHEDULE H 4(i) SCHEDULE OF ASSETS

FD491
 SCHEDULE H (FORM 5500 - 41-1)
 SCHEDULE OF ASSETS HELD FOR
 INVESTMENT PURPOSES AT END OF YEAR

SPX CORPORATION
 BASE CURRENCY: USD

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 AS OF DECEMBER 31, 2015

IDENTITY OF ISSUE, BORROWER, LESSOR	DESCRIPTION OF INVESTMENT SHARES / PAR	COST	CURRENT VALUE
912810RK6 UNITED STATES OF AMERICA BOND FIXED 2.5%	SEMI-ANN. 2.500% 02/15/2045 4,175,000.000	3,724,821	3,745,935
912810QA9 UNITED STATES OF AMERICA BOND FIXED 3.5%	SEMI-ANN. 3.500% 02/15/2039 4,585,000.000	4,975,686	5,071,423
00206RAG7 AT&T INC NOTES FIXED 6.3% 15/JAN/2038 US RATINGS: A2 A	SEMI-ANN. 6.300% 01/15/2038 725,000.000	879,440	793,382
17275RAF9 CISCO SYSTEMS INC CALLABLE NOTES FIXED 5 RATINGS: A1 A+	SEMI-ANN. 5.500% 01/15/2040 325,000.000	391,892	381,141
20825CA07 CONOCOPHILLIPS CALLABLE NOTES FIXED 6.5% RATINGS: A1 A	SEMI-ANN. 6.500% 02/01/2039 275,000.000	358,078	289,798

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 New York, NY 10017

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SPX US PENSION PLAN; EIN: 38-1016240 / PN: 003; SCHEDULE H 4(i) SCHEDULE OF ASSETS

FD491
 SCHEDULE H (FORM 5500 - 41-1)
 SCHEDULE OF ASSETS HELD FOR
 INVESTMENT PURPOSES AT END OF YEAR

SPX CORPORATION

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BASE CURRENCY: USD

AS OF DECEMBER 31, 2015

IDENTITY OF ISSUE, BORROWER, LESSOR	DESCRIPTION OF INVESTMENT SHARES / PAR	COST	CURRENT VALUE
36962G4B7 GENERAL ELECTRIC CAPITAL CORP MEDIUM TER RATINGS: AA2 AA+	SEMI-ANN. 6.875% 01/10/2039 258,000.000	346,362	351,672
401378AA2 GUARDIAN LIFE INSURANCE CO OF AMERICA NO RATINGS: A1 AA-	SEMI-ANN. 7.375% 09/30/2039 300,000.000	411,771	382,239
4042Q1AD9 HSBC BANK USA NA NOTES FIXED 7% 15/JAN/2 RATINGS: A1 AA-	SEMI-ANN. 7.000% 01/15/2039 350,000.000	483,508	441,133
575767AG3 MASSACHUSETTS MUTUAL LIFE INSURANCE CO N RATINGS: A1 AA-	SEMI-ANN. 8.875% 06/01/2039 325,000.000	518,480	471,933
637432CTO NATIONAL RURAL UTILITIES COOPERATIVE FIN RATINGS: A2 A	SEMI-ANN. 8.000% 03/01/2032 250,000.000	368,980	344,265
64952GAF5 NEW YORK LIFE INSURANCE CO CALLABLE NOTE RATINGS: AA2 AA	SEMI-ANN. 6.750% 11/15/2039 250,000.000	334,943	320,733
694308G50 PACIFIC GAS & ELECTRIC CO CALLABLE NOTES RATINGS: A3 BBB+	SEMI-ANN. 5.400% 01/15/2040 225,000.000	262,631	254,174
743674AY9 PROTECTIVE LIFE CORP CALLABLE NOTES FIXE RATINGS: BAA2 A-	SEMI-ANN. 8.450% 10/15/2039 250,000.000	377,643	329,740
87938WAC7 TELEFONICA EMISIONES SAU CALLABLE BOND F RATINGS: BAA1 A-	SEMI-ANN. 7.045% 06/20/2036 300,000.000	383,841	360,525
89352HAD1 TRANSCANADA PIPELINES LTD CALLABLE BOND RATINGS: A3 A-	SEMI-ANN. 6.200% 10/15/2037 625,000.000	794,434	657,625
92976GAJO WELLS FARGO BANK NA MEDIUM TERM NOTE FIX RATINGS: AA3 AA-	SEMI-ANN. 6.600% 01/15/2038 250,000.000	344,993	322,668
00037BAC6 ABB FINANCE USA INC CALLABLE NOTES FIXED	SEMI-ANN. 4.375% 05/08/2042 375,000.000	391,740	372,214
00287YAM1 ABBVIE INC CALLABLE NOTES FIXED 4.4% 06/	SEMI-ANN. 4.400% 11/06/2042 350,000.000	343,189	326,872
00440EAW7 ACE INA HOLDINGS INC CALLABLE NOTES FIXE	SEMI-ANN. 4.350% 11/03/2045 250,000.000	249,375	254,033

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00507UAH4 ACTAVIS FUNDING SCS CALLABLE NOTES FIXED	SEMI-ANN. 4.850% 06/15/2044 350,000.000	349,265	346,297
00131L2B0 AIA GROUP LTD MEDIUM TERM NOTE FIXED 4.8	SEMI-ANN. 4.875% 03/11/2044 450,000.000	474,845	471,339
026874CW5 AMERICAN INTERNATIONAL GROUP INC CALLABL	SEMI-ANN. 6.820% 11/15/2037 250,000.000	337,953	298,680
03040WAM7 AMERICAN WATER CAPITAL CORP CALLABLE NOT	SEMI-ANN. 4.300% 09/01/2045 250,000.000	246,710	253,028
031162BK5 AMGEN INC CALLABLE NOTES FIXED 5.15% 15/	SEMI-ANN. 5.150% 11/15/2041 300,000.000	321,558	304,569
032511AY3 ANADARKO PETROLEUM CORP CALLABLE NOTES F RATINGS: BAA3 BBB-	SEMI-ANN. 6.450% 09/15/2036 300,000.000	372,438	289,158
00185AAB0 AON PLC CALLABLE NOTES FIXED 4.25% 12/DE	SEMI-ANN. 4.250% 12/12/2042 400,000.000	381,916	357,060
06051GEN5 BANK OF AMERICA CORP MEDIUM TERM NOTE FI	SEMI-ANN. 5.875% 02/07/2042 400,000.000	475,820	466,832
075887BMO BECTON DICKINSON AND CO CALLABLE BOND FI	SEMI-ANN. 4.875% 05/15/2044 350,000.000	354,855	353,563
05541VAF3 BG ENERGY CAPITAL PLC CALLABLE NOTES FIX	SEMI-ANN. 5.125% 10/15/2041 350,000.000	395,493	340,298
055451AVQ BHP BILLITON FINANCE USA LTD CALLABLE NO	SEMI-ANN. 5.000% 09/30/2043 300,000.000	330,852	269,640
12189LAJO BURLINGTON NORTHERN SANTA FE LLC CALLABL	SEMI-ANN. 4.400% 03/15/2042 400,000.000	394,472	380,356
136385AL5 CANADIAN NATURAL RESOURCES LTD CALLABLE RATINGS: BAA2 BBB	SEMI-ANN. 6.250% 03/15/2038 300,000.000	370,056	273,054
149123CD1 CATERPILLAR INC CALLABLE NOTES FIXED 4.3	SEMI-ANN. 4.300% 05/15/2044 400,000.000	409,864	386,284
161175AP9 CCD SAFARI II LLC CALLABLE NOTES FIXED 6	SEMI-ANN. 6.484% 10/23/2045 225,000.000	225,000	225,369
12527GAD5 CF INDUSTRIES INC CALLABLE NOTES FIXED 4	SEMI-ANN. 4.950% 06/01/2043 350,000.000	359,491	297,595

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125509BT5 CIGNA CORP CALLABLE NOTES FIXED 5.375% 1	SEMI-ANN. 5.375% 02/15/2042 325,000.000	373,243	356,314
172967JU6 CITIGROUP INC NOTES FIXED 4.65% 30/JUL/2	SEMI-ANN. 4.650% 07/30/2045 250,000.000	249,638	253,700
20030NAV3 COMCAST CORP CALLABLE NOTES FIXED 6.95% RATINGS: BAA1 BBB+	SEMI-ANN. 6.950% 08/15/2037 525,000.000	708,787	685,062
205887BS0 CONAGRA FOODS INC CALLABLE NOTES FIXED 4	SEMI-ANN. 4.650% 01/25/2043 350,000.000	355,744	312,207
209111FF5 CONSOLIDATED EDISON CO OF NEW YORK INC C	SEMI-ANN. 4.625% 12/01/2054 300,000.000	299,235	295,185
21685WCJ4 COOPERATIEVE RABOBANK UA MEDIUM TERM NOT	SEMI-ANN. 5.250% 05/24/2041 325,000.000	378,788	370,614
224044BY2 CDX COMMUNICATIONS INC CALLABLE NOTES FI	SEMI-ANN. 4.700% 12/15/2042 350,000.000	334,947	265,626
126408GS6 CSX CORP CALLABLE NOTES FIXED 6.22% 30/A	SEMI-ANN. 6.220% 04/30/2040 300,000.000	376,545	353,382
126650CDO CVS HEALTH CORP CALLABLE NOTES FIXED 5.3	SEMI-ANN. 5.300% 12/05/2043 300,000.000	344,364	322,224
25156PAC7 DEUTSCHE TELEKOM INTERNATIONAL FINANCE B RATINGS: BAA1 BBB+	SEMI-ANN. FLOATING 06/15/2030 250,000.000	364,915	346,610
25179MAL7 DEVON ENERGY CORP CALLABLE NOTES FIXED 5	SEMI-ANN. 5.600% 07/15/2041 325,000.000	371,153	245,645
26442UABO DUKE ENERGY PROGRESS LLC CALLABLE BOND F	SEMI-ANN. 4.200% 08/15/2045 250,000.000	248,733	246,308
268317AQ7 ELECTRICITE DE FRANCE SA CALLABLE NOTES	SEMI-ANN. 4.950% 10/13/2045 225,000.000	224,442	218,464
292505AKO ENCANA CORP CALLABLE NOTES FIXED 5.15% 1	SEMI-ANN. 5.150% 11/15/2041 350,000.000	381,098	234,089
29273RAR0 ENERGY TRANSFER PARTNERS LP CALLABLE NOT	SEMI-ANN. 6.500% 02/01/2042 300,000.000	345,189	243,990
29379VBC6 ENTERPRISE PRODUCTS OPERATING LLC CALLAB	SEMI-ANN. 5.100% 02/15/2045 350,000.000	379,302	293,174

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30161NAR2 EXELON CORP CALLABLE NOTES FIXED 5.1% 15	SEMI-ANN. 5.100% 06/15/2045 225,000.000	224,244	226,640
30219GAG3 EXPRESS SCRIPTS HOLDING CO CALLABLE NOTE	SEMI-ANN. 6.125% 11/15/2041 300,000.000	369,075	340,923
344419AB2 FOMENTO ECONOMICO MEXICANO SAB DE CV CAL	SEMI-ANN. 4.375% 05/10/2043 400,000.000	380,028	353,432
35671DBC8 FREEPORT-MCMORAN INC CALLABLE NOTES FIXE	SEMI-ANN. 5.450% 03/15/2043 325,000.000	333,258	169,000
36164NFH3 GE CAPITAL INTERNATIONAL FUNDING CO NOTE	SEMI-ANN. 4.418% 11/15/2035 917,000.000	861,793	935,780
375558BD4 GILEAD SCIENCES INC CALLABLE NOTES FIXED	SEMI-ANN. 4.750% 03/01/2046 200,000.000	199,174	202,406
98417EAC4 GLENCORE FINANCE CANADA LTD CALLABLE NOT RATINGS: BAA2 BBB	SEMI-ANN. 6.900% 11/15/2037 325,000.000	388,632	260,000
38141GGMO GOLDMAN SACHS GROUP INC/THE NOTES FIXED	SEMI-ANN. 6.250% 02/01/2041 475,000.000	575,192	566,580
406216BK6 HALLIBURTON CO CALLABLE NOTES FIXED 5% 1	SEMI-ANN. 5.000% 11/15/2045 225,000.000	224,930	222,422
416515BB9 HARTFORD FINANCIAL SERVICES GROUP INC/TH	SEMI-ANN. 4.300% 04/15/2043 380,000.000	370,531	353,677
42809HAD9 HESS CORP CALLABLE BOND FIXED 5.6% 15/FE	SEMI-ANN. 5.600% 02/15/2041 300,000.000	340,440	252,876
437076AV4 HOME DEPOT INC/THE CALLABLE NOTES FIXED	SEMI-ANN. 5.950% 04/01/2041 300,000.000	373,656	373,323
456873AC2 INGERSOLL-RAND LUXEMBOURG FINANCE SA CAL	SEMI-ANN. 4.650% 11/01/2044 375,000.000	372,776	358,909
46132FAC4 INVESCO FINANCE PLC CALLABLE NOTES FIXED	SEMI-ANN. 5.375% 11/30/2043 325,000.000	376,925	356,028
478366BB2 JOHNSON CONTROLS INC CALLABLE NOTES FIXE	SEMI-ANN. 5.250% 12/01/2041 350,000.000	378,676	320,737
46625HHV5 JPMORGAN CHASE & CO NOTES FIXED 5.5% 15/	SEMI-ANN. 5.500% 10/15/2040 550,000.000	640,133	622,248

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423074AV5 KRAFT HEINZ FOODS CO CALLABLE NOTES FIXE	SEMI-ANN. 5.200% 07/15/2045 225,000.000	224,114	235,105
534187BA6 LINCOLN NATIONAL CORP CALLABLE NOTES FIX	SEMI-ANN. 7.000% 06/15/2040 200,000.000	271,790	250,856
539830BL2 LOCKHEED MARTIN CORP CALLABLE NOTES FIXE	SEMI-ANN. 4.700% 05/15/2046 225,000.000	221,668	230,483
559080AG1 MAGELLAN MIDSTREAM PARTNERS LP CALLABLE	SEMI-ANN. 5.150% 10/15/2043 300,000.000	327,123	257,244
565849AE6 MARATHON OIL CORP CALLABLE NOTES FIXED 6 RATINGS: BAA1 BBB+	SEMI-ANN. 6.600% 10/01/2037 300,000.000	383,721	257,388
56585AAH5 MARATHON PETROLEUM CORP CALLABLE NOTES F	SEMI-ANN. 4.750% 09/15/2044 375,000.000	363,274	306,525
58013MFA7 MCDONALD'S CORP CALLABLE MEDIUM TERM NOT	SEMI-ANN. 4.875% 12/09/2045 225,000.000	225,000	226,370
59156RAY4 METLIFE INC CALLABLE NOTES FIXED 5.875%	SEMI-ANN. 5.875% 02/06/2041 300,000.000	375,375	352,350
594918BM5 MICROSOFT CORP CALLABLE NOTES FIXED 4.75	SEMI-ANN. 4.750% 11/03/2055 175,000.000	174,347	181,265
61166WAP6 MONSANTO CO CALLABLE NOTES FIXED 4.4% 15	SEMI-ANN. 4.400% 07/15/2044 400,000.000	405,384	331,172
617482V92 MORGAN STANLEY NOTES FIXED 6.375% 24/JUL	SEMI-ANN. 6.375% 07/24/2042 300,000.000	382,983	370,965
61945CAE3 MOSAIC CO/THE CALLABLE NOTES FIXED 5.625	SEMI-ANN. 5.625% 11/15/2043 300,000.000	335,478	287,550
65334HAJ1 NEXEN INC CALLABLE NOTES FIXED 7.5% 30/J RATINGS: BAA3 BBB-	SEMI-ANN. 7.500% 07/30/2039 300,000.000	418,356	386,766
65473QAW3 NISOURCE FINANCE CORP CALLABLE NOTES FIX	SEMI-ANN. 6.250% 12/15/2040 270,000.000	327,348	319,561
655844BN7 NORFOLK SOUTHERN CORP CALLABLE NOTES FIX	SEMI-ANN. 4.800% 08/15/2043 350,000.000	381,850	340,081
68268NAG8 ONEOK PARTNERS LP CALLABLE NOTES FIXED 6	SEMI-ANN. 6.125% 02/01/2041 300,000.000	354,621	229,248

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68389XAW5 ORACLE CORP CALLABLE NOTES FIXED 4.5% 08	SEMI-ANN. 4.500% 07/08/2044 350,000.000	367,924	352,146
70109HAN5 PARKER-HANNIFIN CORP CALLABLE MEDIUM TER	SEMI-ANN. 4.450% 11/21/2044 300,000.000	299,604	311,790
713448CQ9 PEPSICO INC CALLABLE MEDIUM TERM NOTE FI	SEMI-ANN. 4.250% 10/22/2044 350,000.000	349,528	347,270
718546AH7 PHILLIPS 66 CALLABLE NOTES FIXED 5.875%	SEMI-ANN. 5.875% 05/01/2042 300,000.000	356,187	300,708
74251VAJ1 PRINCIPAL FINANCIAL GROUP INC CALLABLE N	SEMI-ANN. 4.350% 05/15/2043 350,000.000	345,132	327,523
74432QBN4 PRUDENTIAL FINANCIAL INC CALLABLE MEDIUM	SEMI-ANN. 6.625% 06/21/2040 325,000.000	421,868	398,252
760759AK6 REPUBLIC SERVICES INC CALLABLE NOTES FIX	SEMI-ANN. 6.200% 03/01/2040 300,000.000	383,388	351,558
478165AH6 SC JOHNSON & SON INC CALLABLE NOTES FIXE	SEMI-ANN. 4.750% 10/15/2046 250,000.000	249,518	260,400
822582BF8 SHELL INTERNATIONAL FINANCE BV CALLABLE	SEMI-ANN. 4.375% 05/11/2045 200,000.000	199,602	188,814
82620KAFO SIEMENS FINANCIERINGSMAATSCHAPPIJ NV CAL	SEMI-ANN. 4.400% 05/27/2045 250,000.000	248,145	255,560
84756NAG4 SPECTRA ENERGY PARTNERS LP CALLABLE NOTE	SEMI-ANN. 4.500% 03/15/2045 250,000.000	248,085	192,120
871829AY3 SYSCO CORP CALLABLE NOTES FIXED 4.85% 01	SEMI-ANN. 4.850% 10/01/2045 200,000.000	199,842	208,078
878742AW5 TECK RESOURCES LTD CALLABLE NOTES FIXED	SEMI-ANN. 6.250% 07/15/2041 250,000.000	252,695	110,000
887317AH8 TIME WARNER INC CALLABLE BOND FIXED 6.1%	SEMI-ANN. 6.100% 07/15/2040 125,000.000	149,340	135,018
00184AAC9 TIME WARNER INC CALLABLE NOTES FIXED 7.6 RATINGS: BAA2 BBB	SEMI-ANN. 7.625% 04/15/2031 145,000.000	200,026	179,416
87305QCG4 TTX CO CALLABLE BOND FIXED 4.65% 15/JUN/	SEMI-ANN. 4.650% 06/15/2044 350,000.000	368,277	347,358

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91911TAK9 VALE OVERSEAS LTD CALLABLE NOTES FIXED 6 RATINGS: BAA2 BBB+	SEMI-ANN. 6.875% 11/10/2039 300,000.000	353,955	208,473
91913YAL4 VALERO ENERGY CORP CALLABLE NOTES FIXED RATINGS: BAA2 BBB	SEMI-ANN. 6.625% 06/15/2037 300,000.000	367,641	301,626
92343VBTO VERIZON COMMUNICATIONS INC CALLABLE NOTE	SEMI-ANN. 6.550% 09/15/2043 1,100,000.000	1,378,410	1,305,931
92826CAF9 VISA INC CALLABLE NOTES FIXED 4.3% 14/DE	SEMI-ANN. 4.300% 12/14/2045 225,000.000	224,624	228,276
45685EAJ5 VOYA FINANCIAL INC CALLABLE NOTES FIXED	SEMI-ANN. 5.700% 07/15/2043 325,000.000	385,583	368,986
931142DB6 WAL-MART STORES INC NOTES FIXED 5.625% 1	SEMI-ANN. 5.625% 04/15/2041 400,000.000	484,064	475,824
931422AK5 WALGREEN CO CALLABLE NOTES FIXED 4.4% 15	SEMI-ANN. 4.400% 09/15/2042 250,000.000	238,920	213,418
96950FAF1 WILLIAMS PARTNERS LP CALLABLE NOTES FIXE	SEMI-ANN. 6.300% 04/15/2040 300,000.000	348,372	230,205
384802ABO WW GRAINGER INC CALLABLE NOTES FIXED 4.6	SEMI-ANN. 4.600% 06/15/2045 125,000.000	124,899	130,876
98956PAH5 ZIMMER BIOMET HOLDINGS INC CALLABLE NOTE	SEMI-ANN. 4.450% 08/15/2045 200,000.000	198,392	183,924
90131HAH8 21ST CENTURY FOX AMERICA INC CALLABLE NO	SEMI-ANN. 4.750% 09/15/2044 350,000.000	349,724	336,651
073844102 BEAR STATE FINANCIAL INC COMMON STOCK US	.780	6	8
14174T107 CARETRUST REIT INC REIT USD 0.01	1.490	5	16
521CNT998 CONTRA LEAP WIRELESS CVR	79.000	0	199

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239360100 DAWSON GEOPHYSICAL CO COMMON STOCK USD O	.660	10	2
266CVR901 DURATA THERAPEUTICS, INC. - CVR	100.000	0	0
361CVR996 FURIEX PHARMACEUTICALS INC CVR	100.000	0	0
388991465 GMD MULTI- STRATEGY FUND (OFFSHORE), L.P	982,234.710	982,235	4,931,091
851990556 SPRUCEGROVE INTERNATIONAL EQUITIES	106,746.420	2,678,617	5,729,550
890516107 TOOTSIE ROLL INDUSTRIES INC COMMON STOCK	.610	15	19
896CVR990 TRIUS THERAPEUTICS INC COMMON STOCK USD	231.000	1,244	0
92343X100 VERINT SYSTEMS INC COMMON STOCK USD O.OO	.290	9	12
409990975 HARBOURVEST PARTNERS V PARTNERSHIP FD L	1,000.000	119,926	139,770
747990925 PYRAMIS LONG DURATION POOL	2,314,200.650	45,133,908	46,052,593
09199G155 BLACKROCK LONG TERM GOVERNMENT BOND INDE	260,534.480	18,897,862	20,197,401
09199F355 BLACKROCK US LONG CORPORATE OPEN-END FUN	2,246,004.010	26,576,231	26,412,169

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107993651 BRIDGEWATER ALL WEATHER FUND	14,932.660	15,520,954	22,184,127
89599L905 JPMCB EXTENDED DURATION FUND	2,231,114.830	34,037,849	45,782,476
9289919A8 JPMORGAN US GOVT MMKT - PREMIER SHR FUND	MONTHLY VARIABLE 12/31/2049 5,611,518.410	5,611,518	5,611,518
616990206 MORGAN STANLEY POOLED INTL EQUITY MUTUAL	29,108.880	3,160,392	7,105,449
362999468 GMD STRATEGIC OPPORTUNITIES ALLOCATION F	638,756.810	13,142,961	11,555,111
565990900 MARSHALL & LLSLEY MONEY MARKET FUND	1.090	1	1
722005626 PIMCO ALL ASSET FUND FUND OF FUNDS USD	943,659.300	11,311,745	9,625,325
72201F433 PIMCO STOCKPLUS LONG DURATION FUND OPEN- USD	2,158,355.860	15,061,166	13,554,475
78199U1E0 RUSSELL 2000 INDEX NON-LENDABLE FUND	469,269.780	14,669,341	13,195,539

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294910997 EQUITABLE LIFE INS CO	CONTRACT GA-1403 148,032.490	148,032	63,844
294911995 EQUITABLE LIFE INS CO	CONTRACT GA-1039 336,387.000	336,387	20,732
294990940 EQUITABLE MELVILLE # 74877	602,779.680	602,780	602,780
554991323 MASS MUTUAL LIFE - 18 POLICIES	MONTHLY VARIABLE 12/31/2049 18.000	0	18
575019997 MASSACHUSETTS MUTUAL INS CO	MONTHLY VARIABLE 12/31/2049 173,358.700	173,359	173,359
71654QAZ5 PETROLEOS MEXICANOS CALLABLE NOTES FIXED	SEMI-ANN. 6.500% 06/02/2041 300,000.000	346,962	259,350
91086QAVO UNITED MEXICAN STATES MEDIUM TERM NOTE F	SEMI-ANN. 6.050% 01/11/2040 300,000.000	367,146	328,500
28140M137 EDUCATION MGMT CORP WARRANTS B SHARES	286.000	0	0
879080133 TEJON RANCH CO EQUITY WRT 31/AUG/2016 US	53.000	0	0
55973B110 WTS MAGNUM HUNTER RES CORP DEL	3.000	0	0

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AS OF DECEMBER 31, 2015

IDENTITY OF ISSUE, BORROWER, LESSOR	DESCRIPTION OF INVESTMENT SHARES / PAR	COST	CURRENT VALUE
TOTAL GENERAL INVESTMENTS		257,034,969	278,080,918
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SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24 Changes in Assumptions Since Last Actuarial Valuation as of January 1, 2015

In addition to the required updates to the interest rates and mortality tables, the following changes to assumptions were made:

- Expected administrative expenses of \$3,200,000 for 2015 were included as a component of the Target Normal Cost.
- The method for setting the interest crediting rate assumption changed from the 5-year average of actual rates to the actual known interest rate in the first year of valuation and the 5-year average of actual rates in the second year and thereafter.
- The National Average Wage increase changed from 3.00% to 2.75% and the CPI increase changed from 2.50% to 2.25%.

Plan Name: SPX US Pension Plan
EIN / PN: 38-1016240 / 003
Plan Sponsor: SPX Corporation
Valuation Date: January 1, 2015