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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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 6057(b) and 6058(a) of the Internal Revenue Code (the Code).<br><br><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2016</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                |                                                                                                                                                                                 |                                           |
|----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                |                                                                                                                                                                                 |                                           |
| For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u> |                                                                |                                                                                                                                                                                 |                                           |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan                  | <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) |                                           |
|                                                                                                          | <input checked="" type="checkbox"/> a single-employer plan     | <input type="checkbox"/> a DFE (specify) _____                                                                                                                                  |                                           |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report               | <input type="checkbox"/> the final return/report                                                                                                                                |                                           |
|                                                                                                          | <input type="checkbox"/> an amended return/report              | <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                  |                                           |
| <b>C</b> If the plan is a collectively-bargained plan, check here. ....                                  | ▶ <input checked="" type="checkbox"/>                          |                                                                                                                                                                                 |                                           |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558                  | <input type="checkbox"/> automatic extension                                                                                                                                    | <input type="checkbox"/> the DFVC program |
|                                                                                                          | <input type="checkbox"/> special extension (enter description) |                                                                                                                                                                                 |                                           |

|                                                                                                                                                                                                                                                                                                                                                 |                                                                     |                   |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-------------------|--|
| <b>Part II</b>                                                                                                                                                                                                                                                                                                                                  | <b>Basic Plan Information</b> —enter all requested information      |                   |  |
| <b>1a</b> Name of plan<br><u>CHEMICAL PRODUCTS (NESQUEHONING, PA PLANT) DIVISION OF AMETEK, INC. HOURLY EMPLOYEES' PENSION PLAN</u>                                                                                                                                                                                                             | <b>1b</b> Three-digit plan number (PN) ▶                            | <u>032</u>        |  |
|                                                                                                                                                                                                                                                                                                                                                 | <b>1c</b> Effective date of plan                                    | <u>04/01/1982</u> |  |
| <b>2a</b> Plan sponsor's name (employer, if for a single-employer plan)<br>Mailing address (include room, apt., suite no. and street, or P.O. Box)<br>City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)<br><u>AMETEK, INC.</u><br><br><u>1100 CASSATT ROAD</u><br><u>BERWYN, PA 19312</u> | <b>2b</b> Employer Identification Number (EIN)<br><u>14-1682544</u> |                   |  |
|                                                                                                                                                                                                                                                                                                                                                 | <b>2c</b> Plan Sponsor's telephone number<br><u>610-647-2121</u>    |                   |  |
|                                                                                                                                                                                                                                                                                                                                                 | <b>2d</b> Business code (see instructions)<br><u>339900</u>         |                   |  |

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

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

|                                                                                                 |                                                          |                   |                                                              |
|-------------------------------------------------------------------------------------------------|----------------------------------------------------------|-------------------|--------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                | <u>Filed with authorized/valid electronic signature.</u> | <u>10/13/2017</u> | <u>HENRY POLICARE</u>                                        |
|                                                                                                 | <b>Signature of plan administrator</b>                   | Date              | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b>                                                                                |                                                          |                   |                                                              |
|                                                                                                 | <b>Signature of employer/plan sponsor</b>                | Date              | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b>                                                                                |                                                          |                   |                                                              |
|                                                                                                 | <b>Signature of DFE</b>                                  | Date              | Enter name of individual signing as DFE                      |
| Preparer's name (including firm name, if applicable) and address (include room or suite number) |                                                          |                   | Preparer's telephone number                                  |
|                                                                                                 |                                                          |                   |                                                              |

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2016)  
v. 160205

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div> |
| <b>4</b> 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:<br><b>a</b> Sponsor's name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>4b</b> EIN<br><br><b>4c</b> PN                                                                                                                                |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>5</b> 238                                                                                                                                                     |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><br><b>a(1)</b> Total number of active participants at the beginning of the plan year.....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><br><b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <b>6a(1)</b> 84<br><b>6a(2)</b> 87<br><b>6b</b> 54<br><b>6c</b> 94<br><b>6d</b> 235<br><b>6e</b> 6<br><b>6f</b> 241<br><b>6g</b><br><b>6h</b> 4                  |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>7</b>                                                                                                                                                         |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>1B 3H<br><br><b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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| <b>9a</b> Plan funding arrangement (check all that apply)<br><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor                                                                                                                                  | <b>9b</b> Plan benefit arrangement (check all that apply)<br><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                                       |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>a Pension Schedules</b><br><b>(1)</b> <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br><b>(2)</b> <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br><b>(3)</b> <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | <b>b General Schedules</b><br><b>(1)</b> <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br><b>(2)</b> <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br><b>(3)</b> <input type="checkbox"/> <b>0</b> <b>A</b> (Insurance Information)<br><b>(4)</b> <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br><b>(5)</b> <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br><b>(6)</b> <input type="checkbox"/> <b>G</b> (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 2016 Form M-1 annual report. If the plan was not required to file the 2016 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 \_\_\_\_\_

|                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                              |                                                                                           |
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| <b>SCHEDULE SB<br/>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan<br/>Actuarial Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2016</b><br><br><b>This Form is Open to Public Inspection</b> |
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

▶ **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.

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>CHEMICAL PRODUCTS (NESQUEHONING, PA PLANT) DIVISION OF AMETEK, INC.<br/>HOURLY EMPLOYEES' PENSION PLAN</u>    | <b>B</b> Three-digit plan number (PN) ▶ <u>032</u>                                                                                                      |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>AMETEK, INC.</u>                                           | <b>D</b> Employer Identification Number (EIN)<br><u>14-1682544</u>                                                                                      |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|                                                                                                                                                                                                                 |                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                                                                                                                                   | <b>Basic Information</b>                                                      |
| <b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2016</u>                                                                                                                               |                                                                               |
| <b>2</b> Assets:                                                                                                                                                                                                |                                                                               |
| <b>a</b> Market value .....                                                                                                                                                                                     | <b>2a</b> <u>8470462</u>                                                      |
| <b>b</b> Actuarial value .....                                                                                                                                                                                  | <b>2b</b> <u>9199290</u>                                                      |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                             | (1) Number of participants (2) Vested Funding Target (3) Total Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment.....                                                                                                                                      | <u>59</u> <u>2745356</u> <u>2745356</u>                                       |
| <b>b</b> For terminated vested participants.....                                                                                                                                                                | <u>95</u> <u>1092637</u> <u>1103845</u>                                       |
| <b>c</b> For active participants.....                                                                                                                                                                           | <u>84</u> <u>2963162</u> <u>3247600</u>                                       |
| <b>d</b> Total.....                                                                                                                                                                                             | <u>238</u> <u>6801155</u> <u>7096801</u>                                      |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                           |                                                                               |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                       | <b>4a</b>                                                                     |
| <b>b</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 ..... | <b>4b</b>                                                                     |
| <b>5</b> Effective interest rate .....                                                                                                                                                                          | <b>5</b> <u>6.15 %</u>                                                        |
| <b>6</b> Target normal cost.....                                                                                                                                                                                | <b>6</b> <u>315270</u>                                                        |

**Statement by Enrolled Actuary**

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

|                                                                      |                               |                                        |
|----------------------------------------------------------------------|-------------------------------|----------------------------------------|
| <b>SIGN<br/>HERE</b>                                                 |                               | <u>09/25/2017</u>                      |
|                                                                      | Signature of actuary          | Date                                   |
| <u>JASON ROHRER, F.S.A., E.A.</u>                                    | Type or print name of actuary | <u>17-07974</u>                        |
| <u>TOWERS WATSON DELAWARE INC.</u>                                   | Firm name                     | Most recent enrollment number          |
| <u>CENTRE SQUARE EAST, 1500 MARKET ST<br/>PHILADELPHIA, PA 19102</u> | Address of the firm           | <u>215-246-6455</u>                    |
|                                                                      |                               | Telephone number (including area code) |

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

**For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.**

**Schedule SB (Form 5500) 2016  
v. 160205**

| 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                                                   | 1976885                |
| 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                                                   | 1976885                |
| 10      | Interest on line 9 using prior year's actual return of <u>-3.69%</u> .....                                                                              | 0                                                   | -72947                 |
| 11      | Prior year's excess contributions to be added to prefunding balance:                                                                                    |                                                     |                        |
| a       | Present value of excess contributions (line 38a from prior year) .....                                                                                  |                                                     | 256633                 |
| 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>6.34%</u> ..... |                                                     | 16271                  |
| 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 .....                                                                    |                                                     | 272904                 |
| d       | Portion of (c) to be added to prefunding balance .....                                                                                                  |                                                     | 0                      |
| 12      | Other reductions in balances due to elections or deemed elections .....                                                                                 | 0                                                   | 116719                 |
| 13      | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                      | 0                                                   | 1787219                |

| Part III |                                                                                                                                                                  | Funding Percentages |         |
|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------|
| 14       | Funding target attainment percentage .....                                                                                                                       | 14                  | 104.44% |
| 15       | Adjusted funding target attainment percentage .....                                                                                                              | 15                  | 129.62% |
| 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                  | 104.34% |
| 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<br>(MM-DD-YYYY)                                                          | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees        |                       |
| 01/13/2017                                                                        | 2800000                           | 0                                      |                       |
|                                                                                   |                                   |                                        |                       |
|                                                                                   |                                   |                                        |                       |
|                                                                                   |                                   |                                        |                       |
|                                                                                   |                                   |                                        |                       |
|                                                                                   |                                   |                                        |                       |
|                                                                                   |                                   | Totals ►                               | 18(b) 2800000 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 2632534                                                         |
| 20 Quarterly contributions and liquidity shortfalls:                                                                          |                                                                     |
| a Did the plan have a "funding shortfall" for the prior year? .....                                                           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....              | <input type="checkbox"/> Yes <input type="checkbox"/> 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                                             |
|                                                                                                                               |                                                                     |

|                       |                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                    |                       |                       |                       |                                                     |
|-----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------------------------------------|
| <b>Part V</b>         | <b>Assumptions Used to Determine Funding Target and Target Normal Cost</b>                                                                                                                                                       |                                                                                                                                                                                                                                                    |                       |                       |                       |                                                     |
| <b>21</b>             | Discount rate:                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                    |                       |                       |                       |                                                     |
| <b>a</b>              | Segment rates:                                                                                                                                                                                                                   | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">1st segment:<br/>4.43%</td> <td style="width: 33%;">2nd segment:<br/>5.91%</td> <td style="width: 33%;">3rd segment:<br/>6.65%</td> </tr> </table> | 1st segment:<br>4.43% | 2nd segment:<br>5.91% | 3rd segment:<br>6.65% | <input type="checkbox"/> N/A, full yield curve used |
| 1st segment:<br>4.43% | 2nd segment:<br>5.91%                                                                                                                                                                                                            | 3rd segment:<br>6.65%                                                                                                                                                                                                                              |                       |                       |                       |                                                     |
| <b>b</b>              | Applicable month (enter code) .....                                                                                                                                                                                              | <b>21b</b>                                                                                                                                                                                                                                         | 0                     |                       |                       |                                                     |
| <b>22</b>             | Weighted average retirement age .....                                                                                                                                                                                            | <b>22</b>                                                                                                                                                                                                                                          | 63                    |                       |                       |                                                     |
| <b>23</b>             | Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute                                               |                                                                                                                                                                                                                                                    |                       |                       |                       |                                                     |
| <b>Part VI</b>        | <b>Miscellaneous Items</b>                                                                                                                                                                                                       |                                                                                                                                                                                                                                                    |                       |                       |                       |                                                     |
| <b>24</b>             | Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                                                                                                                                                                                                                    |                       |                       |                       |                                                     |
| <b>25</b>             | Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. .... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                      |                                                                                                                                                                                                                                                    |                       |                       |                       |                                                     |
| <b>26</b>             | Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. .... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                            |                                                                                                                                                                                                                                                    |                       |                       |                       |                                                     |
| <b>27</b>             | If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment. ....                                                                                                       | <b>27</b>                                                                                                                                                                                                                                          |                       |                       |                       |                                                     |
| <b>Part VII</b>       | <b>Reconciliation of Unpaid Minimum Required Contributions For Prior Years</b>                                                                                                                                                   |                                                                                                                                                                                                                                                    |                       |                       |                       |                                                     |
| <b>28</b>             | Unpaid minimum required contributions for all prior years .....                                                                                                                                                                  | <b>28</b>                                                                                                                                                                                                                                          | 0                     |                       |                       |                                                     |
| <b>29</b>             | Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) .....                                                                                                       | <b>29</b>                                                                                                                                                                                                                                          | 0                     |                       |                       |                                                     |
| <b>30</b>             | Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                                                                                                                          | <b>30</b>                                                                                                                                                                                                                                          | 0                     |                       |                       |                                                     |
| <b>Part VIII</b>      | <b>Minimum Required Contribution For Current Year</b>                                                                                                                                                                            |                                                                                                                                                                                                                                                    |                       |                       |                       |                                                     |
| <b>31</b>             | Target normal cost and excess assets (see instructions):                                                                                                                                                                         |                                                                                                                                                                                                                                                    |                       |                       |                       |                                                     |
| <b>a</b>              | Target normal cost (line 6) .....                                                                                                                                                                                                | <b>31a</b>                                                                                                                                                                                                                                         | 315270                |                       |                       |                                                     |
| <b>b</b>              | Excess assets, if applicable, but not greater than line 31a .....                                                                                                                                                                | <b>31b</b>                                                                                                                                                                                                                                         | 315270                |                       |                       |                                                     |
| <b>32</b>             | Amortization installments:                                                                                                                                                                                                       | Outstanding Balance                                                                                                                                                                                                                                | Installment           |                       |                       |                                                     |
| <b>a</b>              | Net shortfall amortization installment .....                                                                                                                                                                                     | 0                                                                                                                                                                                                                                                  | 0                     |                       |                       |                                                     |
| <b>b</b>              | Waiver amortization installment .....                                                                                                                                                                                            | 0                                                                                                                                                                                                                                                  | 0                     |                       |                       |                                                     |
| <b>33</b>             | 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 .....                                                       | <b>33</b>                                                                                                                                                                                                                                          |                       |                       |                       |                                                     |
| <b>34</b>             | Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) .....                                                                                                               | <b>34</b>                                                                                                                                                                                                                                          | 0                     |                       |                       |                                                     |
|                       | Carryover balance                                                                                                                                                                                                                | Prefunding balance                                                                                                                                                                                                                                 | Total balance         |                       |                       |                                                     |
| <b>35</b>             | Balances elected for use to offset funding requirement .....                                                                                                                                                                     | 0                                                                                                                                                                                                                                                  | 0                     |                       |                       |                                                     |
| <b>36</b>             | Additional cash requirement (line 34 minus line 35) .....                                                                                                                                                                        | <b>36</b>                                                                                                                                                                                                                                          | 0                     |                       |                       |                                                     |
| <b>37</b>             | Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                                                                        | <b>37</b>                                                                                                                                                                                                                                          | 2632534               |                       |                       |                                                     |
| <b>38</b>             | Present value of excess contributions for current year (see instructions)                                                                                                                                                        |                                                                                                                                                                                                                                                    |                       |                       |                       |                                                     |
| <b>a</b>              | Total (excess, if any, of line 37 over line 36) .....                                                                                                                                                                            | <b>38a</b>                                                                                                                                                                                                                                         | 2632534               |                       |                       |                                                     |
| <b>b</b>              | Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                                                                     | <b>38b</b>                                                                                                                                                                                                                                         | 0                     |                       |                       |                                                     |
| <b>39</b>             | Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                                                                            | <b>39</b>                                                                                                                                                                                                                                          | 0                     |                       |                       |                                                     |
| <b>40</b>             | Unpaid minimum required contributions for all years .....                                                                                                                                                                        | <b>40</b>                                                                                                                                                                                                                                          | 0                     |                       |                       |                                                     |
| <b>Part IX</b>        | <b>Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)</b>                                                                                                                                                |                                                                                                                                                                                                                                                    |                       |                       |                       |                                                     |
| <b>41</b>             | If an election was made to use PRA 2010 funding relief for this plan:                                                                                                                                                            |                                                                                                                                                                                                                                                    |                       |                       |                       |                                                     |
| <b>a</b>              | Schedule elected .....                                                                                                                                                                                                           | <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years                                                                                                                                                                          |                       |                       |                       |                                                     |
| <b>b</b>              | Eligible plan year(s) for which the election in line 41a was made .....                                                                                                                                                          | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011                                                                                                                            |                       |                       |                       |                                                     |
| <b>42</b>             | Amount of acceleration adjustment .....                                                                                                                                                                                          | <b>42</b>                                                                                                                                                                                                                                          | 0                     |                       |                       |                                                     |
| <b>43</b>             | Excess installment acceleration amount to be carried over to future plan years .....                                                                                                                                             | <b>43</b>                                                                                                                                                                                                                                          | 0                     |                       |                       |                                                     |

|                                                                                                                                                                                                               |                                                                                                                                                                                                                |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                               |                                                                                                                                                                                                                | <b>2016</b>                                    |
|                                                                                                                                                                                                               |                                                                                                                                                                                                                | <b>This Form is Open to Public Inspection.</b> |

For calendar plan year 2016 or fiscal plan year beginning **01/01/2016** and ending **12/31/2016**

|                                                                                                                                |                                                             |
|--------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>A</b> Name of plan<br>CHEMICAL PRODUCTS (NESQUEHONING, PA PLANT) DIVISION OF AMETEK, INC.<br>HOURLY EMPLOYEES' PENSION PLAN | <b>B</b> Three-digit plan number (PN) ▶ <b>032</b>          |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>AMETEK, INC.                                                  | <b>D</b> Employer Identification Number (EIN)<br>14-1682544 |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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 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

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

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

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

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

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

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

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

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

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

TOWERS WATSON DELAWARE, INC.

53-0181291

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11 17 50               | NONE                                                                                              | 9560                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

FRANK M. VACCARO AND ASSOCIATES

23-2148108

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 13 50                  | NONE                                                                                              | 5257                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

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

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

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

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

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

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

**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<br>(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<br>(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<br>(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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                         |  |                                                                                                                                                                                                                              |  |                                                                                                                    |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------|--|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration               |  | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> |  | OMB No. 1210-0110<br><br><b>2016</b><br><br><b>This Form is Open to Public Inspection.</b>                         |  |
| For calendar plan year 2016 or fiscal plan year beginning <b>01/01/2016</b> and ending <b>12/31/2016</b>                                                                                |  |                                                                                                                                                                                                                              |  |                                                                                                                    |  |
| <b>A</b> Name of plan<br><b>CHEMICAL PRODUCTS (NESQUEHONING, PA PLANT) DIVISION OF AMETEK, INC. HOURLY EMPLOYEES' PENSION PLAN</b>                                                      |  |                                                                                                                                                                                                                              |  | <b>B</b> Three-digit plan number (PN) <b>►</b> <b>032</b>                                                          |  |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><b>AMETEK, INC.</b>                                                                                             |  |                                                                                                                                                                                                                              |  | <b>D</b> Employer Identification Number (EIN)<br><b>14-1682544</b>                                                 |  |
| <b>Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b><br>(Complete as many entries as needed to report all interests in DFEs) |  |                                                                                                                                                                                                                              |  |                                                                                                                    |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <b>EMPLOYEES' MASTER RETIREMENT TRUST</b>                                                                                                |  |                                                                                                                                                                                                                              |  |                                                                                                                    |  |
| <b>b</b> Name of sponsor of entity listed in (a): <b>AMETEK, INC.</b>                                                                                                                   |  |                                                                                                                                                                                                                              |  |                                                                                                                    |  |
| <b>c</b> EIN-PN <b>14-1682544-060</b>                                                                                                                                                   |  | <b>d</b> Entity code <b>M</b>                                                                                                                                                                                                |  | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <b>8755697</b> |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                          |  |                                                                                                                                                                                                                              |  |                                                                                                                    |  |
| <b>b</b> Name of sponsor of entity listed in (a):                                                                                                                                       |  |                                                                                                                                                                                                                              |  |                                                                                                                    |  |
| <b>c</b> EIN-PN                                                                                                                                                                         |  | <b>d</b> Entity code                                                                                                                                                                                                         |  | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                          |  |                                                                                                                                                                                                                              |  |                                                                                                                    |  |
| <b>b</b> Name of sponsor of entity listed in (a):                                                                                                                                       |  |                                                                                                                                                                                                                              |  |                                                                                                                    |  |
| <b>c</b> EIN-PN                                                                                                                                                                         |  | <b>d</b> Entity code                                                                                                                                                                                                         |  | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                          |  |                                                                                                                                                                                                                              |  |                                                                                                                    |  |
| <b>b</b> Name of sponsor of entity listed in (a):                                                                                                                                       |  |                                                                                                                                                                                                                              |  |                                                                                                                    |  |
| <b>c</b> EIN-PN                                                                                                                                                                         |  | <b>d</b> Entity code                                                                                                                                                                                                         |  | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                          |  |                                                                                                                                                                                                                              |  |                                                                                                                    |  |
| <b>b</b> Name of sponsor of entity listed in (a):                                                                                                                                       |  |                                                                                                                                                                                                                              |  |                                                                                                                    |  |
| <b>c</b> EIN-PN                                                                                                                                                                         |  | <b>d</b> Entity code                                                                                                                                                                                                         |  | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                          |  |                                                                                                                                                                                                                              |  |                                                                                                                    |  |
| <b>b</b> Name of sponsor of entity listed in (a):                                                                                                                                       |  |                                                                                                                                                                                                                              |  |                                                                                                                    |  |
| <b>c</b> EIN-PN                                                                                                                                                                         |  | <b>d</b> Entity code                                                                                                                                                                                                         |  | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                          |  |                                                                                                                                                                                                                              |  |                                                                                                                    |  |
| <b>b</b> Name of sponsor of entity listed in (a):                                                                                                                                       |  |                                                                                                                                                                                                                              |  |                                                                                                                    |  |
| <b>c</b> EIN-PN                                                                                                                                                                         |  | <b>d</b> Entity code                                                                                                                                                                                                         |  | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                                                                                                                          |  |                                                                                                                                                                                                                              |  |                                                                                                                    |  |
| <b>b</b> Name of sponsor of entity listed in (a):                                                                                                                                       |  |                                                                                                                                                                                                                              |  |                                                                                                                    |  |
| <b>c</b> EIN-PN                                                                                                                                                                         |  | <b>d</b> Entity code                                                                                                                                                                                                         |  | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                |  |

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule D (Form 5500) 2016 v.160205

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

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

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

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

|                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Internal Revenue Service</small><br><small>Department of Labor</small><br><small>Employee Benefits Security Administration</small><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2016</b><br><br><b>This Form is Open to Public Inspection</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

|                                                                                                                                    |                                                                    |            |
|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u>                           |                                                                    |            |
| <b>A</b> Name of plan<br><u>CHEMICAL PRODUCTS (NESQUEHONING, PA PLANT) DIVISION OF AMETEK, INC. HOURLY EMPLOYEES' PENSION PLAN</u> | <b>B</b> Three-digit plan number (PN) ►                            | <u>032</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>AMETEK, INC.</u>                                               | <b>D</b> Employer Identification Number (EIN)<br><u>14-1682544</u> |            |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

| Assets                                                                                            |                 | (a) Beginning of Year | (b) End of Year |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                     | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions.....                                                            | <b>1b(1)</b>    | 285000                | 2800000         |
| <b>(2)</b> Participant contributions .....                                                        | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other.....                                                                             | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....   | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities .....                                                       | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other.....                                                                         | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common.....                                                                            | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property).....                                   | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans.....                                                                 | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                    | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   | 8197560               | 8755697         |
| <b>(12)</b> Value of interest in 103-12 investment entities.....                                  | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....        | <b>1c(13)</b>   |                       |                 |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other.....                                                                            | <b>1c(15)</b>   |                       |                 |

| <b>1d</b> Employer-related investments:                              |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 8482560               | 11555697        |

**Liabilities**

|                                                                           |           |   |   |
|---------------------------------------------------------------------------|-----------|---|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |   |   |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |   |   |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |   |   |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |   |   |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                           |           |         |          |
|-----------------------------------------------------------|-----------|---------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 8482560 | 11555697 |
|-----------------------------------------------------------|-----------|---------|----------|

**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 |
|-----------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a</b> Contributions:                                                                       |                 |            |           |
| (1) Received or receivable in cash from: (A) Employers .....                                  | <b>2a(1)(A)</b> | 2800000    |           |
| (B) Participants .....                                                                        | <b>2a(1)(B)</b> |            |           |
| (C) Others (including rollovers) .....                                                        | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                               | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , (B), (C), and line <b>2a(2)</b> .....    | <b>2a(3)</b>    |            | 2800000   |
| <b>b</b> Earnings on investments:                                                             |                 |            |           |
| (1) Interest:                                                                                 |                 |            |           |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit) ..... | <b>2b(1)(A)</b> |            |           |
| (B) U.S. Government securities .....                                                          | <b>2b(1)(B)</b> |            |           |
| (C) Corporate debt instruments .....                                                          | <b>2b(1)(C)</b> |            |           |
| (D) Loans (other than to participants) .....                                                  | <b>2b(1)(D)</b> |            |           |
| (E) Participant loans .....                                                                   | <b>2b(1)(E)</b> |            |           |
| (F) Other .....                                                                               | <b>2b(1)(F)</b> |            |           |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through (F) .....                               | <b>2b(1)(G)</b> |            | 0         |
| (2) Dividends: (A) Preferred stock .....                                                      | <b>2b(2)(A)</b> |            |           |
| (B) Common stock .....                                                                        | <b>2b(2)(B)</b> |            |           |
| (C) Registered investment company shares (e.g. mutual funds) .....                            | <b>2b(2)(C)</b> |            |           |
| (D) Total dividends. Add lines <b>2b(2)(A)</b> , (B), and (C) .....                           | <b>2b(2)(D)</b> |            | 0         |
| (3) Rents .....                                                                               | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: (A) Aggregate proceeds .....                           | <b>2b(4)(A)</b> |            |           |
| (B) Aggregate carrying amount (see instructions) .....                                        | <b>2b(4)(B)</b> |            |           |
| (C) Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....            | <b>2b(4)(C)</b> |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: (A) Real estate .....                   | <b>2b(5)(A)</b> |            |           |
| (B) Other .....                                                                               | <b>2b(5)(B)</b> |            |           |
| (C) Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and (B) .....          | <b>2b(5)(C)</b> |            | 0         |

|                                                                                                |        | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                             | 2b(6)  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                             | 2b(7)  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                     | 2b(8)  |            | 604754    |
| (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 <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 3404754   |

**Expenses**

|                                                                                      |       |        |        |
|--------------------------------------------------------------------------------------|-------|--------|--------|
| e Benefit payment and payments to provide benefits:                                  |       |        |        |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1) | 295767 |        |
| (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) |        | 295767 |
| 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) | 5257   |        |
| (2) Contract administrator fees.....                                                 | 2i(2) | 15361  |        |
| (3) Investment advisory and management fees.....                                     | 2i(3) |        |        |
| (4) Other .....                                                                      | 2i(4) | 15232  |        |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                  | 2i(5) |        | 35850  |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j    |        | 331617 |

**Net Income and Reconciliation**

|                                                          |       |  |         |
|----------------------------------------------------------|-------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 3073137 |
| l Transfers of assets:                                   |       |  |         |
| (1) To this plan.....                                    | 2l(1) |  |         |
| (2) From this plan.....                                  | 2l(2) |  |         |

**Part III Accountant's Opinion**

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

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

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

**b** Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: ERNST AND YOUNG

(2) EIN: 34-6565596

**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:

**a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

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

|    | Yes | No | Amount |
|----|-----|----|--------|
| 4a |     | X  |        |
| 4b |     | X  |        |

|                                                                                                                                                                                                                               |           | Yes | No | Amount   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|----|----------|
| <b>c</b> 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.) .....                                          | <b>4c</b> |     | X  |          |
| <b>d</b> 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.) .....                               | <b>4d</b> |     | X  |          |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | <b>4e</b> | X   |    | 10000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                       | <b>4f</b> |     | X  |          |
| <b>g</b> 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? .....                                                    | <b>4g</b> |     | X  |          |
| <b>h</b> 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? .....                                          | <b>4h</b> |     | X  |          |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                | <b>4i</b> | X   |    |          |
| <b>j</b> 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.) ..... | <b>4j</b> |     | X  |          |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                           | <b>4k</b> |     | X  |          |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                            | <b>4l</b> |     | X  |          |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  | <b>4m</b> |     |    |          |
| <b>n</b> 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. ....                                      | <b>4n</b> |     |    |          |
| <b>o</b> Defined Benefit Plan or Money Purchase Pension Plan Only:<br>Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service? .....                           | <b>4o</b> |     |    |          |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?  
If "Yes," enter the amount of any plan assets that reverted to the employer this year. .... ☐ Yes ☒ No **Amount:**

**5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

| 5b(1) Name of plan(s) | 5b(2) EIN(s) | 5b(3) PN(s) |
|-----------------------|--------------|-------------|
|                       |              |             |
|                       |              |             |
|                       |              |             |
|                       |              |             |

**5c** If the plan is a defined benefit plan, is it covered under the PBGC insurance program (See ERISA section 4021.)? ..... ☒ Yes ☐ No ☐ Not determined  
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 3994725. (See instructions.)

## Part V Trust Information

|                                        |                                                     |
|----------------------------------------|-----------------------------------------------------|
| <b>6a</b> Name of trust                | <b>6b</b> Trust's EIN                               |
| <b>6c</b> Name of trustee or custodian | <b>6d</b> Trustee's or custodian's telephone number |

|                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                                 | <div>Retirement Plan Information</div> <div>This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>► File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2016</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| A Name of plan<br>CHEMICAL PRODUCTS (NESQUEHONING, PA PLANT) DIVISION OF AMETEK, INC. HOURLY EMPLOYEES' PENSION PLAN                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                  | B Three-digit plan number (PN) ► 032                                                            |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>AMETEK, INC.                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                  | D Employer Identification Number (EIN)<br>14-1682544                                            |
| 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 0                                                                                             |
| 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):<br><br>EIN(s): 13-5160382                                                                                                            |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 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 0                                                                                             |
| 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)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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 _____<br>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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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. <input checked="" type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock? <input type="checkbox"/> Yes <input type="checkbox"/> 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.) <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                        |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| For Paperwork Reduction Act Notice, see the Instructions for Form 5500.                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                  |                                                                                                 |
| Schedule R (Form 5500) 2016 v. 160205                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                  |                                                                                                 |

**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): \_\_\_\_\_

|           |                                                                                                                                                                                                                                                      |            |  |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>14</b> | Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:                                                                                                                    |            |  |
|           | <b>a</b> The current year .....                                                                                                                                                                                                                      | <b>14a</b> |  |
|           | <b>b</b> The plan year immediately preceding the current plan year .....                                                                                                                                                                             | <b>14b</b> |  |
|           | <b>c</b> The second preceding plan year .....                                                                                                                                                                                                        | <b>14c</b> |  |
| <b>15</b> | 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:                                                                         |            |  |
|           | <b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....                                                                                                                                                | <b>15a</b> |  |
|           | <b>b</b> The corresponding number for the second preceding plan year .....                                                                                                                                                                           | <b>15b</b> |  |
| <b>16</b> | Information with respect to any employers who withdrew from the plan during the preceding plan year:                                                                                                                                                 |            |  |
|           | <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                                                                                                             | <b>16a</b> |  |
|           | <b>b</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 .....                                                                               | <b>16b</b> |  |
| <b>17</b> | 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. .... <input type="checkbox"/> |            |  |

|                |                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------|
| <b>Part VI</b> | <b>Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans</b> |
|----------------|---------------------------------------------------------------------------------------------------|

|           |                                                                                                                                                                                                                                                                                                                                                                                                      |                          |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|
| <b>18</b> | 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 .....                         | <input type="checkbox"/> |
| <b>19</b> | If the total number of participants is 1,000 or more, complete lines (a) through (c)                                                                                                                                                                                                                                                                                                                 |                          |
|           | <b>a</b> Enter the percentage of plan assets held as:<br>Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%                                                                                                                                                                                                                                       |                          |
|           | <b>b</b> Provide the average duration of the combined investment-grade and high-yield debt:<br><input type="checkbox"/> 0-3 years <input type="checkbox"/> 3-6 years <input type="checkbox"/> 6-9 years <input type="checkbox"/> 9-12 years <input type="checkbox"/> 12-15 years <input type="checkbox"/> 15-18 years <input type="checkbox"/> 18-21 years <input type="checkbox"/> 21 years or more |                          |
|           | <b>c</b> What duration measure was used to calculate line 19(b)?<br><input type="checkbox"/> Effective duration <input type="checkbox"/> Macaulay duration <input type="checkbox"/> Modified duration <input type="checkbox"/> Other (specify): _____                                                                                                                                                |                          |

|                 |                                 |
|-----------------|---------------------------------|
| <b>Part VII</b> | <b>IRS Compliance Questions</b> |
|-----------------|---------------------------------|

|                                                                                                                                                                                                                             |                                                                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>20a</b> Is the plan a 401(k) plan? If "No," skip b .....                                                                                                                                                                 | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                          |
| <b>20b</b> How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply: .....                                                        | <input type="checkbox"/> Design-based safe harbor <input type="checkbox"/> "Prior year" ADP test<br><input type="checkbox"/> "Current year" ADP test <input type="checkbox"/> N/A |
| <b>21a</b> What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply: .....                                                                            | <input type="checkbox"/> Ratio percentage test <input type="checkbox"/> Average benefit test <input type="checkbox"/> N/A                                                         |
| <b>21b</b> Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules? ..... | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                          |
| <b>22a</b> If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter   /   /   and the serial number   .      |                                                                                                                                                                                   |
| <b>22b</b> If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter   /   /   .                                     |                                                                                                                                                                                   |

**FINANCIAL STATEMENTS**

**AMETEK, Inc.**  
**Selected Defined Benefit Pension Plans**  
**Years Ended December 31, 2016 and 2015**  
**With Report of Independent Auditors**

**AMETEK, Inc.**  
**Selected Defined Benefit Pension Plans**  
**Index of Financial Statements**  
**December 31, 2016 and 2015**

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## Report of Independent Auditors

The Pension Investment Committee  
AMETEK, Inc. Selected Defined Benefit Pension Plans

### **Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of each of the AMETEK, Inc. Selected Defined Benefit Pension Plans, which comprise the statements of net assets available for benefits listed on pages 3 and 4, as of December 31, 2016 and 2015, and the related statements of changes in net assets available for benefits, listed on pages 5 and 6, for the years then ended, and the statements of accumulated plan benefits, listed on page 7, as of December 31, 2015, and the related statements of changes in accumulated plan benefits, listed on page 8, for the year then ended, and the related notes to the financial statements.

### ***Management's Responsibility for the Financial Statements***

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

### ***Auditor's Responsibility***

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States. 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 certified investment information described in Note 5, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the entity that certified the investment information meets the requirements of 29 CFR 2520.103-8. The plan administrator has obtained certifications as of December 31, 2016 and 2015, and for the years ended December 31, 2016 and 2015, stating that the investment information provided to the plan administrator is complete and accurate.

### ***Disclaimer of Opinion on Financial Statements***

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



### **Report on Compliance of Form and Content with Department of Labor's Rules and Regulations**

The form and content of the information included in the financial statements, other than that derived from the certified investment information, have been audited by us in accordance with auditing standards generally accepted in the United States 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.

*Ernst + Young LLP*

September 29, 2017

AMETEK, Inc.  
Selected Defined Benefit Pension Plans  
Statements of Net Assets Available for Benefits  
At December 31, 2016

| Three-Digit Plan Number (PN)                                                             | 001                  | 012                              | 032                                  | 043                   | 035                 |
|------------------------------------------------------------------------------------------|----------------------|----------------------------------|--------------------------------------|-----------------------|---------------------|
|                                                                                          | Retirement (a)       | Chemical Products Wapakoneta (b) | Chemical Products (Nesquehoning) (c) | Aerospace - Union (d) | Monthly Formula (e) |
| Assets:                                                                                  |                      |                                  |                                      |                       |                     |
| Plan interest in AMETEK, Inc. Employees' Master Retirement Trust, at fair value (Note 5) | \$447,295,054        | \$10,384,717                     | \$8,755,697                          | \$42,341,436          | \$6,117,107         |
| Employer contributions receivable                                                        | 29,500,000           | 2,800,000                        | 2,800,000                            | 3,000,000             | 1,400,000           |
| Net assets available for benefits                                                        | <u>\$476,795,054</u> | <u>\$13,184,717</u>              | <u>\$11,555,697</u>                  | <u>\$45,341,436</u>   | <u>\$7,517,107</u>  |

(a) Employees' Retirement Plan of AMETEK, Inc. ("Retirement"), see Note 1.

(b) Chemical Products (Wapakoneta, Ohio Plant) Division of AMETEK, Inc. Hourly Employees' Pension Plan ("Chemical Products (Wapakoneta)"), see Note 1.

(c) Chemical Products (Nesquehoning, Pennsylvania Plant) Division of AMETEK, Inc. Hourly Employees' Pension Plan ("Chemical Products (Nesquehoning)"), see Note 1.

(d) AMETEK, Inc. Aerospace Division Pension Plan for Union Represented Employees ("Aerospace - Union"), see Note 1.

(e) AMETEK, Inc. Monthly Formula Pension Plan ("Monthly Formula"), see Note 1.

**AMETEK, Inc.**  
**Selected Defined Benefit Pension Plans**  
**Statements of Net Assets Available for Benefits**  
**At December 31, 2015**

| Three-Digit Plan Number (PN)                                                                | 001                  | 012                | 032                                        | 043                      | 035                    |
|---------------------------------------------------------------------------------------------|----------------------|--------------------|--------------------------------------------|--------------------------|------------------------|
|                                                                                             | Retirement (a)       | (Wapakoneta) (b)   | Chemical<br>Products<br>(Nesquehoning) (c) | Aerospace -<br>Union (d) | Monthly<br>Formula (e) |
| Assets:                                                                                     |                      |                    |                                            |                          |                        |
| Plan interest in AMETEK, Inc. Employees'<br>Master Retirement Trust, at fair value (Note 5) | \$441,129,647        | \$9,939,270        | \$8,197,560                                | \$41,629,052             | \$5,764,605            |
| Employer contributions receivable                                                           | 174,732              | 40,000             | 285,000                                    | -                        | -                      |
| Net assets available for benefits                                                           | <u>\$441,304,379</u> | <u>\$9,979,270</u> | <u>\$8,482,560</u>                         | <u>\$41,629,052</u>      | <u>\$5,764,605</u>     |

(a) Employees' Retirement Plan of AMETEK, Inc. ("Retirement"), see Note 1.

(b) Chemical Products (Wapakoneta, Ohio Plant) Division of AMETEK, Inc. Hourly Employees' Pension Plan ("Chemical Products (Wapakoneta)"), see Note 1.

(c) Chemical Products (Nesquehoning, Pennsylvania Plant) Division of AMETEK, Inc. Hourly Employees' Pension Plan ("Chemical Products (Nesquehoning)"), see Note 1.

(d) AMETEK, Inc. Aerospace Division Pension Plan for Union Represented Employees ("Aerospace - Union"), see Note 1.

(e) AMETEK, Inc. Monthly Formula Pension Plan ("Monthly Formula"), see Note 1.

**AMETEK, Inc.**  
**Selected Defined Benefit Pension Plans**  
**Statements of Changes in Net Assets Available for Benefits**  
**For the Year Ended December 31, 2016**

Three-Digit Plan Number (PN)

|                                                                                                                                                                          | 001                                      | 012                                  | 032                                    | 043                                   | 035                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|--------------------------------------|----------------------------------------|---------------------------------------|-------------------------------------|
|                                                                                                                                                                          | Retirement                               | Chemical<br>Products<br>(Wapakoneta) | Chemical<br>Products<br>(Nesquehoning) | Aerospace -<br>Union                  | Monthly<br>Formula                  |
| <b>Additions:</b><br>Increase in value of plan interest in net assets<br>of AMETEK, Inc. Employees' Master Retirement Trust<br>Employer contributions<br>Total additions | \$33,608,964<br>29,505,000<br>63,113,964 | \$772,768<br>2,800,000<br>3,572,768  | \$637,428<br>2,800,000<br>3,437,428    | \$3,182,087<br>3,000,000<br>6,182,087 | \$462,474<br>1,400,000<br>1,862,474 |
| <b>Deductions:</b><br>Retirement and death benefits paid<br>Administrative expenses<br>Total deductions                                                                  | 24,779,155<br>2,844,132<br>27,623,287    | 290,518<br>76,802<br>367,320         | 295,767<br>68,524<br>364,291           | 2,200,009<br>269,694<br>2,469,703     | 46,582<br>63,390<br>109,972         |
| Net increase in net assets                                                                                                                                               | 35,490,677                               | 3,205,448                            | 3,073,137                              | 3,712,384                             | 1,752,502                           |
| Net assets available for benefits at beginning of year                                                                                                                   | 441,304,379                              | 9,979,270                            | 8,482,560                              | 41,629,052                            | 5,764,605                           |
| Net assets available for benefits at end of year                                                                                                                         | \$476,795,054                            | \$13,184,717                         | \$11,555,697                           | \$45,341,436                          | \$7,517,107                         |

**AMETEK, Inc.**  
**Selected Defined Benefit Pension Plans**  
**Statements of Changes in Net Assets Available for Benefits**  
**For the Year Ended December 31, 2015**

| Three-Digit Plan Number (PN)                                                                           | 001            | 012                                  | 032                                    | 043                  | 035                |
|--------------------------------------------------------------------------------------------------------|----------------|--------------------------------------|----------------------------------------|----------------------|--------------------|
|                                                                                                        | Retirement     | Chemical<br>Products<br>(Wapakoneta) | Chemical<br>Products<br>(Nesquehoning) | Aerospace -<br>Union | Monthly<br>Formula |
| Additions:                                                                                             |                |                                      |                                        |                      |                    |
| Decrease in value of plan interest in net assets<br>of AMETEK, Inc. Employees' Master Retirement Trust | (\$14,489,965) | (\$335,174)                          | (\$275,602)                            | (\$1,432,242)        | (\$264,690)        |
| Employer contributions                                                                                 | 179,732        | 40,000                               | 285,000                                | -                    | -                  |
| Total (reductions) additions                                                                           | (14,310,233)   | (295,174)                            | 9,398                                  | (1,432,242)          | (264,690)          |
| Deductions:                                                                                            |                |                                      |                                        |                      |                    |
| Retirement and death benefits paid                                                                     | 24,216,346     | 224,325                              | 241,359                                | 2,261,446            | 7,101              |
| Administrative expenses                                                                                | 3,490,793      | 91,892                               | 86,804                                 | 354,717              | 68,814             |
| Total deductions                                                                                       | 27,707,139     | 316,217                              | 328,163                                | 2,616,163            | 75,915             |
| Net decrease in net assets prior to plan transfers                                                     | (42,017,372)   | (611,391)                            | (318,765)                              | (4,048,405)          | (340,605)          |
| Plan transfers                                                                                         | 1,758,699      | -                                    | -                                      | -                    | 6,105,210          |
| Net (decrease) increase in net assets                                                                  | (40,258,673)   | (611,391)                            | (318,765)                              | (4,048,405)          | 5,764,605          |
| Net assets available for benefits at beginning of year                                                 | 481,563,052    | 10,590,661                           | 8,801,325                              | 45,677,457           | -                  |
| Net assets available for benefits at end of year                                                       | \$441,304,379  | \$9,979,270                          | \$8,482,560                            | \$41,629,052         | \$5,764,605        |

**AMETEK, Inc.**  
**Selected Defined Benefit Pension Plans**  
**Statements of Accumulated Plan Benefits**  
**At December 31, 2015**

| Three-Digit Plan Number (PN)                                        | 001           | 012                                  | 032                                    | 043                  | 035                |
|---------------------------------------------------------------------|---------------|--------------------------------------|----------------------------------------|----------------------|--------------------|
|                                                                     | Retirement    | Chemical<br>Products<br>(Wapakoneta) | Chemical<br>Products<br>(Nesquehoning) | Aerospace -<br>Union | Monthly<br>Formula |
| Vested benefits:                                                    |               |                                      |                                        |                      |                    |
| Participants and beneficiaries currently receiving payments         | \$198,212,936 | \$2,056,592                          | \$2,317,650                            | \$19,059,251         | \$176,120          |
| Other participants                                                  | 96,366,023    | 4,281,083                            | 3,140,434                              | 10,231,198           | 2,750,363          |
| Total vested benefits                                               | 294,578,959   | 6,337,675                            | 5,458,084                              | 29,290,449           | 2,926,483          |
| Nonvested benefits                                                  | 1,810,532     | 307,744                              | 236,048                                | 199,639              | 315,174            |
| Actuarial present value of accumulated plan benefits at end of year | \$296,389,491 | \$6,645,419                          | \$5,694,132                            | \$29,490,088         | \$3,241,657        |

**AMETEK, Inc.**  
**Selected Defined Benefit Pension Plans**  
**Statements of Changes in Accumulated Plan Benefits**  
**For the Year Ended December 31, 2015**

| Three-Digit Plan Number (PN)                                              | 001           | 012                                  | 032                                    | 043                  | 035                |
|---------------------------------------------------------------------------|---------------|--------------------------------------|----------------------------------------|----------------------|--------------------|
|                                                                           | Retirement    | Chemical<br>Products<br>(Wapakoneta) | Chemical<br>Products<br>(Nesquehoning) | Aerospace -<br>Union | Monthly<br>Formula |
| Additions (deductions):                                                   |               |                                      |                                        |                      |                    |
| Additional benefits accumulated                                           | \$635,870     | \$187,806                            | \$141,162                              | \$70,108             | \$68,386           |
| Interest due to decrease in the discount period                           | 21,753,162    | 488,307                              | 421,416                                | 2,205,515            | 240,059            |
| Benefits paid                                                             | (24,216,346)  | (224,325)                            | (241,359)                              | (2,261,446)          | (7,101)            |
| Transfer (to)/from other plan                                             | 8,029,186     | -                                    | -                                      | -                    | -                  |
| Net increase in the actuarial present value of accumulated plan benefits  | 6,201,872     | 451,788                              | 321,219                                | 14,177               | 301,344            |
| Actuarial present value of accumulated plan benefits at beginning of year | 290,187,619   | 6,193,631                            | 5,372,913                              | 29,475,911           | 2,940,313          |
| Actuarial present value of accumulated plan benefits at end of year       | \$296,389,491 | \$6,645,419                          | \$5,694,132                            | \$29,490,088         | \$3,241,657        |

**AMETEK, Inc.**  
**Selected Defined Benefit Pension Plans**  
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**1. Description of the Plans**

**General**

All of the pension plans ("Plans"), as listed in footnote 5, are noncontributory defined benefit pension plans covering employees of AMETEK, Inc. ("AMETEK", "Plan Sponsor" or the "Company") who meet certain age and service requirements. For a more detailed description of the Plans participating in the Ametek, Inc. Employees' Master Retirement Trust ("Trust"), the pension plan documents should be referred to for each of the Plans.

**Eligibility**

Participation in the Employees' Retirement Plan of AMETEK, Inc. (the "Retirement Plan") is limited to (1) employees at participating divisions who joined AMETEK prior to January 1, 1997, (2) effective January 1, 2015, certain employees at divisions that formerly participated in the AMETEK, Inc. Hourly Employees' Pension Plan, (3) employees at the Specialty Metal Products division who joined AMETEK prior to January 1, 1997, (4) effective February 2, 1997, employees of the Plymouth Product Divisions who on July 31, 1996 remained employed by AMETEK, Inc. immediately following its merger with Culligan Water Company, Inc., (5) effective January 1, 1999, employees of Test & Calibration, Mansfield & Green Division of AMETEK, Inc., (6) effective August 13, 1999, specified employees employed by the National Controls Corporation Division of AMETEK, Inc., (7) non-Union Aerospace Division Employees' Retirement Plan participants on December 31, 1999 (Aerospace Division Employees' Retirement Plan merged into the Retirement Plan December 31, 1999), (8) employees who participated in Drexelbrook Engineering Company Pension Plan prior to January 1, 2000 (The Drexelbrook Plan merged into the Retirement Plan January 1, 2005), (9) employees who participated in the CAMECA Instruments, Inc. Defined Benefit Pension Plan prior to October 1, 2007 (The CAMECA Plan merged into the Retirement Plan January 1, 2008), (10) employees who participated in the Pension Plan for Shop Employees of US Gauge Division of AMETEK, Inc. (the US Gauge Plan). (The US Gauge Plan was merged into the Retirement Plan December 31, 2014), and (11) Superior Tubes Non-Union employees hired prior to October 15, 2015 and Superior Tubes Union employees hired prior to March 17, 2014 who were eligible to join the Superior Group, Inc. 2007 Retirement Plan. (The Superior Group, Inc. 2007 Retirement Plan was merged into the Retirement Plan December 31, 2015).

All employees of participating divisions in the Retirement Plan hired by AMETEK on or subsequent to January 1, 1997 are eligible to participate in a defined contribution plan sponsored by AMETEK.

Hourly employees, who previously participated in the Retirement Plan, at certain participating divisions will participate in the AMETEK, Inc. Monthly Formula Pension Plan once they meet the Monthly Formula Pension Plan related eligibility requirements.

Participation in the Chemical Products (Nesquehoning, Pennsylvania Plant) Division of AMETEK, Inc. Hourly Employees' Pension Plan is limited to employees of the Chemical Products Division, of AMETEK, Inc. at the Nesquehoning, Pennsylvania location who are members of a bargaining unit.

Participation in the Chemical Products (Wapakoneta, Ohio Plant) Division of AMETEK, Inc. Hourly Employees' Pension Wapakoneta Plan is limited to employees of the Chemical Products Division, of AMETEK, Inc. at the Wapakoneta, Ohio location who are members of a bargaining unit.

Participation in the AMETEK, Inc. Aerospace Division Pension Plan for Union Represented Employees is limited to employees of the Measurement and Power Systems Division of AMETEK, Inc. at the Wilmington, Massachusetts location who are members of a bargaining unit and who are hired on or before May 31, 2016.

**AMETEK, Inc.**  
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**Contributions**

AMETEK's contributions, which are determined annually on an actuarial basis, along with net appreciation (depreciation) in the fair value of the investments, are designed to sufficiently fund the benefits to be paid to the Plans' participants. The contributions of AMETEK are calculated using the assumptions and methods prescribed by ERISA and the IRC, as amended by the Pension Protection Act of 2006, and applicable regulations. Generally, the minimum required contribution is each Plan's target normal cost (the value of benefits to be earned during the year) and seven-year amortization of any funding shortfall (the excess of the funding target over assets). The Plans have met the ERISA minimum funding requirements.

**Benefits**

| <b>Plan</b> | <b>Normal Retirement Benefits</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Early Retirement Benefits</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <b>Pre-Retirement Death Benefits</b>                                                                                                                                                                                                       | <b>Post-Retirement Death Benefits</b>                                                                                                                                                       |
|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Retirement  | <p>Depending upon the predecessor plan in which eligible employees participated, benefits are based on either (1) a percentage of final average compensation, (2) monthly average annual compensation, (3) average compensation, (4) career earnings or career average earnings, or (5) specific dollar amount (i.e., rate) multiplied by years of credited service or months of service. Percentages and rates vary based on covered compensation limits, credited years of service limits and/or employment service periods.</p> <p>Certain participant account balances are credited with contribution credits at the end of each calendar month that relates to their age, service and interest credits, compounded daily, equal to the average monthly yield on 10 year U.S. Treasury securities preceding each calendar year quarter but in no event to be less than 2.25%.</p> | <p>Range from age 50 to age 60 and require 10 or 15 or more years of service. Certain plans also require the sum of age and service to meet certain minimums. Reductions in the normal form of benefit range from 4% to 6.667% per year prior to normal retirement date. Haveg participants – reduced 1/10<sup>th</sup> per year for pre normal retirement date commencement, unreduced if retire before normal retirement date but on or after age 62 with 15 years of accrual service, or age 63 with 14 years of accrual service, or age 64 with 12 years of accrual service.</p> | <p>In addition to providing the statutory qualified surviving spouse annuity, certain participants are eligible for a death benefit equal to 60 times the accrued monthly pension at date of death and reduced for early commencement.</p> | <p>Benefits for certain participants depending upon the predecessor plan in which they participated range from \$1,000 to \$5,000. Haveg participants - \$10,500; all others - \$1,000.</p> |
| Wapakoneta  | <p>Benefits range from \$22 to \$54 per month per year of credited service. See plan amendments section of footnote 1.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <p>Age 60 with 10 or more years of service. Benefit is reduced by 6.667% per year prior to normal retirement date.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <p>The statutory qualified surviving spouse annuity.</p>                                                                                                                                                                                   | <p>\$6,500 for employees retiring from January 20, 2004 through January 24, 2016, and \$7,500 for employees retiring on or after January 25, 2016.</p>                                      |

**AMETEK, Inc.**  
**Selected Defined Benefit Pension Plans**  
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| <b>Plan</b>       | <b>Normal Retirement Benefits</b>                                                                                                                                                                                                                    | <b>Early Retirement Benefits</b>                                                                                                   | <b>Pre-Retirement Death Benefits</b>                                                                                                                                                                                           | <b>Post-Retirement Death Benefits</b>                                                                                                                                            |
|-------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Nesquehoning      | Benefits range from \$21 to \$55 per month per year of credited service. See plan amendments section of footnote 1.                                                                                                                                  | Age 55 with 10 or more years of service. Benefit is reduced by 6% per year prior to normal retirement date.                        | In addition to providing the statutory qualified surviving spouse annuity, \$100 per year of credited service up to a maximum of 10 years.                                                                                     | The remainder of 60 times the pensioner's monthly pension less aggregate payments received prior to death.                                                                       |
| Aerospace - Union | Benefits are based on the sum of percentages of career compensation up to and in excess of covered compensation depending on years of service below and above 34.<br><br>Certain participants are eligible to receive supplemental pension payments. | Age 55 with 5 years of service. Benefit reduced by 8% per year prior to age 60.                                                    | In addition to providing the statutory qualified surviving spouse annuity, lump sum amount equals to the present value of employee retirement benefit for five years.                                                          | For certain participants of transferred employees or union members meeting certain requirements who retired after May 18, 2002, \$13,000 lump sum payment upon death of retiree. |
| Monthly Formula   | Accrued monthly pension at actual retirement date.                                                                                                                                                                                                   | Accrued monthly pension at early retirement date, reduced 1/15 <sup>th</sup> per year for pre-normal retirement date commencement. | 50% of accrued monthly pension as of date of death, reduced for 50% joint and survivor annuity and for payment before normal retirement date. Lifetime payments to spouse may begin as participant's earliest retirement date. | Lump sum paid to designated beneficiary as follows:<br>Binghamton participants - \$3,000;<br>Hunter Spring and East Moline participants - \$2,000.                               |

**AMETEK, Inc.**  
**Selected Defined Benefit Pension Plans**  
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**Plan Amendments**

Effective January 1, 2015, all benefits accrued under the Retirement Plan for all active hourly employees accruing a dollar-per-month-per-year-of-service benefit under the Hourly Plan component were spun off into a new defined benefit plan, the AMETEK, Inc. Monthly Formula Pension Plan.

As of January 1, 2015, all of the plans were amended and restated to include: (1) all amendments adopted to date, (2) required amendments to reflect the U.S. Supreme Court decision *United States v. Windsor*, and (3) for the Retirement Plan, changes necessary to reflect the plan spin-off described above.

Effective August 17, 2015, the Retirement Plan was amended to document the availability of a feature in which a joint and survivor annuity can increase to a straight life annuity upon the death of the participant's spouse for participants who commenced retirement benefits under the U.S. Gauge Division at the Bartow, Florida plant between April 1, 1997 and February 28, 2007.

Effective December 31, 2015, the Master Trust Agreement was amended to add the Superior Group, Inc. 2007 Retirement Plan as a Participating Plan.

Effective December 31, 2015 AMETEK, Inc. Monthly Formula Pension Plan was amended to close the Plan to employees of Measurement and Calibration Technologies Division, Sensor Technologies Business Unit: Feasterville, PA, who are hired, or re-hired following a one-year period of severance, on or after January 1, 2016.

In December 2016, the Chemical Products (Wapakoneta) Plan was amended to increase the employee retirement benefit amount per month per year of credited service as follows: \$52 for service from January 12, 2015 through January 11, 2016; \$54 for service from January 12, 2016 through January 15, 2017; \$56 for service from January 16, 2017 through January 14, 2018; and \$60 for service on and after January 15, 2018.

In December 2016, the Chemical Products (Nesquehoning) Plan was amended to increase the employee retirement benefit amount per month per year of credited service as follows: \$53 for service from September 24, 2015 through September 23, 2016; \$55 for service from September 24, 2016 through September 23, 2017; \$57 for service from September 24, 2017 through September 23, 2018; and \$59 for service on or after September 24, 2018.

Effective May 10, 2016, AMETEK, Inc. Aerospace Division Pension Plan was amended to include: (1) participant Covered Compensation shall not exceed \$41,000 from May 10, 2016 through January 1, 2019 for members of Local 201; and (2) closed the Plan to new employees after May 31, 2016 unless employee was a participant on or before that date. An individual who was a participant at any time before June 1, 2016, shall again become a participant if they satisfy the Plan requirements.

Effective January 1, 2017, all Plans were amended to document procedures for unclaimed benefit payments as well as returned or uncashed checks.

**Plan Termination**

Although it has not expressed an intention to do so, the Company reserves the right under the Plans to discontinue its contributions at any time and to terminate the Plans subject to the provisions of ERISA. Upon termination, the net assets of the Plans will be allocated for payment to the participants in an order of priority as prescribed by ERISA and its related regulations and the plan documents.

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

**AMETEK, Inc.**  
**Selected Defined Benefit Pension Plans**  
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**December 31, 2016 and 2015**

**2. Summary of Significant Accounting Policies**

Basis of presentation

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

Allocation of the Master Retirement Trust

At December 31, 2016 and 2015, the assets of the Plans were held by The Bank of New York Mellon Corporation ("Trustee") as trustee of the Trust.

Assets attributable to the individual plans participating in the Trust are equitable shares, which are based on each plan's proportionate share of total net assets of the Trust as of the end of each month, excluding unpaid contributions. Contributions received, benefits paid and direct administrative expenses are accounted for as direct cash flows designated to the individual plans during the period. The Trustee allocates earned income, realized gains and losses and unrealized gains and losses to individual plans based on each plan's pro rata share of the fair value of the Trust's net assets at the end of the reporting period.

Investment valuation and Income Recognition

The Plans' investments are stated at fair value. See Note 5 for further discussion and disclosures related to fair value measurements.

Portfolio managers of the Trust may enter into certain types of futures and option contracts in order to enhance liquidity or protect the total return of the Trust's portfolio from market volatility. Realized and unrealized gains and losses from these contracts are included in investment income.

Purchases and sales of securities are reflected on the trade dates. Gains and losses on sales of securities are based on the average cost of securities. Dividend income is recorded on the ex-dividend date. Income from other investments is recorded as earned.

Actuarial plan benefits valuation

Accumulated plan benefits represent the actuarial present value of estimated future periodic payments, including lump-sum distributions that are attributable under the Plans' provisions to services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits payable under all circumstances—retirement, death, disability, and termination of employment—are included, to the extent they are deemed attributable to employee services rendered to the valuation date.

The actuarial present value of accumulated plan benefits under the Plans was calculated by the consulting actuaries, based on the latest available data as of December 31, 2015. The actuarial present value of accumulated plan benefits 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 death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

**AMETEK, Inc.**  
**Selected Defined Benefit Pension Plans**  
**Notes to Financial Statements**  
**December 31, 2016 and 2015**

**2. Summary of Significant Accounting Policies (continued)**

Administrative expenses

Administrative expenses of all Plans are paid by the Trust and are charged to the respective Plans.

Payments of benefits

Benefits are recorded when paid.

Use of estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles ("GAAP") requires management to make estimates and assumptions that affect amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates and assumptions.

Risks and uncertainties

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

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

Subsequent Events

Management evaluated subsequent events for the Plans through September 29, 2017, the date the financial statements were issued. Based on this evaluation, no disclosures were required to be made to the financial statements as of December 31, 2016.

**3. Recent Accounting Pronouncements**

In February 2017, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") No 2017-06, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965): Employee Benefit Plan Master Trust Reporting ("ASU 2017-06")*. ASU 2017-06 requires a plan's interest in a master trust and change in the value of that interest to be presented in separate line items in the statement of assets available for benefits and in the statement of changes in assets available for benefits. The new guidance removes the requirement to disclose the percentage interest in the master trust for those plans with divided interests and instead requires disclosure of the dollar amount of interest in each investment type. ASU 2017-06 is effective for interim and annual reporting periods beginning after December 15, 2018. The new guidance will be applied on a retrospective basis and early adoption is permitted. The plan is currently evaluating the impact of adopting ASU 2017-06 on the Plan's financial statement.

**AMETEK, Inc.**  
**Selected Defined Benefit Pension Plans**  
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**4. Accumulated plan benefits**

Significant assumptions underlying the actuarial valuation are as follows:

Assumed rate of return on investments

The assumed rate of return on investments is 7.75% at December 31, 2015 compounded annually, net of investment expenses.

Mortality basis

At December 31, 2015, mortality is based on the RP-2014 gender-specific mortality table (with MP-2014 projected improvements after 2006 removed) projected from 2006 with Scale BB-2 dimensional and blue collar adjustment (no collar adjustment for Retirement).

Retirement rates

Retirement under the various Plans is assumed to take place based on retirement rates which generally result in assumed retirement at ages ranging from 62 to 65.

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

**AMETEK, Inc.**  
**Selected Defined Benefit Pension Plans**  
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**5. Investment and Master Trust Information**

All investment information disclosed in the accompanying financial statements including plan interest in the Trust at December 31, 2016 and 2015 and change in value of plan interest in net assets of the Trust for the years ended December 31, 2016 and 2015, were obtained or derived from information supplied to the plan administrator and certified as complete and accurate by the Trustee.

The following is a list of the Plans participating in the Trust and their respective percentage interest in the Trust at December 31, 2016 and 2015:

| Serial<br>Number | Name of Plan                                                                                                    | Percentage Interest in the<br>Master Retirement Trust |        |
|------------------|-----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|--------|
|                  |                                                                                                                 | 2016                                                  | 2015   |
| 001              | Employees' Retirement Plan of AMETEK, Inc. (1) (2) (3)                                                          | 86.51%                                                | 86.71% |
| 012              | Chemical Products (Wapakoneta, Ohio Plant) Division of<br>AMETEK, Inc. Hourly Employees' Pension Plan           | 2.01%                                                 | 1.95%  |
| 032              | Chemical Products (Nesquehoning, Pennsylvania Plant)<br>Division of AMETEK, Inc. Hourly Employees' Pension Plan | 1.69%                                                 | 1.61%  |
| 035              | AMETEK, Inc. Monthly Formula Pension Plan                                                                       | 1.18%                                                 | 1.13%  |
| 043              | AMETEK, Inc. Aerospace Division Pension Plan for<br>Union Represented Employees                                 | 8.19%                                                 | 8.18%  |
| 046              | EDAX, Inc. Pension Plan for Hourly Employees -<br>District Lodge No. 15 (4)                                     | 0.42%                                                 | 0.42%  |

(1) Includes hourly participants at the following current and former operations of AMETEK at December 31, 2016 and 2015:

|                         |                           |                          |
|-------------------------|---------------------------|--------------------------|
| Aerospace Binghamton    | Hunter Spring             | Microfoam Fresno         |
| East Moline             | Lamb-Cambridge            | P&AI                     |
| Electromechanical, N.C. | Lamb-Kent                 | Panalarm                 |
| Feasterville (PMT)      | Lamb-Racine               | Specialty Metal Products |
| Haveg                   | Largo (Mansfield & Green) | U.S. Gauge Allentown     |
| Hourly Employees'       | Microelectronics          | U.S. Gauge Bartow        |

(2) At December 31, 2014, the Pension Plan for Shop Employees of U.S. Gauge Division of AMETEK, Inc. was amended to merge the plan's net assets into the Retirement Plan.

(3) Superior Group, Inc. 2007 Retirement Plan merged into the Retirement Plan of AMETEK, Inc. on December 31, 2015.

(4) The EDAX, Inc. Pension Plan holds an interest in the AMETEK, Inc. Employees' Master Retirement Trust. An audit is not required as it is considered a small pension plan, as defined by 29 CFR 2520.104-46 of the Department of Labor Rules and Regulations under ERISA.

**AMETEK, Inc.**  
**Selected Defined Benefit Pension Plans**  
**Notes to Financial Statements**  
**December 31, 2016 and 2015**

**5. Investment and Master Trust Information (continued)**

The following is a statement of the net assets held by the Trust at December 31, 2016 and 2015.

|                                           | <u>2016</u>           | <u>2015</u>           |
|-------------------------------------------|-----------------------|-----------------------|
| Common Collective Trusts                  | \$ 143,829,600        | \$ 118,545,961        |
| Corporate Debt Instruments                | 2,662,383             | 5,616,562             |
| Corporate Debt Instruments - Preferred    | 8,880,008             | 9,835,457             |
| Corporate Stocks – Common                 | 109,589,371           | 118,672,904           |
| Municipal Bonds                           | 777,382               | 1,003,319             |
| Commingled Trust Investments              | —                     | 51,347,021            |
| Registered Investment Companies           | 251,054,137           | 202,521,721           |
| U.S. Government Securities                | —                     | 113,219               |
| Total investments                         | <u>516,792,881</u>    | <u>507,656,164</u>    |
| Transfer in receivable                    | 40,000,000            | 499,732               |
| Receivable for securities sold and other  | <u>346,304</u>        | <u>1,220,571</u>      |
| Total assets                              | 557,139,185           | 509,376,467           |
| <u>Liabilities</u>                        |                       |                       |
| Accounts payable for securities purchased | <u>57,867</u>         | <u>97,665</u>         |
| Net assets                                | <u>\$ 557,081,318</u> | <u>\$ 509,278,802</u> |

A summary of the investment income on investments held by the Trust for the years ended December 31, 2016 and 2015 was as follows:

|                                               | <u>2016</u>          | <u>2015</u>            |
|-----------------------------------------------|----------------------|------------------------|
| Net appreciation (depreciation) at fair value | \$ 28,723,014        | \$ (27,258,011)        |
| Dividends and interest                        | <u>10,104,941</u>    | <u>10,300,947</u>      |
| Total investment income                       | <u>\$ 38,827,955</u> | <u>\$ (16,957,064)</u> |

The Plans utilize a valuation hierarchy for disclosure of the inputs to the valuation used to measure fair value. This hierarchy prioritizes the inputs into three broad levels as follows. Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities. Level 2 inputs are quoted prices for similar assets and liabilities in active markets or inputs that are observable for the asset or liability, either directly or indirectly through market corroboration, for substantially the full term of the financial instrument. Level 3 inputs are unobservable inputs based on the Plans' own assumptions used to measure assets and liabilities at fair value. A financial asset or liability's classification within the hierarchy is determined based on the lowest level input that is significant to the fair value measurement.

**AMETEK, Inc.**  
**Selected Defined Benefit Pension Plans**  
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**December 31, 2016 and 2015**

**5. Investment and Master Trust Information (continued)**

The following is a description of the valuation methodologies used for assets at fair value. There have been no changes in the methodologies used at December 31, 2016 and 2015.

Level 1 investments are unadjusted, observable inputs from active markets. Investments such as common stocks traded on exchanges are valued at the last reported sale prices on the last business day of the year or, if not available, the last reported bid prices. Registered investment companies are valued at quoted market prices which represent the net asset values of shares held by the Plans at year-end.

Level 2 investments are equity funds and fixed income funds that are valued by the vendor using observable market inputs. Fixed income securities such as certain government, municipal and corporate obligations are primarily measured using a market approach pricing methodology, where observable prices are obtained by market transactions involving identical or comparable securities of issuers with similar credit ratings. Corporate obligations are all investment grade quality.

Alternative investments are considered level 3 investments as their values are determined by the sponsor using unobservable market data. The Plans' investment policy, developed by the Pension Investment Committee, limits the amount the Plans may invest in investments that are difficult to value. Valuation of these investments is determined by the management of the Plan Sponsor on an annual basis at the reporting date. The valuation procedures include, but are not limited to, the review of periodic due diligence materials provided by the third party investment consultants and investment staff of the Plan Sponsor, as well as the investments' annual audited financial statements. As of December 31, 2016 and 2015, the Plans hold no alternative investments.

Temporary cash investments are stated at cost, which approximates fair value. Common collective trusts and commingled trust investments are valued based on the Plan's unit of ownership and net asset value of the investment entity's pooled investments. These investments have no unfunded commitments and no limits as to the frequency of redemptions. However, the investments have various redemption terms and notice periods.

**AMETEK, Inc.**  
**Selected Defined Benefit Pension Plans**  
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**5. Investment and Master Trust Information (continued)**

A summary of the fair value of plan assets at December 31, 2016 and 2015 was as follows (in thousands).

| <u>Asset Category</u>                   | <u>2016</u>       |                   |                  |
|-----------------------------------------|-------------------|-------------------|------------------|
|                                         | <u>Total</u>      | <u>Level 1</u>    | <u>Level 2</u>   |
| Corporate Debt Instruments              | \$ 2,663          | \$ —              | \$ 2,663         |
| Corporate Debt Instruments - Preferred  | 8,880             | —                 | 8,880            |
| Corporate Stocks – Common               | 109,589           | 109,589           | —                |
| Municipal Bonds                         | 777               | —                 | 777              |
| Registered Investment Companies         | 251,054           | 251,054           | —                |
| U.S Government Securities               | —                 | —                 | —                |
| Total investments                       | <u>\$ 372,963</u> | <u>360,643</u>    | <u>12,320</u>    |
| Investments measured at net asset value | <u>143,830</u>    | <u>—</u>          | <u>—</u>         |
| Total Investments                       | <u>\$ 516,793</u> | <u>\$ 360,643</u> | <u>\$ 12,320</u> |

| <u>Asset Category</u>                   | <u>2015</u>       |                   |                  |
|-----------------------------------------|-------------------|-------------------|------------------|
|                                         | <u>Total</u>      | <u>Level 1</u>    | <u>Level 2</u>   |
| Corporate Debt Instruments              | \$ 5,617          | \$ —              | \$ 5,617         |
| Corporate Debt Instruments - Preferred  | 9,835             | —                 | 9,835            |
| Corporate Stock – Common                | 118,673           | 118,673           | —                |
| Municipal Bonds                         | 1,003             | —                 | 1,003            |
| Registered Investment Companies         | 202,522           | 202,522           | —                |
| U.S Government Securities               | 113               | —                 | 113              |
| Total investments                       | <u>\$ 337,763</u> | <u>321,195</u>    | <u>16,568</u>    |
| Investments measured at net asset value | <u>169,893</u>    | <u>—</u>          | <u>—</u>         |
| Total Investments                       | <u>\$ 507,656</u> | <u>\$ 321,195</u> | <u>\$ 16,568</u> |

|                                                                            | <u>Alternative<br/>Investment</u> |
|----------------------------------------------------------------------------|-----------------------------------|
| Balance, December 31, 2014                                                 | \$ 9,046                          |
| Unrealized losses relating to instruments still held at the reporting date | —                                 |
| Realized gains relating to instruments sold during the year                | (600)                             |
| (Sales) Purchases                                                          | (8,446)                           |
| Balance, December 31, 2015                                                 | <u>\$ —</u>                       |

**AMETEK, Inc.**  
**Selected Defined Benefit Pension Plans**  
**Notes to Financial Statements**  
**December 31, 2016 and 2015**

**5. Investment and Master Trust Information (continued)**

The objectives of the Plans' investment strategy are to maximize the Plans' funded status and minimize Company contributions and plan expense. Because the goal is to optimize returns over the long term, an investment policy that favors equity holdings has been established. Since there may be periods of time where both equity and fixed-income markets provide poor returns, an allocation to alternative assets may be made to improve the overall portfolio's diversification and return potential. The Pension Investment Committee periodically reviews the Trust's asset allocation, taking into consideration plan liabilities, plan benefit payment streams and the investment strategy of the pension plans. The actual asset allocation is monitored frequently relative to the established targets and ranges and is rebalanced when necessary.

The equity portfolio is diversified by market capitalization and style. The equity portfolio also includes an international component.

The objective of the fixed-income portion of the pension assets is to provide interest rate sensitivity for a portion of the assets and to provide diversification. The fixed-income portfolio is diversified within certain quality and maturity guidelines in an attempt to minimize the adverse effects of interest rate fluctuations.

Other than investments in certain alternative investment collective trusts and pooled investments funds, certain investments are prohibited. Prohibited investments include venture capital, private placements, unregistered or restricted stock, margin trading, commodities, short selling and rights and warrants. Foreign currency futures, options and forward contracts may be used to manage foreign currency exposure.

**6. Income Tax Status**

The Plans have received determination letters from the IRS dated as follows:

|                                                                                                                       |                  |
|-----------------------------------------------------------------------------------------------------------------------|------------------|
| Employees' Retirement Plan of AMETEK, Inc. (001)                                                                      | January 21, 2016 |
| Chemical Products (Wapakoneta, Ohio Plant) Division of<br>AMETEK, Inc. Hourly Employees' Pension Plan (012)           | October 19, 2015 |
| Chemical Products (Nesquehoning, Pennsylvania Plant) Division<br>of AMETEK, Inc. Hourly Employees' Pension Plan (032) | January 21, 2016 |
| AMETEK, Inc. Aerospace Division Pension Plan for Union<br>Represented Employees (043)                                 | October 27, 2015 |
| AMETEK, Inc. Monthly Formula Pension Plan (035)                                                                       | January 21, 2016 |

The determination letters state that each of the Plans qualifies under Section 401(a) of the IRC and, therefore, the related trust is exempt from taxation. Subsequent to the issuance of the determination letters, all of the Plans were amended and restated. Once qualified, the Plans are required to operate in conformity with the IRC to maintain their qualification. The Plan Sponsor believes the Plans are being operated in compliance with the applicable requirements of the IRC and therefore believes the Plans, as amended and restated, are qualified and the related trusts are tax-exempt.

**AMETEK, Inc.**  
**Selected Defined Benefit Pension Plans**  
**Notes to Financial Statements**  
**December 31, 2016 and 2015**

**6. Income Tax Status (continued)**

Accounting principles generally accepted in the United States require plan management to evaluate uncertain tax positions taken by the Plans. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The Plan Sponsor has analyzed the tax positions taken by the Plans, and has concluded that as of December 31, 2016, there are no uncertain positions taken or expected to be taken. The Plans have recognized no interest or penalties related to uncertain tax positions. The Plans are subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

**7. Related Party and Party-in-Interest Transactions**

At December 31, 2016 and 2015, the Trust held an investment in AMETEK common stock. At December 31, 2016, the investment consisted of 512,565 shares having a cost of \$254,102 and a market value of \$24,910,659 and the Trust received \$184,523 in related dividends in 2016. At December 31, 2015, the investment consisted of 512,565 shares having a cost of \$254,102 and a market value of \$27,468,358 and the Trust received \$184,523 in related dividends in 2015. During 2016 and 2015, there were no party-in-interest transactions which are prohibited by ERISA Section 406 and for which there is no statutory or administrative exemption.

AMETEK, Inc.  
 Chemical Products (Nesquehoning, PA Plant) Division of AMETEK, Inc. Hourly Employees' Pension Plan  
 EIN: 14-1682544; Plan Number: 032  
 Attachment- 2016 Schedule SB  
 Line 26- Schedule of Active Participant Data

| Age Nearest<br>Birthday |       | Completed Years of Service |       |       |         |         |         |         |         |         |         |
|-------------------------|-------|----------------------------|-------|-------|---------|---------|---------|---------|---------|---------|---------|
|                         |       | under 1                    | 1 - 4 | 5 - 9 | 10 - 14 | 15 - 19 | 20 - 24 | 25 - 29 | 30 - 34 | 35 - 39 | 40 & up |
| Under 25                | Count | 2                          | 3     | 0     | 0       | 0       | 0       | 0       | 0       | 0       | 0       |
| 25 to 29                | Count | 1                          | 6     | 2     | 0       | 0       | 0       | 0       | 0       | 0       | 0       |
| 30 to 34                | Count | 2                          | 3     | 0     | 0       | 0       | 0       | 0       | 0       | 0       | 0       |
| 35 to 39                | Count | 1                          | 2     | 3     | 0       | 0       | 0       | 0       | 0       | 0       | 0       |
| 40 to 44                | Count | 1                          | 3     | 2     | 0       | 1       | 0       | 0       | 0       | 0       | 0       |
| 45 to 49                | Count | 1                          | 0     | 0     | 2       | 2       | 1       | 2       | 0       | 0       | 0       |
| 50 to 54                | Count | 0                          | 1     | 3     | 4       | 0       | 0       | 3       | 1       | 1       | 0       |
| 55 to 59                | Count | 0                          | 0     | 0     | 2       | 1       | 1       | 4       | 5       | 4       | 0       |
| 60 to 64                | Count | 0                          | 1     | 0     | 1       | 0       | 3       | 1       | 5       | 3       | 0       |
| 65 to 69                | Count | 0                          | 0     | 0     | 0       | 0       | 0       | 0       | 0       | 0       | 0       |
| 70 & up                 | Count | 0                          | 0     | 0     | 0       | 0       | 0       | 0       | 0       | 0       | 0       |

Average Age = 47.0    Average Service = 16.1

**Chemical Products (Nesquehoning, PA Plant) Division of AMETEK, Inc. Hourly  
Employees' Pension Plan**

**EIN: 14-1682544 PN: 032**

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

## Statement of actuarial assumptions and methods

### Economic Assumptions

Interest rate basis:

- |                       |                                                          |  |
|-----------------------|----------------------------------------------------------|--|
| ▶ Applicable month    | January 2016                                             |  |
| ▶ Interest rate basis | Segment Rates from one month<br>preceding valuation date |  |

Interest rates:

|                                                           | Reflecting HATFA<br>corridors | Not reflecting<br>corridors |
|-----------------------------------------------------------|-------------------------------|-----------------------------|
| ▶ First segment rate                                      | 4.43%                         | 1.41%                       |
| ▶ Second segment rate                                     | 5.91%                         | 3.96%                       |
| ▶ Third segment rate                                      | 6.65%                         | 4.97%                       |
| ▶ Effective interest rate (Reflecting HATFA<br>Corridors) |                               | 6.15%                       |

PBGC variable premium basis:

- |                       |                     |
|-----------------------|---------------------|
| ▶ PBGC method         | Standard            |
| ▶ PBGC segment rates: | 1.82%, 4.12%, 5.01% |

Annual rates of increase

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

### Demographic Assumptions

|                          |                                                                                                                                                                                                                                                                                    |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Inclusion Date           | The valuation date coincident with or next following the date on which the employee is hired.                                                                                                                                                                                      |
| New or rehired employees | It was assumed there will be no new or rehired employees.                                                                                                                                                                                                                          |
| Mortality                |                                                                                                                                                                                                                                                                                    |
| ▶ Healthy                | Separate rates for non-annuitants (based on RP-2000 "Employees" table without collar or amount adjustments, projected to 2031 using Scale AA) and annuitants (based on RP-2000 "Healthy Annuitants" table without collar or amount adjustments, projected to 2023 using Scale AA). |
| ▶ Disabled               | Same as Healthy Mortality                                                                                                                                                                                                                                                          |

**Chemical Products (Nesquehoning, PA Plant) Division of AMETEK, Inc. Hourly  
Employees' Pension Plan**

**EIN: 14-1682544 PN: 032**

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

Termination Rates varying by age

► Sample rates:

| <u>Age</u> |      |      |
|------------|------|------|
| 25         | 35   | 45   |
| .099       | .049 | .017 |

Disability Rates varying by age and sex.

► Sample rates:

| <u>Age / Sex</u> |        |        |        |        |        |
|------------------|--------|--------|--------|--------|--------|
| 25               |        | 40     |        | 55     |        |
| .00093           | .00096 | .00314 | .00357 | .01502 | .01490 |

Retirement Rates varying by age

► Sample rates:

| <u>Age</u> |     |     |     | <u>Expected Retirement Age</u> |
|------------|-----|-----|-----|--------------------------------|
| 55         | 60  | 62  | 65  |                                |
| .05        | .02 | .30 | .67 | 63                             |

Benefit Commencement  
Date

- Retirement benefit Immediately upon retirement
- Deferred vested benefit Age 65

Form of payment 100% life annuity

Percentage married 80%

Spouse age Wife three years younger than husband

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

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

Administrative expenses Administrative Expenses are assumed to be the actual administrative expenses paid for the prior rounded to the nearest ten-thousand dollars. The amount included this year for administrative expenses is \$50,000.

Timing of benefit payments Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on the date of decrement.

**Chemical Products (Nesquehoning, PA Plant) Division of AMETEK, Inc. Hourly  
Employees' Pension Plan**

**EIN: 14-1682544 PN: 032**

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

**Methods**

|                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Valuation date            | First day of plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Funding target            | Present value of accrued benefits as required by regulations under IRC §430.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Target normal cost        | Present value of benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets during plan year as required by regulations under IRC §430.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Actuarial value of assets | <p>Average of the fair market value of assets on the valuation date and 12 and 24 months preceding the valuation date, adjusted for contributions, benefits, administrative expenses and expected earnings of 6.81% (with such expected earnings limited as described in IRS Notice 2009-22) . The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2015 plan year.)</p> <p>The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA).</p> <p>These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years.</p> <p>However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.</p> |
| Benefits Not Valued       | <p>Certain plans pay small benefits with a present value up to \$5,000 in a single lump sum payment. Such lumps sums are explicitly valued as such; rather participants benefits are valued using the benefit choice assumptions described above.</p> <p>Willis Towers Watson has reviewed the plan provisions with AMETEK, Inc and, based on that review, is not aware of any significant benefits required to be valued that were not.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |

**Data Sources**

The plan sponsor furnished participant data as of 1/1/2016. Data were reviewed for reasonableness and consistency, but no audit was performed. Based on discussions with the plan sponsor, assumptions or estimates were made when data were not available, and the data was adjusted to reflect any significant events that occurred between the date the data was collected and the measurement date.

We are not aware of any errors or omissions in the data that would have a significant effect on the results of our calculations

**Chemical Products (Nesquehoning, PA Plant) Division of AMETEK, Inc. Hourly  
Employees' Pension Plan**

**EIN: 14-1682544 PN: 032**

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

**Assumptions Rationale – Significant Economic Assumptions**

|                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|--------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Discount rate</b>                                                                                                     | The basis chosen was selected by the plan sponsor from among choices prescribed by law, all of which are based on observed market data over certain periods of time.                                                                                                                                                                                                                                                                                                       |
| <b>Rates of increase in:</b>                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <ul style="list-style-type: none"><li>• <b>Compensation</b></li></ul>                                                    | Assumed compensation increases are based on plan sponsor expectations for near-term years and the effect that the assumed long-term CPI and NAW will have on compensation increases over the longer term.                                                                                                                                                                                                                                                                  |
| <ul style="list-style-type: none"><li>• <b>National average wages (NAW) (e.g., Social Security wage bases)</b></li></ul> | The assumed NAW is based on assumed CPI as shown below, plus assumed increases in real wages (the portion of GDP increases that becomes part of wages). Such assumed future increases in real wages based on a combination of recent rates and an expectation that the future rates will be lower (higher) than current conditions.                                                                                                                                        |
| <ul style="list-style-type: none"><li>• <b>Increases in statutory limits (CPI)</b></li></ul>                             | The assumed CPI is based on a combination of current conditions, and future forecasts by economists. The final assumption represents a composite of current rates and long term expected rates.                                                                                                                                                                                                                                                                            |
| <ul style="list-style-type: none"><li>• <b>Assumed return for asset smoothing</b></li></ul>                              | The assumed return used for asset smoothing is the lesser of the 3 <sup>rd</sup> segment rate and the expected return on assets assumption chosen by the client for the current plan year under U.S. GAAP. Although determining the expected rate of return on plan assets was not within the scope of our work, it is the client's best estimate and we determined that it does not significantly conflict with what would be reasonable based on their asset allocation. |
| <b>Plan-related expenses</b>                                                                                             | Plan-related expenses are assumed to be the actual plan-related expenses paid for the prior rounded up to the nearest ten-thousand dollars. As required by regulations, plan-related expenses should estimate the expenses to be paid from the trust during the coming year (including, for example, expected PBGC premiums and actuarial, accounting, legal, administration and trustee fees to be paid from the trust).                                                  |

**Assumptions Rationale – Significant Demographic Assumptions**

|                           |                                                                                                                                                                                      |
|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Healthy Mortality</b>  | Assumptions used for funding purposes are as prescribed by IRC §430(h).                                                                                                              |
| <b>Disabled Mortality</b> | Assumptions used for funding purposes are as prescribed by IRC §430(h).                                                                                                              |
| <b>Termination</b>        | Termination rates are based on plan sponsor expectations for the future with periodic monitoring of observed gains and losses caused by termination patterns different than assumed. |

**Chemical Products (Nesquehoning, PA Plant) Division of AMETEK, Inc. Hourly  
Employees' Pension Plan**

**EIN: 14-1682544 PN: 032**

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

|                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Disability</b>                                                             | Disability rates are based on plan sponsor expectations for the future with periodic monitoring of observed gains and losses caused by disability patterns different than assumed.                                                                                                                                                                                                                                                                              |
| <b>Retirement</b>                                                             | Retirement rates are based on plan sponsor expectations for the future with periodic monitoring of observed gains and losses caused by retirement patterns different than assumed.                                                                                                                                                                                                                                                                              |
| <b>Benefit commencement date for deferred benefits:</b>                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <ul style="list-style-type: none"><li>• Preretirement death benefit</li></ul> | Surviving spouses are assumed to begin benefits at the earliest permitted commencement date because ERISA requires benefits to start then unless the spouse elects to defer. If the spouse elects to defer, actuarial increases from the earliest commencement date must be given, so that a later commencement date is expected to be of approximately equal value, and experience indicates that most spouses do take the benefit as soon as it is available. |
| <ul style="list-style-type: none"><li>• Deferred vested benefit</li></ul>     | Deferred vested participants' assumed commencement age is a single age intended to capture the average age at commencement.                                                                                                                                                                                                                                                                                                                                     |
| <b>Form of Payment</b>                                                        | The percentage of retiring participants assumed to take plan specific forms of payment is based on the plan sponsor's expectations for the future with periodic monitoring of changes caused by patterns different than assumed.                                                                                                                                                                                                                                |
| <b>Percentage married</b>                                                     | The assumed percentage married is based on plan experience, as well as general population statistics on the marital status of individuals of retirement age.                                                                                                                                                                                                                                                                                                    |
| <b>Spouse age</b>                                                             | The assumed age difference for spouses is based on plan experience, as well as general population statistics of the age difference for married individuals of retirement age.                                                                                                                                                                                                                                                                                   |

**Source of Prescribed Methods**

|                        |                                                                                                                                                                                                                                                                                                                                                |
|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Funding methods</b> | The methods used for funding purposes as described in Appendix A, including the method of determining plan assets, are "prescribed methods set by law", as defined in the actuarial standards of practice (ASOPs). These methods are required by IRC §430, or were selected by the plan sponsor from a range of methods permitted by IRC §430. |
|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Change in assumptions and methods since prior valuation**

The segment interest rates used to calculate the funding target and target normal cost were updated from an applicable month of January 2015 to January 2016.

The required mortality table used to calculate the funding target and target normal cost was updated to include one additional year of projected mortality improvements.

|                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration<br/>Pension Benefit Guaranty Corporation</small> | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2016</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u>                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |

- **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.

|                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                  |                                                                 |     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-----|
| <b>A</b> Name of plan<br>CHEMICAL PRODUCTS (NESQUEHONING, PA PLANT) DIVISION OF AMETEK, INC. HOURLY EMPLOYEES' PENSION PLAN                                                                                                                                                                       | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"><b>B</b> Three-digit plan number (PN) ►</td> <td style="width: 40%; text-align: center;">032</td> </tr> </table> | <b>B</b> Three-digit plan number (PN) ►                         | 032 |
| <b>B</b> Three-digit plan number (PN) ►                                                                                                                                                                                                                                                           | 032                                                                                                                                                                                                              |                                                                 |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><br>Ametek, Inc.                                                                                                                                                                                                      | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>D</b> Employer Identification Number (EIN)<br/><br/>14-1682544</td> </tr> </table>                                                | <b>D</b> Employer Identification Number (EIN)<br><br>14-1682544 |     |
| <b>D</b> Employer Identification Number (EIN)<br><br>14-1682544                                                                                                                                                                                                                                   |                                                                                                                                                                                                                  |                                                                 |     |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |                                                                                                                                                                                                                  |                                                                 |     |

|               |                                                                                                                                                                                                          |                            |                           |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|
| <b>Part I</b> | <b>Basic Information</b>                                                                                                                                                                                 |                            |                           |
| <b>1</b>      | Enter the valuation date:      Month <u>01</u> Day <u>01</u> Year <u>2016</u>                                                                                                                            |                            |                           |
| <b>2</b>      | Assets:                                                                                                                                                                                                  |                            |                           |
|               | a Market value .....                                                                                                                                                                                     | <b>2a</b>                  | 8,470,462                 |
|               | b Actuarial value .....                                                                                                                                                                                  | <b>2b</b>                  | 9,199,290                 |
| <b>3</b>      | Funding target/participant count breakdown                                                                                                                                                               | (1) Number of participants | (2) Vested Funding Target |
|               | a For retired participants and beneficiaries receiving payment .....                                                                                                                                     | 59                         | 2,745,356                 |
|               | b For terminated vested participants .....                                                                                                                                                               | 95                         | 1,092,637                 |
|               | c For active participants .....                                                                                                                                                                          | 84                         | 2,963,162                 |
|               | d Total .....                                                                                                                                                                                            | 238                        | 6,801,155                 |
| <b>4</b>      | If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>                                                                                                  |                            |                           |
|               | a Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                       | <b>4a</b>                  |                           |
|               | 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 ..... | <b>4b</b>                  |                           |
| <b>5</b>      | Effective interest rate .....                                                                                                                                                                            | <b>5</b>                   | 6.15%                     |
| <b>6</b>      | Target normal cost .....                                                                                                                                                                                 | <b>6</b>                   | 315,270                   |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                           |                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                              |                                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| <b>Statement by Enrolled Actuary</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                           |                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                              |                                                                                                                |
| <small>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.</small>                        |                                                                                                                                                                                                                           |                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                              |                                                                                                                |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%; text-align: center;"><b>SIGN HERE</b></td> <td style="width: 85%; text-align: center;"> <br/>           Signature of actuary<br/>           Jason Rohrer, F.S.A., E.A.<br/>           Type or print name of actuary<br/>           Towers Watson Delaware Inc.<br/>           Firm name<br/>           CENTRE SQUARE EAST, 1500 MARKET ST<br/>           PHILADELPHIA PA 19102<br/>           Address of the firm         </td> </tr> </table> | <b>SIGN HERE</b>                                                                                                                                                                                                          | <br>Signature of actuary<br>Jason Rohrer, F.S.A., E.A.<br>Type or print name of actuary<br>Towers Watson Delaware Inc.<br>Firm name<br>CENTRE SQUARE EAST, 1500 MARKET ST<br>PHILADELPHIA PA 19102<br>Address of the firm | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; text-align: center;"> <br/>           Date<br/>           1707974<br/>           Most recent enrollment number<br/>           215-246-6455<br/>           Telephone number (including area code)         </td> </tr> </table> | <br>Date<br>1707974<br>Most recent enrollment number<br>215-246-6455<br>Telephone number (including area code) |
| <b>SIGN HERE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <br>Signature of actuary<br>Jason Rohrer, F.S.A., E.A.<br>Type or print name of actuary<br>Towers Watson Delaware Inc.<br>Firm name<br>CENTRE SQUARE EAST, 1500 MARKET ST<br>PHILADELPHIA PA 19102<br>Address of the firm |                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                              |                                                                                                                |
| <br>Date<br>1707974<br>Most recent enrollment number<br>215-246-6455<br>Telephone number (including area code)                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                           |                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                              |                                                                                                                |

**Part II Beginning of Year Carryover and Prefunding Balances**

|                                                                                                                                                                     | (a) Carryover balance | (b) Prefunding balance |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....                                                             | 0                     | 1,976,885              |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year).....                                                          | 0                     | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8).....                                                                                                                | 0                     | 1,976,885              |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>-3.69%</u> .....                                                                                | 0                     | -72,947                |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                      |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year).....                                                                                      |                       | 256,633                |
| <b>b(1)</b> 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>6.34%</u> ..... |                       | 16,271                 |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return.....                                                                 |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance.....                                                                        |                       | 272,904                |
| <b>d</b> Portion of (c) to be added to prefunding balance.....                                                                                                      |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections.....                                                                                    | 0                     | 116,719                |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d - line 12).....                                                                         | 0                     | 1,787,219              |

**Part III Funding Percentages**

|                                                                                                                                                                           |           |         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>14</b> Funding target attainment percentage.....                                                                                                                       | <b>14</b> | 104.44% |
| <b>15</b> Adjusted funding target attainment percentage.....                                                                                                              | <b>15</b> | 129.62% |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement..... | <b>16</b> | 104.34% |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....                                        | <b>17</b> | %       |

**Part IV Contributions and Liquidity Shortfalls****18** Contributions made to the plan for the plan year by employer(s) and employees:

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 01/13/2017               | 2,800,000                         | 0                               |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
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|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>          |                                   |                                 | <b>18(b)</b>             | 2,800,000                         | <b>18(c)</b> 0                  |

**19** Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

|                                                                                                                        |            |           |
|------------------------------------------------------------------------------------------------------------------------|------------|-----------|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years.....                    | <b>19a</b> | 0         |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date.....                                      | <b>19b</b> | 0         |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date..... | <b>19c</b> | 2,632,534 |

**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**

|                                                 |                                                                                                                                              |                        |                        |                                                     |
|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                        |                                                                                                                                              |                        |                        |                                                     |
| <b>a</b> Segment rates:                         | 1st segment:<br>4.43 %                                                                                                                       | 2nd segment:<br>5.91 % | 3rd segment:<br>6.65 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....    |                                                                                                                                              |                        |                        | <b>21b</b> 0                                        |
| <b>22</b> Weighted average retirement age ..... |                                                                                                                                              |                        |                        | <b>22</b> 63                                        |
| <b>23</b> Mortality table(s) (see instructions) | <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                                                     |

**Part VI Miscellaneous Items**

|                                                                                                                                                                        |                                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>24</b> Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. .... | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>25</b> Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ....                                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>26</b> Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ....                            | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>27</b> If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment .....                                   | <b>27</b>                                                           |

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

|                                                                                                                                      |           |   |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years .....                                                            | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) ..... | <b>29</b> | 0 |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29) .....                                    | <b>30</b> | 0 |

**Part VIII Minimum Required Contribution For Current Year**

| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                                                                                                                                                                                                                                                                                                                               |                   |                    |  |                     |             |                                                       |   |   |                                                |   |   |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------------|--|---------------------|-------------|-------------------------------------------------------|---|---|------------------------------------------------|---|---|
| <b>a</b> Target normal cost (line 6) .....                                                                                                                                           | <b>31a</b>                                                                                                                                                                                                                                                                                                                    | 315,270           |                    |  |                     |             |                                                       |   |   |                                                |   |   |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>                                                                                                                                                                                                                                                                                                                    | 315,270           |                    |  |                     |             |                                                       |   |   |                                                |   |   |
| <b>32</b> Amortization installments:                                                                                                                                                 | <table border="1"> <thead> <tr> <th></th> <th>Outstanding Balance</th> <th>Installment</th> </tr> </thead> <tbody> <tr> <td><b>a</b> Net shortfall amortization installment .....</td> <td>0</td> <td>0</td> </tr> <tr> <td><b>b</b> Waiver amortization installment .....</td> <td>0</td> <td>0</td> </tr> </tbody> </table> |                   |                    |  | Outstanding Balance | Installment | <b>a</b> Net shortfall amortization installment ..... | 0 | 0 | <b>b</b> Waiver amortization installment ..... | 0 | 0 |
|                                                                                                                                                                                      | Outstanding Balance                                                                                                                                                                                                                                                                                                           | Installment       |                    |  |                     |             |                                                       |   |   |                                                |   |   |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 0                                                                                                                                                                                                                                                                                                                             | 0                 |                    |  |                     |             |                                                       |   |   |                                                |   |   |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                                                                                                                                                                                                                                                                                                                             | 0                 |                    |  |                     |             |                                                       |   |   |                                                |   |   |
| <b>33</b> 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 ..... | <b>33</b>                                                                                                                                                                                                                                                                                                                     |                   |                    |  |                     |             |                                                       |   |   |                                                |   |   |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) .....                                                         | <b>34</b>                                                                                                                                                                                                                                                                                                                     | 0                 |                    |  |                     |             |                                                       |   |   |                                                |   |   |
|                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                               | Carryover balance | Prefunding balance |  |                     |             |                                                       |   |   |                                                |   |   |
| <b>35</b> Balances elected for use to offset funding requirement .....                                                                                                               |                                                                                                                                                                                                                                                                                                                               | 0                 | 0                  |  |                     |             |                                                       |   |   |                                                |   |   |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  | <b>36</b>                                                                                                                                                                                                                                                                                                                     | 0                 |                    |  |                     |             |                                                       |   |   |                                                |   |   |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  | <b>37</b>                                                                                                                                                                                                                                                                                                                     | 2,632,534         |                    |  |                     |             |                                                       |   |   |                                                |   |   |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                                                                                                                                                                                                                                                                                                                               |                   |                    |  |                     |             |                                                       |   |   |                                                |   |   |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       | <b>38a</b>                                                                                                                                                                                                                                                                                                                    | 2,632,534         |                    |  |                     |             |                                                       |   |   |                                                |   |   |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>                                                                                                                                                                                                                                                                                                                    | 0                 |                    |  |                     |             |                                                       |   |   |                                                |   |   |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>                                                                                                                                                                                                                                                                                                                     | 0                 |                    |  |                     |             |                                                       |   |   |                                                |   |   |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  | <b>40</b>                                                                                                                                                                                                                                                                                                                     | 0                 |                    |  |                     |             |                                                       |   |   |                                                |   |   |

**Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)**

|                                                                                                |                                                                                                                         |   |  |
|------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---|--|
| <b>41</b> If an election was made to use PRA 2010 funding relief for this plan:                |                                                                                                                         |   |  |
| <b>a</b> Schedule elected .....                                                                | <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years                                               |   |  |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made .....               | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |   |  |
| <b>42</b> Amount of acceleration adjustment .....                                              | <b>42</b>                                                                                                               | 0 |  |
| <b>43</b> Excess installment acceleration amount to be carried over to future plan years ..... | <b>43</b>                                                                                                               | 0 |  |

## **Schedule SB - Statement by Enrolled Actuary**

|                          |                                                                                                    |
|--------------------------|----------------------------------------------------------------------------------------------------|
| <b>Plan Sponsor</b>      | AMETEK, Inc.                                                                                       |
| <b>EIN/PN</b>            | 14-1682544/032                                                                                     |
| <b>Plan Name</b>         | Chemical Products (Nesquehoning, PA Plant) Division of AMETEK, Inc. Hourly Employees' Pension Plan |
| <b>Valuation Date</b>    | January 1, 2016                                                                                    |
| <b>Enrolled Actuary</b>  | Jason Rohrer, FSA, EA                                                                              |
| <b>Enrollment Number</b> | 17-07974                                                                                           |

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

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

AMETEK, INC.

Chemical Products (Nesquehoning, PA Plant) Division of AMETEK, Inc. Hourly Employees' Pension Plan  
EIN: 14-1682544  
Plan Num: 032  
Attachment to 2016 Schedule SB  
Schedule SB, Line 22 - Description of Weighted Average Retirement Age

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

| (A)                     | (B)             | (C)                              | (D)             | (E)       |
|-------------------------|-----------------|----------------------------------|-----------------|-----------|
| Age                     | Retirement Rate | Hypothetical Number of Employees | Number Retiring | (A)*(D)   |
| 55                      | 0.050           | 100,000                          | 5,000           | 275,000   |
| 56                      | 0.020           | 95,000                           | 1,900           | 106,400   |
| 57                      | 0.020           | 93,100                           | 1,862           | 106,134   |
| 58                      | 0.020           | 91,238                           | 1,825           | 105,850   |
| 59                      | 0.030           | 89,413                           | 2,682           | 158,238   |
| 60                      | 0.020           | 86,731                           | 1,735           | 104,100   |
| 61                      | 0.020           | 84,996                           | 1,700           | 103,700   |
| 62                      | 0.300           | 83,296                           | 24,989          | 1,549,318 |
| 63                      | 0.200           | 58,307                           | 11,661          | 734,643   |
| 64                      | 0.200           | 46,646                           | 9,329           | 597,056   |
| 65                      | 0.670           | 37,317                           | 25,002          | 1,625,130 |
| 66                      | 0.500           | 12,315                           | 6,158           | 406,428   |
| 67                      | 0.500           | 6,157                            | 3,079           | 206,293   |
| 68                      | 0.500           | 3,078                            | 1,539           | 104,652   |
| 69                      | 0.500           | 1,539                            | 770             | 53,130    |
| 70                      | 1.000           | 769                              | 769             | 53,830    |
| Total:                  |                 |                                  |                 | 6,289,902 |
| Average Retirement Age: |                 |                                  |                 | 63        |

**Chemical Products (Nesquehoning, PA Plant) Division of AMETEK, Inc. Hourly  
Employees' Pension Plan**

**EIN: 14-1682544 PN: 032**

**Schedule SB, Part V – Summary of Plan Provisions**

## Summary of plan provisions

### Plan Provisions

|                |                                                                                                                                                                                      |
|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Plan Name/No.  | AMETEK Westchester Nesquehoning Hourly Employees' Pension Plan/032                                                                                                                   |
| Effective Date | April 1, 1982. Amended and restated effective January 1, 2016.                                                                                                                       |
| Participation  | Each hourly-paid employee at the Nesquehoning, PA location within the bargaining unit represented by the Union becomes a participant on his date of hire, or April 1, 1982 if later. |

### Definitions

|                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Plan Year                    | Twelve-month period ending December 31.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Vesting Service              | Service from date of hire as a covered employee.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Accrual Service              | Prior to April 1, 1982, years (and fractions thereof) of Vesting Service. Beginning on April 1, 1982, 1/12th of a year for each month in which the covered employee completes at least one hour of service.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Normal Retirement Date (NRD) | First of month coinciding with or next following attainment of age 65.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Accrued Monthly Pension      | \$21.00 times accrual service prior to October 1, 2003, plus \$23.00 times service from October 1, 2003 to October 1, 2006, plus \$31.00 times service from October 1, 2006 to September 23, 2007, plus \$36.00 times service from September 24, 2007 to September 23, 2008, plus \$38.00 times service from September 24, 2008 to September 23, 2009, plus \$41.00 for service from September 24, 2009 to September 23, 2010, plus \$43.00 for service from September 24, 2010 to September 23, 2011, plus \$45.00 for service from September 24, 2011 to September 23, 2012, plus \$47 for service from September 24, 2012 to September 23, 2013, plus \$49 for service from September 24, 2013 to September 23, 2014, plus \$51 for service from September 24, 2014 to September 23, 2015, plus \$53 for service from September 24, 2015 and later. |
| Actuarial Equivalence        | The conversion factors for optional forms of payment are determined using the UP 1984 Unisex mortality table (set back 3 years for beneficiaries) and an interest rate of 8%.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

**Chemical Products (Nesquehoning, PA Plant) Division of AMETEK, Inc. Hourly  
Employees' Pension Plan**

**EIN: 14-1682544 PN: 032**

**Schedule SB, Part V – Summary of Plan Provisions**

**Eligibility for Benefits**

|                                 |                                                                                                                                                                                 |
|---------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Normal Retirement               | Retire on or after NRD.                                                                                                                                                         |
| Early Retirement                | Retire before NRD but on or after both attaining age 55 and completing 10 years of vesting service.                                                                             |
| Disability Retirement           | Retire after completing 10 years of vesting service due to a disability incurred while a covered employee which results in entitlement to a Social Security disability pension. |
| Deferred Vested                 | Terminate for reasons other than death or retirement after completing 5 years of vesting service.                                                                               |
| Preretirement Death             | Die with surviving spouse while eligible for a deferred vested, early or normal retirement benefit.                                                                             |
| Preretirement<br>Lump Sum Death | Die while actively employed.                                                                                                                                                    |
| Postretirement Death            | Die while receiving a normal, early or disability retirement benefit.                                                                                                           |

**Benefits Paid Upon the Following Events**

|                                 |                                                                                                                                                                                                             |
|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Normal Retirement               | Accrued monthly pension at actual retirement date.                                                                                                                                                          |
| Early Retirement                | Accrued monthly pension at early retirement date, reduced 6% per year for pre-NRD commencement.                                                                                                             |
| Disability Retirement           | Accrued monthly pension at date of disability, with payments commencing immediately.                                                                                                                        |
| Vested Termination              | Accrued monthly pension at termination date, reduced 6% per year for pre-NRD commencement.                                                                                                                  |
| Preretirement Death             | 50% of accrued monthly pension as of date of death, reduced for 50% joint and survivor annuity and for payment before NRD. Lifetime payments to spouse may begin at participant's earliest retirement date. |
| Preretirement<br>Lump Sum Death | \$100 times years of vesting service, maximum \$1,000.                                                                                                                                                      |
| Postretirement Death            | 60 minus number of payments received prior to participant's death times accrued monthly pension at retirement (reduced for early commencement, if applicable).                                              |

**Chemical Products (Nesquehoning, PA Plant) Division of AMETEK, Inc. Hourly  
Employees' Pension Plan**

**EIN: 14-1682544 PN: 032**

**Schedule SB, Part V – Summary of Plan Provisions**

|                  |                                                                                                                                                                                                                                                                                                                                                 |
|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Forms of Payment | Monthly pension benefits are paid to unmarried participants as a single life annuity. Married participants are entitled to actuarially reduced benefits in the form of a 50% joint and survivor annuity. Participants may elect (with spousal consent) to receive benefits in another actuarially equivalent optional form offered by the plan. |
|------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Changes in Benefits Valued Since Prior Year**

None.

|                         |                                                                                                           |
|-------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>Plan Name</b>        | <b>CHEMICAL PRODUCTS (NESQUEHONING, PA PLANT) DIVISION OF AMETEK, INC. HOURLY EMPLOYEES' PENSION PLAN</b> |
| <b>Plan Sponsor EIN</b> | <b>14-1682544</b>                                                                                         |
| <b>ERISA Plan #</b>     | <b>032</b>                                                                                                |
| <b>Plan Year Ending</b> | <b>12/31/2016</b>                                                                                         |

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

| <b>Form / Schedule</b> | <b>Line #</b> | <b>Description</b>                                          | <b>Attachment</b> |
|------------------------|---------------|-------------------------------------------------------------|-------------------|
| 5500 Sch. H            | Line 3        | Financial statements used in formulating the IQPA's opinion | X                 |
| 5500 Sch. H            | Line 4i       | Schedule of Assets (Held at End of Year)                    | X                 |
| 5500 Sch. H            | Line 4i       | Schedule of Assets (Acquired and Disposed of Within Year)   |                   |
| 5500 Sch. H            | Line 4j       | Schedule of Reportable Transactions                         |                   |
| 5500 Sch. H            | Line 4a       | Schedule of Delinquent Participant Contributions            |                   |