

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2015</div> This Form is Open to Public Inspection
---	---	--

Part I	Annual Report Identification Information
For calendar plan year 2015 or fiscal plan year beginning <u>05/01/2015</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>PENSION PLAN FOR UNITED AUTO,AEROSPACE&AGRICULTURAL IMPLEMENT WORKERS OF AMERICA, LOCAL 1118 OF ROOTS BLOWER DIVISION, CONNERSVILLE, INDIANA</u>	1b Three-digit plan number (PN) ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">016</div>	
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>COLFAX CORPORATION</u> <u>420 NATIONAL BUSINESS PARKWAY</u> <u>5TH FLOOR</u> <u>ANNAPOLIS JUNCTION, MD 20701</u>	1c Effective date of plan <u>01/02/1953</u>		
	2b Employer Identification Number (EIN) <u>75-2795365</u>		
	2c Plan Sponsor's telephone number <u>301-323-9000</u>		
	2d Business code (see instructions) <u>333200</u>		

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2016	CHRISTOPHER HIX
	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

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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	5 477
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) 77
a(2) Total number of active participants at the end of the plan year	6a(2) 0
b Retired or separated participants receiving benefits.....	6b 0
c Other retired or separated participants entitled to future benefits.....	6c 0
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 0
f Total. Add lines 6d and 6e	6f 0
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1B 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) ☐ 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)
-----------------	---

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 _____

<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>
--	---	--

For calendar plan year 2015 or fiscal plan year beginning 05/01/2015 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 PENSION PLAN FOR UNITED AUTO,AEROSPACE&AGRICULTURAL IMPLEMENT WORKERS OF AMERICA, LOCAL 1118 OF ROOTS BLOWER DIVISION, CONNERSVILLE, INDIANA	B Three-digit plan number (PN) ▶ 016
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF COLFAX CORPORATION	D Employer Identification Number (EIN) 75-2795365

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B **F** Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information

1 Enter the valuation date: Month 05 Day 01 Year 2015			
2 Assets:			
a Market value	2a	29260618	
b Actuarial value	2b	28752604	
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	293	17301456	17301456
b For terminated vested participants	107	3803933	3803933
c For active participants	77	4013240	4227284
d Total	477	25118629	25332673
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	6.15%	
6 Target normal cost	6	263866	

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	09/02/2016	Date
BRIAN D. EVITTS	14-05995	Most recent enrollment number
Type or print name of actuary	215-587-0700	Telephone number (including area code)
CBIZ SAVITZ		
Firm name		
1845 WALNUT STREET, 14TH FLOOR PHILADELPHIA, PA 19103		
Address of the firm		

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

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	358479
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	358479
10 Interest on line 9 using prior year's actual return of <u>8.93</u> %	0	32012
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>6.36</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance.....		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	390491

Part III Funding Percentages		
14 Funding target attainment percentage.....	14	111.95 %
15 Adjusted funding target attainment percentage	15	113.50 %
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	111.82 %
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 0
22 Weighted average retirement age				22 63
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	263866	
b Excess assets, if applicable, but not greater than line 31a	31b	263866	
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	0	
43 Excess installment acceleration amount to be carried over to future plan years	43	0	

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider 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>	OMB No. 1210-0110
		2015
		This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 05/01/2015 and ending 12/31/2015		
<div>A</div> <div>Name of plan</div> <div>PENSION PLAN FOR UNITED AUTO,AEROSPACE&AGRICULTURAL IMPLEMENT WORKERS OF AMERICA, LOCAL 1118 OF ROOTS BLOWER DIVISION, CONNERSVILLE, INDIANA</div>	<div>B</div> <div>Three-digit plan number (PN)</div> <div>▶</div>	016
<div>C</div> <div>Plan sponsor's name as shown on line 2a of Form 5500</div> <div>COLFAX CORPORATION</div>	<div>D</div> <div>Employer Identification Number (EIN)</div> <div>75-2795365</div>	

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
-----	--

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

(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
-----	--

(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

(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

(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

(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)

THE BANK OF NEW YORK MELLON

13-5160382

(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 36 50 52 62	NONE	25215	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

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

a Name: CARLA LIBBY	b EIN: 53-0181291
c Position: ENROLLED ACTUARY	
d Address: 500 NORTH AKARD SUITE 4100 DALLAS, TX 75201-6661	e Telephone: 214-530-4200

Explanation: COLFAX ACQUIRED DRESSER, INC. DRESSER, INC. NOW USES THE ACTUARY FOR THE COLFAX PLAN.

a Name: KPMG LLP	b EIN: 13-5565207
c Position: ACCOUNTANT	
d Address: 515 BROADWAY ALBANY, NY 12207	e Telephone: 518-427-4600

Explanation: COLFAX ACQUIRED DRESSER, INC. DRESSER, INC. NOW USES THE ACCOUNTANT FOR THE COLFAX PLAN.

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.
---	--	--

For calendar plan year 2015 or fiscal plan year beginning 05/01/2015 and ending 12/31/2015

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>DRESSER, INC. MASTER TRUST</u>				
b Name of sponsor of entity listed in (a): <u>DRESSER, INC.</u>				
c EIN-PN <u>75-2795365-135</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EB DV STOCK INDEX FUND</u>				
b Name of sponsor of entity listed in (a): <u>MELLON BANK N.A.</u>				
c EIN-PN <u>25-6078093-010</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EB NCML INTERNATIONAL FUND</u>				
b Name of sponsor of entity listed in (a): <u>MELLON BANK N.A.</u>				
c EIN-PN <u>25-6078093-108</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EB TEMPORARY INVESTMENT FUND</u>				
b Name of sponsor of entity listed in (a): <u>MELLON BANK N.A.</u>				
c EIN-PN <u>25-6078093-023</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EB EMERGING MARKETS CORE FUND</u>				
b Name of sponsor of entity listed in (a): <u>MELLON BANK N.A.</u>				
c EIN-PN <u>25-6078093-308</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>EB DV NSL LT CR BIF</u>				
b Name of sponsor of entity listed in (a): <u>MELLON BANK N.A.</u>				
c EIN-PN <u>25-6078093-277</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>PE US SM CAP OPPORTUNISTIC</u>				
b Name of sponsor of entity listed in (a): <u>MELLON BANK N.A.</u>				
c EIN-PN <u>04-3203152-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>		

a Name of MTIA, CCT, PSA, or 103-12 IE: **EB DO MID CAP CORE FUND****b** Name of sponsor of entity listed in (a): **MELLON BANK N.A.**

c EIN-PN 25-6078093-025	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
---------------------------------------	-------------------------------	--

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.	<small>OMB No. 1210-0110</small> 2015 This Form is Open to Public Inspection
For calendar plan year 2015 or fiscal plan year beginning <u>05/01/2015</u> and ending <u>12/31/2015</u>		
A Name of plan <u>PENSION PLAN FOR UNITED AUTO, AEROSPACE & AGRICULTURAL IMPLEMENT WORKERS OF AMERICA, LOCAL 1118 OF ROOTS BLOWER DIVISION, CONNERSVILLE, INDIANA</u>		B Three-digit plan number (PN) <u>016</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>COLFAX CORPORATION</u>		D Employer Identification Number (EIN) <u>75-2795365</u>

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.				
	Assets			
a	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)		
	(2) Participant contributions	1b(2)		
	(3) Other	1b(3)		
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
	(2) U.S. Government securities	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property)	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)		
	(9) Value of interest in common/collective trusts	1c(9)		
	(10) Value of interest in pooled separate accounts	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)	29260618	0
	(12) Value of interest in 103-12 investment entities	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
	(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
	(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	29260618	0

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	14019	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	14019	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	29246599	0
---	-----------	----------	---

Part II Income and Expense Statement

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

Income

		(a) 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)	186030	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		186030
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-791370
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		-605340

Expenses**e** Benefit payment and payments to provide benefits:

(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1317431	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		1317431
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	85158	
(4) Other	2i(4)	60293	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		145451
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1462882

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-2068222
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		27178377

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: BDO USA, LLP

(2) EIN: 13-5381590

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.)		X		
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X		

	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			10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X		
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	X			
l Has the plan failed to provide any benefit when due under the plan?		X		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)				
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.				
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)
COLFAX CORPORATION CONSOLIDATED RETIREMENT PLAN	54-1887631	036

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.
---	--	--

For calendar plan year 2015 or fiscal plan year beginning 05/01/2015 and ending 12/31/2015

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

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>04-3581074</u> <u>13-5160382</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>0</u>

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

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

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

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

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

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

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

Schedule R (Form 5500) 2015
v. 150123

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

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>0.0</u> % Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
	b Provide the average duration of the combined investment-grade and high-yield debt: ☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
	c What duration measure was used to calculate line 19(b)? ☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

Part VII	IRS Compliance Questions
-----------------	---------------------------------

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

**Dresser, Inc. Pension Plan for
United Automobile, Aerospace &
Agricultural Implement Workers of
America, Local 1118 of Roots Blower
Division, Connersville, Indiana**

Financial Statements

As of December 31, 2015 and April 30, 2015
and for the Period from
May 1, 2015 to December 31, 2015

**Dresser, Inc. Pension Plan for United Automobile,
Aerospace & Agricultural Implement Workers of America,
Local 1118 Roots Blower Division, Connersville, Indiana**

Financial Statements

As of December 31, 2015 and April 30, 2015
and for the Period from
May 1, 2015 to December 31, 2015

**Dresser, Inc. Pension Plan for United Automobile, Aerospace &
Agricultural Implement Workers of America, Local 1118 of
Roots Blower Division, Connersville, Indiana**

Contents

Independent Auditor's Report	3-4
 Financial Statements	
Statements of Net Assets Available for Benefits—As of December 31, 2015 and April 30, 2015	5
Statement of Changes in Net Assets Available for Benefits—For the Period from May 1, 2015 to December 31, 2015	6
Notes to Financial Statements	7-16



Tel: 704-887-4236
Fax: 704-887-4290
www.bdo.com

1001 Morehead Square Drive
Suite 300
Charlotte, NC 28203

Independent Auditor's Report

To the Retirement Plan Committee
Colfax Corporation

Dresser, Inc. Pension Plan for United Automobile, Aerospace & Agricultural Implement
Workers of America, Local 1118 of Roots Blower Division, Connersville, Indiana
Annapolis Junction, Maryland

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Dresser, Inc. Pension Plan for United Automobile, Aerospace & Agricultural Implement Workers of America, Local 1118 of Roots Blower Division, Connersville, Indiana (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2015 and the related statement of changes in net assets available for benefits for the period from May 1, 2015 to December 31, 2015, 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 the financial statements based on conducting the audit 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, 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 the Bank of New York Mellon/BNY Mellon, N.A. for the period from September 1, 2015 to December 31, 2015 and State Street Bank and Trust Company for the period from May 1, 2015 to September 1, 2015, the trustees of the Plan, except for comparing such information with the related information included in the December 31, 2015 financial statements. The plan administrator has obtained certifications from the trustees as of December 31, 2015 and for the period from May 1, 2015 to December 31, 2015, that the information provided to the plan administrator by the trustees is complete and accurate.

BDO USA, LLP, a Delaware limited liability partnership, is the U.S. member of BDO International Limited, a UK company limited by guarantee, and forms part of the international BDO network of independent member firms.

BDO is the brand name for the BDO network and for each of the BDO Member Firms.



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 on the financial statements as of December 31, 2015 and for the period from May 1, 2015 to December 31, 2015. Accordingly, we do not express an opinion on the financial statements as of December 31, 2015 and for the period from May 1, 2015 to December 31, 2015.

Other Matter - Plan Merger and Transfer

As described in Note 1, the Plan was merged into a related plan effective December 31, 2015. As such, the statement of changes in net assets available for benefits for the period from May 1, 2015 to December 31, 2015 reflects a transfer out of the Plan totaling \$27,178,377 and there are no assets in the Plan as of December 31, 2015. Our disclaimer of opinion is not modified with respect to this matter.

Other Matter - Financial Statements as of April 30, 2015

The financial statements of the plan as of April 30, 2015, were audited by predecessor auditors. As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed the predecessor auditors not to perform and they did not perform any auditing procedures with respect to the information certified by the trustee. Their report, dated November 16, 2015, indicated that (a) because of the significance of the information that they did not audit, they were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements (b) the form and content of the information included in the financial statements other than that derived from the information certified by the trustee, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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

The form and content of the information included in the financial statements as of December 31, 2015 and for the period from May 1, 2015 to December 31, 2015, other than that derived from the information certified by the trustees, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

BDO USA, LLP

October 13, 2016

Financial Statements

**Dresser, Inc. Pension Plan for United Automobile, Aerospace &
Agricultural Implement Workers of America, Local 1118 of
Roots Blower Division, Connersville, Indiana**

Statements of Net Assets Available for Benefits

	December 31, 2015	April 30, 2015
Assets:		
Investments, at fair value	\$ -	\$ 29,260,618
Plan interest in Dresser, Inc. Master Trust		
Liabilities:		
Accrued expenses	-	14,019
Net assets available for benefits	\$ -	\$ 29,246,599

See accompanying notes to financial statements.

**Dresser, Inc. Pension Plan for United Automobile, Aerospace &
Agricultural Implement workers of America, Local 1118 of
Roots Blower Division, Connersville, Indiana**

Statement of Changes in Net Assets Available for Benefits

	For the Period from May 1, 2015 to December 31, 2015
Changes in net assets attributable to:	
Net investment income (loss):	
Dividend and interest income	\$ 186,030
Net depreciation in fair value of investments	(791,370)
Total net investment loss	(605,340)
Deductions:	
Benefits paid to participants	(1,317,431)
Administrative expenses	(145,451)
Total deductions	(1,462,882)
Net decrease before transfer	(2,068,222)
Transfer out to Colfax Corporation Consolidated Retirement Plan	(27,178,377)
Net decrease	(29,246,599)
Net assets available for benefits, beginning of year	29,246,599
Net assets available for benefits, end of year	\$ -

See accompanying notes to financial statements.

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

Notes to Financial Statements

1. Description of Plan

The following description of the Dresser, Inc. Pension Plan for United Automobile, Aerospace & Agricultural Implement Workers of America, Local 1118 of Roots Blower Division, Connersville, Indiana (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a noncontributory defined benefit pension plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA") and the Internal Revenue Code ("IRC") of 1986, as amended. The Plan provides coverage for pension, disability and preretirement death benefits to substantially all employees hired before November 1, 2008 of the Roots Blower Division of Dresser, Inc. who are represented by the United Automobile, Aerospace and Agricultural Implement Workers of America, Local 1118 at Connersville, Indiana.

The Plan was formerly sponsored by Dresser, Inc., an affiliate of General Electric Company ("GE"). On June 30, 2015, Colfax Corporation entered into an asset purchase agreement and acquired the Roots Blower Division of Dresser, Inc. Sponsorship transferred from Dresser Inc. to the Colfax Corporation, as the Roots Blower Division of Dresser, Inc. became a wholly-owned subsidiary of Colfax Corporation. Collectively, these entities are referred to as the Sponsor of the Plan.

Effective December 31, 2015, the Plan was merged into the Colfax Corporation Consolidated Retirement Plan ("Colfax Plan"), a noncontributory defined benefit pension plan sponsored by Colfax Corporation. Net assets available for benefits totaling \$27,178,377 and accumulated plan benefits totaling \$24,622,683 (Note 8) were transferred out of the Plan to the Colfax Plan.

Effective May 1, 2015, the Plan was amended to change the Plan year end from April 30th to December 31st, which corresponds to the transfer of assets from the Plan.

Eligibility

Effective November 1, 2008 the Plan was frozen to close the Plan to new participants. Employees hired prior to November 1, 2008 became eligible to participate on their date of hire and were 100% vested after 5 years. These employees were able to choose, prior to February 28, 2009, to receive future benefit accruals under the Plan, or transfer into the 401(k) Dresser, Inc. Savings Plan and receive matching contributions in accordance with the provisions of that plan.

Benefit Payments

The Plan provides benefits for normal and early retirement. The Plan generally provides for normal retirement benefits at age 65 and 5 years of service, early retirement benefits at age 60 and 10 years of service, disability benefits and survivor benefits. Participants may elect to receive their distributions, subject to certain Plan provisions, in the form of various annuity payment options. If the participant's actuarial equivalent of the accrued benefit payable at their normal retirement date is less than \$5,000, the participant is paid a lump-sum payment as soon as practicable after his or her termination date. In addition, the Plan provides certain death benefits in the event of the death of an employee prior to retirement.

**Dresser, Inc. Pension Plan for United Automobile, Aerospace &
Agricultural Implement Workers of America, Local 1118 of
Roots Blower Division, Connersville, Indiana**

Notes to Financial Statements

A vested participant who terminates for any reason other than retirement, disability, or death is entitled to the monthly vested termination benefit beginning on his or her normal retirement date in the amount of his or her accrued benefit.

Vesting

Participants become 100 percent vested at the earlier of completion of five years of vesting service, or upon attainment of normal retirement age of 65.

Administrative Expenses

The Plan pays certain administrative expenses including investment, record-keeping, Pension Benefit Guaranty Corporation ("PBGC") premiums, and other miscellaneous administrative fees. Additionally, the Plan paid a proportionate share of the expenses allocated under a master trust arrangement, which are primarily associated with investment management fees. All other administrative expenses of the Plan are paid by the sponsor of the Plan.

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting.

Investment Valuation and Income Recognition

Plan investments are reported at fair value. The fair value of a financial instrument is the amount that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (the exit price). The Plan's investment committee determines the Plan's valuation policies utilizing information provided by investment advisors, and the trustees. See Note 4 for a discussion on fair value.

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

As of April 30, 2015, the Plan investments were held in the Dresser, Inc. Master Trust ("Master Trust"). The Master Trust invested plan assets in common and/or collective trusts. The Master Trust maintained these investments for all of Dresser, Inc.'s pension plans and each plan had an undivided interest in Master Trust investments. Ownership of plan assets is represented as proportionate dollar units of participation and adjusted for contributions, benefit payments and plan administrative expenses.

Payment of Benefits

Benefit payments are recorded when paid.

**Dresser, Inc. Pension Plan for United Automobile, Aerospace &
Agricultural Implement Workers of America, Local 1118 of
Roots Blower Division, Connersville, Indiana**

Notes to Financial Statements

Funding Policy

It is the Sponsor's policy to contribute amounts sufficient to meet minimum funding requirements as set forth in employee benefit and tax laws plus such additional amounts as the Sponsor may determine appropriate. The Sponsor was not required to make contributions for the period from May 1, 2015 to December 31, 2015.

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, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated Plan benefits. Actual results could differ from those estimates.

Recently Issued Accounting Pronouncements

In May 2015, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") No. 2015-07, *Fair Value Measurement (Topic 820) - Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)* ("NAV"). ASU No. 2015-07 aims to remove the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using the net asset value per share practical expedient. ASU No. 2015-07 also removes the requirement to make certain disclosures for all investments that are eligible to be measured at fair value using the net asset value per share (or its equivalent). Investments that calculate net assets per share for which the practical expedient is not applied will continue to be included in the fair value hierarchy along with the related required disclosures. ASU No. 2015-07 is effective for fiscal years beginning after December 15, 2016, and is to be applied retrospectively. The Plan did not early adopt ASU No. 2015-07 in the notes to financial statements as there were no investments in the Plan as of December 31, 2015. See Note 1.

In July 2015, the FASB released ASU No. 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960) Defined Contribution Pension Plans (Topic 962) Health and Welfare Benefit Plans (Topic 965)*. This amendment removes the requirement to report fully-benefit responsive investment contracts at fair value with an adjustment to contract value. Under the amendment, fully-benefit responsive investment contracts are measured, presented and disclosed only at contract value. In addition, this amendment simplifies the investment disclosures required for employee benefit plans, including eliminating the requirements to disclose (i) individual investments that represent 5% or more of net assets available for benefits, (ii) net appreciation (depreciation) by individual investment type, and (iii) investment information disaggregated based on the nature, characteristics and risks. This amendment is effective for fiscal years beginning after December 15, 2015. The Plan early adopted ASU No. 2015-12 in the notes to the financial statements. There was no effect on the amounts reported as of April 30, 2015 upon adoption.

**Dresser, Inc. Pension Plan for United Automobile, Aerospace &
Agricultural Implement Workers of America, Local 1118 of
Roots Blower Division, Connersville, Indiana**

Notes to Financial Statements

3. Investment Information Certified by the Plan's Trustees

As of April 30, 2015, the Plan investments were held in the Master Trust under an agreement with State Street Bank and Trust Company ("State Street"). The Plan's interest in the net assets of the Master Trust as of April 30, 2015 was 10.35 percent. Effective May 1, 2015, the Plan's interest in the Master Trust was transferred from the Master Trust into the GE Pension Trust, also held by State Street. Effective September 1, 2015, the Plan's assets were transferred from the GE Pension Trust into a trust account at Bank of New York Mellon/BNY Mellon, N.A. ("BNYM").

The plan administrator has elected the alternative method of compliance 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. Accordingly, as permitted under such election, State Street has certified the following data in the accompanying financial statements as of April 30, 2015 and for the period from May 1, 2015 to September 1, 2015, and BNYM has certified the following data as of December 31, 2015 and for the period from September 1, 2015 to December 31, 2015.

Assets Held Directly by the Plan

Effective December 31, 2015, the Plan and its net assets were merged into the Colfax Plan. See Note 1. As such, total investments of the Plan was \$0 as of December 31, 2015.

	For the Period from May 1, 2015 to December 31, 2015
Dividend and interest income	\$ 186,030
Net depreciation in fair value of investments	\$ (791,370)

Assets Held in the Master Trust

On April 30, 2015, the Master Trust's assets which were invested in common and collective trusts were redeemed. A receivable in the amount of \$280,548,550 was recorded for the redemption amounts as of April 30, 2015. Cash from the redemptions was subsequently transferred to the GE Pension Trust on May 1, 2015, as described above. The Plan had no interest in the GE Pension Trust as of December 31, 2015.

**Dresser, Inc. Pension Plan for United Automobile, Aerospace &
Agricultural Implement Workers of America, Local 1118 of
Roots Blower Division, Connersville, Indiana**

Notes to Financial Statements

The net assets of the Master Trust as of April 30, 2015 were as follows:

<i>April 30,</i>	<i>2015</i>
<hr/>	
Common/collective trusts, at fair value	\$ 2,197,075
<hr/>	
Receivable- Due from brokers	280,548,550
<hr/>	
Net assets of the Master Trust	\$ 282,745,625
<hr/>	

The Plan's independent accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements.

4. Fair Value Measurements

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

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

Level 2: Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

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

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

**Dresser, Inc. Pension Plan for United Automobile, Aerospace &
Agricultural Implement Workers of America, Local 1118 of
Roots Blower Division, Connersville, Indiana**

Notes to Financial Statements

There have been no changes in the methodologies used as of December 31, 2015 and April 30, 2015. The following is a description of the valuation methodologies used for assets measured at fair value:

Common/Collective Trusts: Units held in the common/collective trusts (“CCTs”) are valued at the net asset value (“NAV”). The NAV, as provided by the trustees, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

Withdrawals from the CCTs are generally permitted daily. There are no unfunded commitments related to the CCTs held by the Plan.

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

Changes in Fair Value Levels: The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

The plan administrator evaluated the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the period from May 1, 2015 to December 31, 2015, there were no significant transfers in or out of levels 1, 2 or 3.

There were no investments measured at fair value held directly by the Plan as of December 31, 2015. See Note 1.

The Master Trust’s investments measured at fair value on a recurring basis as of April 30, 2015 were as follows:

	<i>Level 1</i>	<i>Level 2</i>	<i>Level 3</i>	<i>Total</i>
Common/collective trusts	\$ -	\$ 2,197,075	\$ -	\$ 2,197,075
Total investments	\$ -	\$ 2,197,075	\$ -	\$ 2,197,075

**Dresser, Inc. Pension Plan for United Automobile, Aerospace &
Agricultural Implement Workers of America, Local 1118 of
Roots Blower Division, Connersville, Indiana**

Notes to Financial Statements

5. Risks and Uncertainties

The Plan invests in various investment securities. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility risk. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur (including in the near term) and that such changes could materially affect amounts reported in the statements of net assets available for plan benefits.

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

6. Tax Status

The Internal Revenue Service has determined and informed the Plan by a letter dated March 26, 2012, that the Plan and related trust are designed in accordance with the IRC. Although the Plan has been amended since receiving the determination letter, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income tax has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2015 and April 30, 2015, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or an asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

7. Plan Termination

The Sponsor has the right under the Plan to discontinue contributions at any time and to terminate the Plan subject to provisions of ERISA. As discussed in Note 1, the Plan transferred all net assets to the Colfax Plan on December 31, 2015. Benefits will continue under the successor plan.

**Dresser, Inc. Pension Plan for United Automobile, Aerospace &
Agricultural Implement Workers of America, Local 1118 of
Roots Blower Division, Connersville, Indiana**

Notes to Financial Statements

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had returned with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
2. Other vested benefits insured by the PBGC (a U.S. government agency) up to the applicable limitations (discussed subsequently).
3. All other vested benefits (not insured by the PBGC).
4. All nonvested benefits.

Additionally, certain benefits under the Plan are insured by the PBGC if the Plan so terminates. Generally, the PBGC guarantees most vested normal retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations.

Whether all participants will receive their benefits should the Plan so terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan sponsor and level of benefits guaranteed by the PBGC. There is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees.

8. 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. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, and (b) present employees or their beneficiaries. Benefits payable as a result of retirement, death, disability and termination of employment are included, to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from Plan assets are excluded from accumulated Plan benefits.

The actuarial present value of accumulated plan benefits is determined by independent actuaries and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, termination of employment, and retirement) between the valuation date and the expected date of payment.

**Dresser, Inc. Pension Plan for United Automobile, Aerospace &
Agricultural Implement Workers of America, Local 1118 of
Roots Blower Division, Connersville, Indiana**

Notes to Financial Statements

The significant actuarial assumptions used in the valuations as of December 31, 2015 and April 30, 2015 were (a) life expectancies of participants (RP-2014 Mortality Tables (annuitant and non-annuitant)), (b) retirement age assumptions, (c) unit credit cost method and (d) investment return. The expected long term rate of return on plan assets was reduced from 7.50 percent as of the April 30, 2015 valuation, to 7.0 percent as of the December 31, 2015 valuation.

The actuarial present value of accumulated Plan benefits based upon the most recent actuarial valuation is as follows:

	December 31, 2015	April 30, 2015
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	\$ -	\$ 16,241,162
Other participants	-	6,759,176
Total vested benefits	-	23,000,338
Non-vested accrued benefits	-	129,858
Total actuarial present value of accumulated plan benefits	\$ -	\$ 23,130,196

The change in the actuarial present value of accumulated plan benefits for the period from May 1, 2015 to December 31, 2015 is as follows:

Actuarial present value of accumulated plan benefits, April 30, 2015	\$ 23,130,196
Net decrease in actuarial present value of accumulated plan benefits attributed to:	
Benefits accumulated and gains and losses	64,518
Interest due to decrease in discount period	1,123,574
Actual benefits paid	(1,317,431)
Change of assumptions	1,621,826
Transfer out of Plan at December 31, 2015	(24,622,683)
Net decrease	(23,130,196)
Total actuarial present value of accumulated plan benefits, December 31, 2015	\$ -

**Dresser, Inc. Pension Plan for United Automobile, Aerospace &
Agricultural Implement Workers of America, Local 1118 of
Roots Blower Division, Connersville, Indiana**

Notes to Financial Statements

The foregoing actuarial assumptions are based on the presumption that the Plan will continue indefinitely as part of the successor plan. If the Plan was expected to be completely terminated, different actuarial assumptions and other factors would be applicable in determining the actuarial present value of accumulated plan benefits. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that certain changes in these estimates and assumptions could be material to the financial statements. As of December 31, 2015, the Plan was merged into the Colfax Plan. See Note 1. Benefits continue under the successor plan and as such, the accumulated plan benefits were also transferred.

9. Related Party and Party-In-Interest Transactions

Certain Plan investments are managed by affiliates of BNYM and State Street, which were the trustees of the Plan. The Plan pays fees to these service providers for administrative, trustee, and investment management services which are recorded within administrative expenses on the accompanying statement of changes in net assets available for benefits. These transactions qualify as exempt party-in interest transactions.

10. Subsequent Events

The Plan has evaluated subsequent events from the date of the statement of net assets available for benefits through October 13, 2016, the date the financial statements were available to be issued. During this period, no material recognizable subsequent events were identified.

**Pension Plan for United Automobile, Aerospace, and Agricultural Implement Workers of America Local No. 1118 of Roots Blower
Division, Connerville, Indiana
EIN: 75-2795365 Plan: 016
Attachment to the 2015 Form 5500 Schedule SB**

Schedule SB, line 26 - Schedule of Active Participant Data

	Attained	Years of Credited Service										Total
	Age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	Number
Average Age: 54.87	Under 25	0	0	0	0	0	0	0	0	0	0	0
Average Service: 27.18	25-29	0	0	2	0	0	0	0	0	0	0	2
	30-34	0	0	2	0	0	0	0	0	0	0	2
# of Males: 76	35-39	0	0	1	0	0	0	0	0	0	0	1
# of Females: 1	40-44	0	0	7	0	2	0	0	0	0	0	9
	45-49	0	0	2	0	1	3	0	0	0	0	6
	50-54	0	0	4	1	1	2	0	0	0	0	8
	55-59	0	0	5	0	1	0	2	5	4	5	22
	60-64	0	0	1	0	1	0	1	1	12	6	22
	65-69	0	0	2	0	0	0	0	0	2	1	5
	70 & Over	0	0	0	0	0	0	0	0	0	0	0
	Total	0	0	26	1	6	5	3	6	18	12	77

Pension Plan for United Automobile, Aerospace, and Agricultural Implement Workers of America
Local No. 1118 of Roots Blower Division, Connersville, Indiana
EIN: 75-2795365 Plan: 016
Attachment to the 2015 Form 5500 Schedule SB

ACTUARIAL ASSUMPTIONS AND METHODS

Interest Rates:

Minimum Funding - segment rates with a four-month lookback, with the segment rates adjusted as applicable according to HATFA.

(Segment 1):	4.72% per year, compounded annually.
(Segment 2):	6.11% per year, compounded annually.
(Segment 3):	6.81% per year, compounded annually.
Effective Rate:	6.15% per year, compounded annually.

Maximum Funding - segment rates with a four-month lookback, without reflecting HATFA.

(Segment 1):	1.28% per year, compounded annually.
(Segment 2):	4.07% per year, compounded annually.
(Segment 3):	5.11% per year, compounded annually.
Effective Rate:	4.15% per year, compounded annually.

Discount Rate (FASB ASC 960): 7.00% per year, compounded annually.

Mortality:

Target Liability: IRS 2015 Static Mortality Table.

ASC 960: Pre-commencement: 2006 base rates derived from the RP-2014 Total Dataset Employee Mortality Tables using Mortality Improvement Scale MP-2014, then projected generationally from 2006 with Mortality Improvement Scale MP-2015.

Post-commencement for non-disabled participants: 2006 base rates derived from the RP-2014 Total Dataset Healthy Annuitant Mortality Tables using Mortality Improvement Scale MP-2014, then projected generationally from 2006 with Mortality Improvement Scale MP-2015.

Post-commencement for disabled participants: 2006 base rates derived from the RP-2014 Disabled Retiree Mortality Tables using Mortality Improvement Scale MP-2014, then projected generationally with Mortality Improvement Scale MP-2015.

Pension Plan for United Automobile, Aerospace, and Agricultural Implement Workers of America
Local No. 1118 of Roots Blower Division, Connersville, Indiana
EIN: 75-2795365 Plan: 016
Attachment to the 2015 Form 5500 Schedule SB

ACTUARIAL ASSUMPTIONS AND METHODS

Withdrawal:

Sample rates are shown below:

Age	Rate
25	5.0%
30	5.0%
35	5.0%
40	2.0%
45	2.0%
50	2.0%
54	2.0%

Disability:

SOA 2012 IDEC Claim Incidence Rate Tables
(class 3 for males).

Retirement:

Retirement rates are shown below:

Age	Rate
60	15.0%
61	20.0%
62	30.0%
63-64	15.0%
65	50.0%
66-69	10.0%
70	100.0%

Terminated vested participants are assumed to retire
at age 65.

Form of Payment:

75% of participants are assumed to elect a life annuity.
25% of participants are assumed to elect a J&S 50% annuity.

Expenses:

Expenses are assumed to be \$150,000.

Marital Status:

85% of participants are married. Husbands are three years
older than wives.

Pension Plan for United Automobile, Aerospace, and Agricultural Implement Workers of America
Local No. 1118 of Roots Blower Division, Connersville, Indiana
EIN: 75-2795365 Plan: 016
Attachment to the 2015 Form 5500 Schedule SB

ACTUARIAL ASSUMPTIONS AND METHODS

Asset Valuation Method:

Recognition of gains and losses above or below the assumed rate of return over a two-year period, adjusted, if necessary, to remain no greater than 110% of market value, nor less than 90% of market value. The assumed rate of return for each year is the third segment rate of the IRS Spot Segment Rate Table in effect for each year, but no greater than 7.25% in 2013.

Changes since the Prior Valuation:

The changes to the segment rates used to calculate the minimum funding target liability are as follows: from 4.99% to 4.72% for the first five years, from 6.32% to 6.11% for the next 15 years, from 6.99% to 6.81% for all years thereafter.

The changes to the segment rates used to calculate the maximum funding target liability are as follows: from 1.18% to 1.28% for the first five years, from 4.05% to 4.07% for the next 15 years, from 5.11% to 5.11% for all years thereafter.

The funding mortality table was updated from the IRS 2014 Static Mortality Table to the IRS 2015 Static Mortality Table.

The ASC 960 mortality table was updated from the RP-2000 Blue Collar Tables projected with Scale AA to the tables described above.

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.	<small>OMB No. 1210-0110</small> 2015 This Form is Open to Public Inspection
---	--	--

For calendar plan year 2015 or fiscal plan year beginning 05/01/2015 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 PENSION PLAN FOR UNITED AUTO, AEROSPACE & AGRICULTURE IMPLEMENT WORKERS OF AMERICA, LOCAL 1118 OF ROOTS BLOWER DIVISION, CONNERSVILLE, INDIANA	B Three-digit plan number (PN) ►	016
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Colfax Corporation	D Employer Identification Number (EIN) 75-2795365	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500		

Part I Basic Information			
1 Enter the valuation date: Month <u>05</u> Day <u>01</u> Year <u>2015</u>			
2 Assets:			
a Market value	2a	29,260,618	
b Actuarial value	2b	28,752,604	
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	293	17,301,456	17,301,456
b For terminated vested participants	107	3,803,933	3,803,933
c For active participants	77	4,013,240	4,227,284
d Total	477	25,118,629	25,332,673
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	6.15%	
6 Target normal cost	6	263,866	

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

SIGN HERE	BRIAN D. EVITTS <i>BDE</i> Signature of actuary	09/02/2016 Date
	BRIAN D. EVITTS Type or print name of actuary	1405995 Most recent enrollment number
	CBIZ SAVITZ Firm name	215-587-0700 Telephone number (including area code)
	1845 WALNUT STREET, 14TH FLOOR PHILADELPHIA PA 19103 Address of the firm	

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

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	358,479
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	358,479
10 Interest on line 9 using prior year's actual return of <u>8.93</u> %	0	32,012
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>6.36</u> %		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	390,491

Part III Funding Percentages

14 Funding target attainment percentage	14	111.95 %
15 Adjusted funding target attainment percentage	15	113.50 %
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	111.82 %
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	(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 0
22 Weighted average retirement age				22 63
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	263,866	
b Excess assets, if applicable, but not greater than line 31a	31b	263,866	
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	0	
43 Excess installment acceleration amount to be carried over to future plan years	43	0	

**Pension Plan for United Automobile, Aerospace, and Agricultural Implement Workers
of America Local No. 1118 of Roots Blower Division, Connersville, Indiana
EIN: 75-2795365 Plan: 016
Attachment to the 2015 Form 5500 Schedule SB**

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

<u>Age</u>	<u>Count</u>	<u>Ret. Rate</u>	<u># Ret</u>	<u>Average</u>
55	1000.000	2.50%	25.000	1375.000
56	975.000	2.50%	24.375	1365.000
57	950.625	2.50%	23.766	1354.641
58	926.859	2.50%	23.171	1343.946
59	903.688	2.50%	22.592	1332.940
60	881.096	15.00%	132.164	7929.861
61	748.931	20.00%	149.786	9136.962
62	599.145	30.00%	179.744	11144.098
63	419.402	15.00%	62.910	3963.345
64	356.491	15.00%	53.474	3422.317
65	303.018	50.00%	151.509	9848.073
66	151.509	10.00%	15.151	999.958
67	136.358	10.00%	13.636	913.598
68	122.722	10.00%	12.272	834.511
69	110.450	10.00%	11.045	762.104
70	99.405	100.00%	99.405	6958.345
Weighted Average Retirement Age				62.685

**Pension Plan for United Automobile, Aerospace, and Agricultural Implement Workers of America Local No. 1118 of Roots Blower
Division, Connersville, Indiana
EIN: 75-2795365 Plan: 016
Attachment to the 2015 Form 5500 Schedule SB**

Schedule SB, line 26 - Schedule of Active Participant Data

	Attained	Years of Credited Service										Total
	Age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	Number
Average Age: 54.87	Under 25	0	0	0	0	0	0	0	0	0	0	0
Average Service: 27.18	25-29	0	0	2	0	0	0	0	0	0	0	2
	30-34	0	0	2	0	0	0	0	0	0	0	2
# of Males: 76	35-39	0	0	1	0	0	0	0	0	0	0	1
# of Females: 1	40-44	0	0	7	0	2	0	0	0	0	0	9
	45-49	0	0	2	0	1	3	0	0	0	0	6
	50-54	0	0	4	1	1	2	0	0	0	0	8
	55-59	0	0	5	0	1	0	2	5	4	5	22
	60-64	0	0	1	0	1	0	1	1	12	6	22
	65-69	0	0	2	0	0	0	0	0	2	1	5
	70 & Over	0	0	0	0	0	0	0	0	0	0	0
	Total	0	0	26	1	6	5	3	6	18	12	77

Pension Plan for United Automobile, Aerospace, and Agricultural Implement Workers of America
Local No. 1118 of Roots Blower Division, Connersville, Indiana
EIN: 75-2795365 Plan: 016
Attachment to the 2015 Form 5500 Schedule SB

ACTUARIAL ASSUMPTIONS AND METHODS

Interest Rates:

Minimum Funding - segment rates with a four-month lookback, with the segment rates adjusted as applicable according to HATFA.

(Segment 1):	4.72% per year, compounded annually.
(Segment 2):	6.11% per year, compounded annually.
(Segment 3):	6.81% per year, compounded annually.
Effective Rate:	6.15% per year, compounded annually.

Maximum Funding - segment rates with a four-month lookback, without reflecting HATFA.

(Segment 1):	1.28% per year, compounded annually.
(Segment 2):	4.07% per year, compounded annually.
(Segment 3):	5.11% per year, compounded annually.
Effective Rate:	4.15% per year, compounded annually.

Discount Rate (FASB ASC 960): 7.00% per year, compounded annually.

Mortality:

Target Liability: IRS 2015 Static Mortality Table.

ASC 960: Pre-commencement: 2006 base rates derived from the RP-2014 Total Dataset Employee Mortality Tables using Mortality Improvement Scale MP-2014, then projected generationally from 2006 with Mortality Improvement Scale MP-2015.

Post-commencement for non-disabled participants: 2006 base rates derived from the RP-2014 Total Dataset Healthy Annuitant Mortality Tables using Mortality Improvement Scale MP-2014, then projected generationally from 2006 with Mortality Improvement Scale MP-2015.

Post-commencement for disabled participants: 2006 base rates derived from the RP-2014 Disabled Retiree Mortality Tables using Mortality Improvement Scale MP-2014, then projected generationally with Mortality Improvement Scale MP-2015.

Pension Plan for United Automobile, Aerospace, and Agricultural Implement Workers of America
Local No. 1118 of Roots Blower Division, Connersville, Indiana
EIN: 75-2795365 Plan: 016
Attachment to the 2015 Form 5500 Schedule SB

ACTUARIAL ASSUMPTIONS AND METHODS

Withdrawal:

Sample rates are shown below:

Age	Rate
25	5.0%
30	5.0%
35	5.0%
40	2.0%
45	2.0%
50	2.0%
54	2.0%

Disability:

SOA 2012 IDEC Claim Incidence Rate Tables
(class 3 for males).

Retirement:

Retirement rates are shown below:

Age	Rate
60	15.0%
61	20.0%
62	30.0%
63-64	15.0%
65	50.0%
66-69	10.0%
70	100.0%

Terminated vested participants are assumed to retire
at age 65.

Form of Payment:

75% of participants are assumed to elect a life annuity.
25% of participants are assumed to elect a J&S 50% annuity.

Expenses:

Expenses are assumed to be \$150,000.

Marital Status:

85% of participants are married. Husbands are three years
older than wives.

Pension Plan for United Automobile, Aerospace, and Agricultural Implement Workers of America
Local No. 1118 of Roots Blower Division, Connersville, Indiana
EIN: 75-2795365 Plan: 016
Attachment to the 2015 Form 5500 Schedule SB

ACTUARIAL ASSUMPTIONS AND METHODS

Asset Valuation Method:

Recognition of gains and losses above or below the assumed rate of return over a two-year period, adjusted, if necessary, to remain no greater than 110% of market value, nor less than 90% of market value. The assumed rate of return for each year is the third segment rate of the IRS Spot Segment Rate Table in effect for each year, but no greater than 7.25% in 2013.

Changes since the Prior Valuation:

The changes to the segment rates used to calculate the minimum funding target liability are as follows: from 4.99% to 4.72% for the first five years, from 6.32% to 6.11% for the next 15 years, from 6.99% to 6.81% for all years thereafter.

The changes to the segment rates used to calculate the maximum funding target liability are as follows: from 1.18% to 1.28% for the first five years, from 4.05% to 4.07% for the next 15 years, from 5.11% to 5.11% for all years thereafter.

The funding mortality table was updated from the IRS 2014 Static Mortality Table to the IRS 2015 Static Mortality Table.

The ASC 960 mortality table was updated from the RP-2000 Blue Collar Tables projected with Scale AA to the tables described above.

Pension Plan for United Automobile, Aerospace, and Agricultural Implement Workers of America
Local No. 1118 of Roots Blower Division, Connersville, Indiana
EIN: 75-2795365 Plan: 016
Attachment to the 2015 Form 5500 Schedule SB

SUMMARY OF PRINCIPAL PLAN PROVISIONS

Covered Employees

Any hourly-paid employee, except a leased employee, who is a member of the bargaining unit represented by the Union, and who is employed at the Connersville, Indiana location of the employer, hired before November 1, 2008.

Participation Service

Elapsed time of period of employment, used for vesting and benefit eligibility.

Benefit Accrual Service

Elapsed time of period of employment.

Eligibility

One year of service, provided the employee was hired before November 1, 2008.

History of Benefit Multipliers

<u>Benefit Accrual Service Period</u>	<u>Benefit Multiplier</u>
Prior to November 1, 2009	\$31.25
November 1, 2009 - October 31, 2011	33.25
November 1, 2011 - March 31, 2015	35.00
April 1, 2015 or later:	36.00

Monthly Pension Benefit

Monthly pension benefit is equal to the benefit multiplier based upon termination period times years of benefit accrual service, considering only full months, with a maximum of 41 years.

Normal Retirement Pension:

Eligibility

Age 65 and completion of five years of participation service.

Benefit

Monthly pension benefit determined as of Normal Retirement Date.

Pension Plan for United Automobile, Aerospace, and Agricultural Implement Workers of America
Local No. 1118 of Roots Blower Division, Connersville, Indiana
EIN: 75-2795365 Plan: 016
Attachment to the 2015 Form 5500 Schedule SB

SUMMARY OF PRINCIPAL PLAN PROVISIONS

Early Retirement Pension

Eligibility

Attainment of age 60 and completion of ten years of participation service.

Benefit

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

If benefit commences before age 62, reduction is 1/180 for each complete month before age 65;

If benefit commences after age 62, benefit is not reduced.

Deferred Retirement Pension

Eligibility

Retirement after Normal Retirement Date.

Benefit

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

Vested Retirement Pension

Eligibility

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

Benefit

Monthly pension benefit determined as of termination, with reduction for Early Retirement as specified above.

**Pension Plan for United Automobile, Aerospace, and Agricultural Implement Workers of America
Local No. 1118 of Roots Blower Division, Connersville, Indiana
EIN: 75-2795365 Plan: 016
Attachment to the 2015 Form 5500 Schedule SB**

SUMMARY OF PRINCIPAL PLAN PROVISIONS

Death Benefits

Eligibility

Completion of five years of service.

Benefit

Spouses of actives who attained age 55 but not age 60 receive the greater of \$125 per month for two years or accrued early retirement benefit (adjusted by 10% and ½% for age difference) and accrued early retirement benefit (adjusted by 10% and ½% for age difference) thereafter.

Spouses of actives who attained age 60 but not age 65 receive accrued early retirement benefit (adjusted by 10% and ½% for age difference).

All other spouses receive 50% of the monthly reduced benefit to which the Participant would have been entitled under immediate retirement provisions.

Disability Benefits

Eligibility

Total and permanent disability prior to age 65 and completion of ten years of participation service.

Benefit

Monthly accrued benefit based on the benefit accrual service as of the disability retirement date, reduced by the amount of Worker's Compensation or any other disability benefits payable to the Disabled Participant.

Forms of Payment

Normal form

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

Optional forms

Life annuity, or 50% or 75% joint and contingent survivor annuity.

Changes since the Prior Valuation

Since the prior valuation, the benefit multiplier was increased from \$35 to \$36. This increase applies to service beginning April 1, 2015.

**Pension Plan for United Automobile, Aerospace, and Agricultural Implement Workers
of America Local No. 1118 of Roots Blower Division, Connerville, Indiana
EIN: 75-2795365 Plan: 016
Attachment to the 2015 Form 5500 Schedule SB**

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

<u>Age</u>	<u>Count</u>	<u>Ret. Rate</u>	<u># Ret</u>	<u>Average</u>
55	1000.000	2.50%	25.000	1375.000
56	975.000	2.50%	24.375	1365.000
57	950.625	2.50%	23.766	1354.641
58	926.859	2.50%	23.171	1343.946
59	903.688	2.50%	22.592	1332.940
60	881.096	15.00%	132.164	7929.861
61	748.931	20.00%	149.786	9136.962
62	599.145	30.00%	179.744	11144.098
63	419.402	15.00%	62.910	3963.345
64	356.491	15.00%	53.474	3422.317
65	303.018	50.00%	151.509	9848.073
66	151.509	10.00%	15.151	999.958
67	136.358	10.00%	13.636	913.598
68	122.722	10.00%	12.272	834.511
69	110.450	10.00%	11.045	762.104
70	99.405	100.00%	99.405	6958.345
Weighted Average Retirement Age				62.685

Pension Plan for United Automobile, Aerospace, and Agricultural Implement Workers of America
Local No. 1118 of Roots Blower Division, Connersville, Indiana
EIN: 75-2795365 Plan: 016
Attachment to the 2015 Form 5500 Schedule SB

SUMMARY OF PRINCIPAL PLAN PROVISIONS

Covered Employees

Any hourly-paid employee, except a leased employee, who is a member of the bargaining unit represented by the Union, and who is employed at the Connersville, Indiana location of the employer, hired before November 1, 2008.

Participation Service

Elapsed time of period of employment, used for vesting and benefit eligibility.

Benefit Accrual Service

Elapsed time of period of employment.

Eligibility

One year of service, provided the employee was hired before November 1, 2008.

History of Benefit Multipliers

<u>Benefit Accrual Service Period</u>	<u>Benefit Multiplier</u>
Prior to November 1, 2009	\$31.25
November 1, 2009 - October 31, 2011	33.25
November 1, 2011 - March 31, 2015	35.00
April 1, 2015 or later:	36.00

Monthly Pension Benefit

Monthly pension benefit is equal to the benefit multiplier based upon termination period times years of benefit accrual service, considering only full months, with a maximum of 41 years.

Normal Retirement Pension:

Eligibility

Age 65 and completion of five years of participation service.

Benefit

Monthly pension benefit determined as of Normal Retirement Date.

Pension Plan for United Automobile, Aerospace, and Agricultural Implement Workers of America
Local No. 1118 of Roots Blower Division, Connersville, Indiana
EIN: 75-2795365 Plan: 016
Attachment to the 2015 Form 5500 Schedule SB

SUMMARY OF PRINCIPAL PLAN PROVISIONS

Early Retirement Pension

Eligibility

Attainment of age 60 and completion of ten years of participation service.

Benefit

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

If benefit commences before age 62, reduction is 1/180 for each complete month before age 65;

If benefit commences after age 62, benefit is not reduced.

Deferred Retirement Pension

Eligibility

Retirement after Normal Retirement Date.

Benefit

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

Vested Retirement Pension

Eligibility

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

Benefit

Monthly pension benefit determined as of termination, with reduction for Early Retirement as specified above.

**Pension Plan for United Automobile, Aerospace, and Agricultural Implement Workers of America
Local No. 1118 of Roots Blower Division, Connersville, Indiana
EIN: 75-2795365 Plan: 016
Attachment to the 2015 Form 5500 Schedule SB**

SUMMARY OF PRINCIPAL PLAN PROVISIONS

Death Benefits

Eligibility

Completion of five years of service.

Benefit

Spouses of actives who attained age 55 but not age 60 receive the greater of \$125 per month for two years or accrued early retirement benefit (adjusted by 10% and ½% for age difference) and accrued early retirement benefit (adjusted by 10% and ½% for age difference) thereafter.

Spouses of actives who attained age 60 but not age 65 receive accrued early retirement benefit (adjusted by 10% and ½% for age difference).

All other spouses receive 50% of the monthly reduced benefit to which the Participant would have been entitled under immediate retirement provisions.

Disability Benefits

Eligibility

Total and permanent disability prior to age 65 and completion of ten years of participation service.

Benefit

Monthly accrued benefit based on the benefit accrual service as of the disability retirement date, reduced by the amount of Worker's Compensation or any other disability benefits payable to the Disabled Participant.

Forms of Payment

Normal form

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

Optional forms

Life annuity, or 50% or 75% joint and contingent survivor annuity.

Changes since the Prior Valuation

Since the prior valuation, the benefit multiplier was increased from \$35 to \$36. This increase applies to service beginning April 1, 2015.