

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 24pt; font-weight: bold;">2017</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>	
A This return/report is for:	☐ a multiemployer plan ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) ☒ a single-employer plan ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report ☐ the final return/report ☐ an amended return/report ☐ a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558 ☐ automatic extension ☒ the DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>CIRCOR INTERNATIONAL INC RETIREMENT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>10/18/1999</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>10/18/1999</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>10/18/1999</u>					
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>CIRCOR INTERNATIONAL INC</u> <u>30 CORPORATE DRIVE</u> <u>SUITE 200</u> <u>BURLINGTON, MA 01803</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>04-3477276</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>781-270-1200</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>332900</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>04-3477276</u>	2c Plan Sponsor's telephone number <u>781-270-1200</u>	2d Business code (see instructions) <u>332900</u>	
2b Employer Identification Number (EIN) <u>04-3477276</u>					
2c Plan Sponsor's telephone number <u>781-270-1200</u>					
2d Business code (see instructions) <u>332900</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	04/23/2019	KIM KETTNER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2017)
v. 170203

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5 997
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 308
a(2) Total number of active participants at the end of the plan year	6a(2) 394
b Retired or separated participants receiving benefits	6b 3513
c Other retired or separated participants entitled to future benefits	6c 927
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 4834
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 614
f Total. Add lines 6d and 6e	6f 5448
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

1A 1B 1I

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

- (1)** ☒ **R** (Retirement Plan Information)
- (2)** ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- (3)** ☒ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☐ 0 **A** (Insurance Information)
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☒ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

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 2017 Form M-1 annual report. If the plan was not required to file the 2017 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
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For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</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.	
A Name of plan <u>CIRCOR INTERNATIONAL INC RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>CIRCOR INTERNATIONAL INC</u>	D Employer Identification Number (EIN) <u>04-3477276</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2017</u>	
2 Assets:	
a Market value	2a <u>32174185</u>
b Actuarial value	2b <u>33641108</u>
3 Funding target/participant count breakdown	(1) Number of participants (2) Vested Funding Target (3) Total Funding Target
a For retired participants and beneficiaries receiving payment	<u>475</u> <u>19362343</u> <u>19362343</u>
b For terminated vested participants	<u>213</u> <u>5027815</u> <u>5027815</u>
c For active participants	<u>308</u> <u>6307461</u> <u>6333214</u>
d Total	<u>996</u> <u>30697619</u> <u>30723372</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>5.83 %</u>
6 Target normal cost	6 <u>0</u>

Statement by Enrolled Actuary To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.	
SIGN HERE	
Signature of actuary <u>LORI VALIS, F.S.A., E.A.</u>	<u>10/02/2018</u> Date
Type or print name of actuary <u>FIDELITY INVESTMENTS</u>	<u>17-07091</u> Most recent enrollment number
Firm name <u>200 SEAPORT BLVD, ZW10B BOSTON, MA 02210</u>	<u>617-563-6612</u> Telephone number (including area code)
Address of the firm	

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	4910106
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	4910106
10 Interest on line 9 using prior year's actual return of <u>5.04</u> %	0	247469
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		960429
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>6.09</u> %		58490
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		1018919
d Portion of (c) to be added to prefunding balance		1018919
12 Other reductions in balances due to elections or deemed elections		0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	6176494

Part III Funding Percentages

14 Funding target attainment percentage	14	89.39%
15 Adjusted funding target attainment percentage	15	109.49%
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	101.78%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/17/2017	400000	0			
Totals ▶			18(b)	400000	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	393472

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.16 %	2nd segment: 5.72 %	3rd segment: 6.48 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age.....				22 63
23 Mortality table(s) (see instructions)	☐ Prescribed - combined	☒ Prescribed - separate	☐ Substitute	

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	0	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	393472	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	393472	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

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

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years	☐ 15 years	
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008	☐ 2009	☐ 2010 ☐ 2011
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2017
		This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning **01/01/2017** and ending **12/31/2017**

A Name of plan CIRCOR INTERNATIONAL INC RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 CIRCOR INTERNATIONAL INC	D Employer Identification Number (EIN) 04-3477276

Part I	Service Provider Information (see instructions)
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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 TRANSAMERICA RETIREMENT SOLUTIONS

13-3689044

(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)

TRANSAMERICA RETIREMENT SOLUTIONS

13-3689044

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 50	CONTRACT ADMIN	45841	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:	NICOLE DEVOE, ASA. EA 17-06880	b EIN:	13-3689044
c Position:	ENROLLED ACTUARY		
d Address:	TRANSAMERICA 24 PRIME PARK WAY SUITE 400 NATICK, MA 01760	e Telephone:	508-903-6014

Explanation: AS A RESULT OF A CHANGE IN FIRM PROVIDING ACTUARIAL SERVICES,THE ENROLLED ACTUARY HAS CHANGED.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection.
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For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

A Name of plan <u>CIRCOR INTERNATIONAL INC RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>CIRCOR INTERNATIONAL INC</u>	D Employer Identification Number (EIN) <u>04-3477276</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM SMALL/MID CAP CORE</u>		
b Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</u>		
c EIN-PN <u>20-4659714-029</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1326409</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM SMALL CAP CORE</u>		
b Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</u>		
c EIN-PN <u>20-4659714-008</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1325548</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SPARTAN 500 INDEX POOL</u>		
b Name of sponsor of entity listed in (a): <u>GEODE CAPITAL MANAGEMENT TRUST COMPANY, LLC</u>		
c EIN-PN <u>82-6293122-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>12121459</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM SELECT INTERNATIONAL SMALL CAP</u>		
b Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</u>		
c EIN-PN <u>20-4659714-036</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1559970</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM SELECT CANADA PL</u>		
b Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</u>		
c EIN-PN <u>20-4659714-101</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>501772</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM SELECT EMERGING MARKETS EQUITY</u>		
b Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</u>		
c EIN-PN <u>20-4659714-100</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2667881</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM REIT</u>		
b Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</u>		
c EIN-PN <u>20-4659714-005</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1129161</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM HIGH YIELD BOND		
b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY		
c EIN-PN 20-4659714-013	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 259078
a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM EMERGING MKTS DEBT		
b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY		
c EIN-PN 20-4659714-022	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1717496
a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM LONG DURATION		
b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY		
c EIN-PN 20-4659714-053	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5808069
a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM LONG CORPORATE A OR BETTER COM		
b Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY		
c EIN-PN 20-4659714-103	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4855479
a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE S&P 500 INDEX FUND LE		
b Name of sponsor of entity listed in (a): NORTHERN TRUST GLOBAL INVESTMENTS		
c EIN-PN 45-6138589-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE EMERGING MKTS INDEX F		
b Name of sponsor of entity listed in (a): NORTHERN TRUST GLOBAL INVESTMENTS		
c EIN-PN 45-6138589-040	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE LONG TERM CREDIT BOND		
b Name of sponsor of entity listed in (a): NORTHERN TRUST GLOBAL INVESTMENTS		
c EIN-PN 45-6138589-059	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: COLLECTIVE SHORT TERM INVESTMENT FU		
b Name of sponsor of entity listed in (a): NORTHERN TRUST GLOBAL INVESTMENTS		
c EIN-PN 45-6138589-084	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE S&P 400 INDEX FUND LE		
b Name of sponsor of entity listed in (a): NORTHERN TRUST GLOBAL INVESTMENTS		
c EIN-PN 45-6138589-049	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE QUALITY SCC US FUND L		
b Name of sponsor of entity listed in (a): NORTHERN TRUST GLOBAL INVESTMENTS		
c EIN-PN 45-6138589-076	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0

a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLLECTIVE QUALITY LCC EAFE FUND

b Name of sponsor of entity listed in (a): NORTHERN TRUST GLOBAL INVESTMENTS

c EIN-PN 45-6138589-014	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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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)
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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)
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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)
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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)
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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)
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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)
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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)
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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)
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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)
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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
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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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2017 This Form is Open to Public Inspection
For calendar plan year 2017 or fiscal plan year beginning <u>01/01/2017</u> and ending <u>12/31/2017</u>		
A Name of plan <u>CIRCOR INTERNATIONAL INC RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CIRCOR INTERNATIONAL INC</u>	D Employer Identification Number (EIN) <u>04-3477276</u>	

	Part I Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1	Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
	Assets			
a	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	400000	178892752
	(2) Participant contributions	1b(2)		
	(3) Other.....	1b(3)	0	66
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	237426
	(2) U.S. Government securities.....	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other.....	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property)	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)		
	(9) Value of interest in common/collective trusts.....	1c(9)	0	33272322
	(10) Value of interest in pooled separate accounts.....	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	31774960	4838017
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	32174960	217240583

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	32174960	217240583
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	400000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		400000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	269026	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		269026
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		7452372
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		8121398

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	1902686	
(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)		1902686
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)	45841	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		45841
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1948527

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		6172871
l Transfers of assets:			
(1) To this plan.....	2l(1)		178892752
(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: MOODY, FAMIGLIETTI & ANDRONICO, LLP

(2) EIN: 04-3077056

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
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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 4102000. (See instructions.)

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration 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>2017</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017		
A Name of plan CIRCOR INTERNATIONAL INC RETIREMENT PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 CIRCOR INTERNATIONAL INC		D Employer Identification Number (EIN) 04-3477276
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): EIN(s): 13-3689044		
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)? ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month Day Year If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice, see the Instructions for Form 5500.		
Schedule R (Form 5500) 2017 v. 170203		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

- a** Enter the percentage of plan assets held as:

Stock: 51.0% Investment-Grade Debt: 28.0% High-Yield Debt: 5.0% Real Estate: 3.0% Other: 13.0%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☒ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate line 19(b)?

☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

**CIRCOR INTERNATIONAL, INC. RETIREMENT PLAN
FINANCIAL STATEMENTS
DECEMBER 31, 2017 AND 2016**

Engineering Growth for More Than 30 Years

Business Consulting | Financial Advisory | Strategic Intelligence



To the Plan Administrator
CIRCOR International, Inc. Retirement Plan
Burlington, Massachusetts

INDEPENDENT AUDITORS' REPORT

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the CIRCOR International, Inc. Retirement Plan (Plan), which comprise the statements of net assets available for plan benefits as of December 31, 2017 and 2016, and the related statement of changes in net assets available for plan benefits for the year ended December 31, 2017, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 9, which was certified by Fidelity Management Trust Company and State Street Bank and Trust Company, the trustees of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan Administrator that Fidelity Management Trust Company held the Plan's investment assets and executed investment transactions from October 1, 2017 to December 31, 2017, and that State Street Bank and Trust Company held the Plan's investment assets and executed investment transactions as of December 31, 2016, and for the period January 1, 2016 to September 30, 2017. The Plan Administrator has obtained a certification from the trustees as of and for the years ended December 31, 2017 and 2016, that the information provided to the Plan Administrator by the trustees is complete and accurate.

Disclaimer of Opinion

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

Report on Form and Content in Compliance with the Department of Labor's Rules and Regulations

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

Moody, Famiglietti & Andronico, LLP

Moody, Famiglietti & Andronico, LLP
Tewksbury, Massachusetts
April 11, 2019

December 31	2017	2016
Assets		
Investments at Fair Value:		
Common Collective Trusts	\$ 33,272,322	\$ -
Mutual Funds	4,838,017	31,774,960
Cash - Interest Bearing	237,426	-
Total Investments	38,347,765	31,774,960
Receivables:		
Due from Colfax Corporation Consolidated Retirement Plan	178,892,752	-
Plan Sponsor Contributions Receivable	-	400,000
Other receivables	66	-
Total Receivables	178,892,818	400,000
Net Assets Available for Plan Benefits	\$ 217,240,583	\$ 32,174,960

Statement of Changes in Net Assets Available for Plan Benefits**CIRCOR International, Inc. Retirement Plan****For the Year Ended December 31****2017**

Additions to Net Assets:

Investment Income:

Net Appreciation in Fair Value of Investments \$ 7,452,372

Interest and Dividends 269,026

Total Investment Income 7,721,398

Contributions:

Plan Sponsor Contributions 400,000

Total Additions 8,121,398

Deductions from Net Assets:

Benefits Paid to Participants 1,902,686

Administrative Expenses 45,841

Total Deductions 1,948,527Net Increase in Net Assets Available for Plan Benefits 6,172,871Transfers to the Plan 178,892,752Net Assets Available for Plan Benefits, Beginning of Year 32,174,960Net Assets Available for Plan Benefits, End of Year \$ 217,240,583

1. Description of the Plan:

The following description of CIRCOR International, Inc. Retirement Plan (Plan) provides only general information. Participants should refer to the Plan agreement for more complete information regarding the terms of the Plan.

General: The Plan is a noncontributory defined benefit plan covering all eligible employees of CIRCOR International, Inc. (CIRCOR) and its subsidiaries that have adopted the Plan (collectively, the "Plan Sponsor"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan was frozen effective July 1, 2006. The Plan Administrator is responsible for oversight of the Plan. The Investment Committee determines the appropriateness of the Plan's investment offerings and monitors investment performance. The Investment Committee reports to the Plan Administrator.

Plan Merger: On September 24, 2017, the Plan Sponsor entered into a definitive purchase agreement with Colfax Corporation (Colfax) to purchase certain subsidiaries and assets comprising Colfax's fluid handling business, including the transfer of employees and related pension assets and liabilities (Colfax Acquisition). The Colfax Acquisition closed on December 11, 2017. Effective upon the close of the Colfax Acquisition on December 11, 2017, the Colfax Corporation Consolidated Retirement Plan (Colfax Plan) spun out the portion of its plan relating to the participants transferred in connection with the Colfax Acquisition (Colfax Transferred Assets) into the CIRCOR International, Inc. Retirement Plan. The Colfax Transferred Assets as of December 31, 2017 amounted to \$178,892,752. The Colfax Transferred Assets represents the present value of annuities calculated under Employee Retirement Income Security Act (ERISA) Section 4044 by the Plan actuary as of December 10, 2017, plus earnings through December 31, 2017 and plan sponsor contributions made to the Colfax Plan related to the Colfax transferred participants. Custody of the Colfax Transferred Assets remained with the Colfax Plan until May 2018, resulting in \$178,892,752 being recognized as due from the Colfax Plan in the accompanying statement of net assets available for benefits as of December 31, 2017. Participation and accrual of benefits under the Colfax Plan were frozen effective January 31, 1999.

Funding Policy: The Plan's funding policy is for the Plan Sponsor to contribute an amount which will meet or exceed the annual ERISA minimum funding requirement. During the year ended December 31, 2017, the Plan Sponsor made contributions of \$400,000. The Plan Sponsor's contributions for 2017 exceeded the minimum funding requirements of ERISA.

Although it has not expressed any intention to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

Normal Retirement Benefits: Participants with five or more years of vesting service are generally entitled to pension benefits beginning at age 65 equal to years and fractions of years of benefit service multiplied by the applicable benefit rate.

Early Retirement Benefits: Participants who elect to retire on an early retirement date may receive pension benefits upon the attainment of age 55 and completion of five or ten years of service, as defined. The early retirement benefit is computed by first calculating the normal retirement benefit based on the Participant's service as of the early retirement date, adjusted as necessary based on an early retirement formula, as defined.

Vesting: Participants are vested 100% upon completion of five years of service or attainment of normal retirement age, as defined.

2. Significant Accounting Policies:

Basis of Accounting: The financial statements of the Plan are prepared under the accrual method of accounting.

Investment Valuation and Income Recognition: Investments are reported at fair value (except for fully benefit-responsive investment contracts, which are reported at contract value). Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan Administrator determines the Plan's valuation policies utilizing information provided by the investment advisers and trustee. See Note 3 for further discussion of fair value measurements.

2. Significant Accounting Policies (Continued):

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits: Benefits are recorded when paid.

Expenses: The Plan's expenses are paid either by the Plan or the Plan Sponsor, as provided by the Plan Agreement. Expenses that are paid directly by the Plan Sponsor are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for plan benefits. In addition, certain investment-related expenses are included in net appreciation in fair value of investments in the accompanying statement of changes in net assets available for plan benefits.

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

Subsequent Events: The Plan Administrator has evaluated subsequent events through April 11, 2019, the date the financial statements were available to be issued.

3. Fair Value Measurements:

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

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

Level 2 - Inputs to the valuation methodology include:

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

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

3. Fair Value Measurements (Continued):

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used for the years ended December 31, 2017 and 2016.

Mutual Funds: Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Collective Trusts: Valued at the net asset value (NAV) of units of the collective trust. The NAV, as provided by the trustees, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchases and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the issuer reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

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

3. Fair Value Measurements (Continued):

The following table sets forth, by level within the fair value hierarchy, the Plan's fair value measurements as of December 31, 2017 and 2016:

	Assets at Fair Value as of December 31, 2017			
	Total	Level 1	Level 2	Level 3
Investments:				
Mutual Funds	\$ 4,838,017	\$ 4,838,017	\$ -	\$ -
Cash - Interest Bearing	237,426	237,426	-	-
Total Assets in the Fair Value Hierarchy	5,075,443	5,075,443	-	-
Investments Measured at Net Asset Value	33,272,322			
Investments at Fair Value	\$ 38,347,765			
	Assets at Fair Value as of December 31, 2016			
	Total	Level 1	Level 2	Level 3
Investments:				
Mutual Funds	\$ 31,774,960	\$ 31,774,960	\$ -	\$ -
Total Investments	\$ 31,774,960	\$ 31,774,960	\$ -	\$ -

The following table summarizes investments measured at fair value based on NAV used as a practical expedient as of December 31, 2017:

Financial Asset	Fair Value as of December 31, 2017	Unfunded Commitments	Redemption Frequency (If Currently Eligible)	Redemption Notice Period
Common Collective Trusts	\$ 33,272,322	None	N/A	15 Days

4. Party-in-Interest Transactions:

Certain Plan investments were managed by Fidelity Management Trust Company and State Street Bank and Trust Company, trustees of the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees incurred by the Plan for the investment management services are included in net appreciation in fair value of investments, as they are paid through revenue sharing, rather than direct payment, in the accompanying statement of changes in net assets available for plan benefits for the year ended December 31, 2017. During the year ended December 31, 2017, the Plan made a direct payment to the third-party administrator, Transamerica Retirement Solutions, Inc., in the amount of \$45,841 which was not covered by revenue sharing. The Plan Sponsor pays directly any other fees related to the Plan's operations.

5. Tax Status:

The Internal Revenue Service has determined and informed the Plan Sponsor by a letter dated February 14, 2008, that the Plan and related trust are designed in accordance with the applicable provisions of the IRC. The Plan has been amended since receiving the determination letter; however, the Plan Administrator believes that the Plan and the related trust are currently being operated in compliance with the applicable provisions of the IRC. Therefore, the Plan Sponsor is of the opinion that the Plan and the related trust were tax-exempt as of and for the year ended December 31, 2017.

GAAP requires plan management to evaluate tax positions taken by the Plan and to recognize a tax liability (or asset) if the Plan Sponsor has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan Administrator believes it has no uncertain tax positions as of December 31, 2017 and 2016 and for the year ended December 31, 2017.

6. Plan Termination:

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan Termination, Participants would become 100% vested in the Plan Sponsor contributions.

To the extent unfunded vested benefits exist at the time of Plan termination, ERISA provides that such benefits will be payable to Participants by the Pension Benefit Guaranty Corporation (PBGC) up to specified limitations. Whether all Participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations, and may also depend on the financial condition of the Plan Sponsor and the level of benefits guaranteed by the PBGC.

7. Frozen Plan:

As of July 1, 2006, in connection with an amendment to the Plan, the Plan Sponsor froze participation in the Plan and the pension benefits of the Plan Participants. Under the revised Plan, Participants will not accrue any additional benefits under the defined benefit plan after June 30, 2006, and will instead receive enhanced benefits associated with the Plan Sponsor's defined contribution 401(k) plan. Effective June 30, 2006, the normal retirement benefit determined as of June 30, 2006 for any Participant who earned an hour of service after June 30, 2006 was increased at an annual effective rate of 3.5% from June 30, 2006 to the first day of the month following the earlier of June 30, 2011 or the Participant's termination from employment, death, or retirement.

8. Risks and Uncertainties:

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

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

9. Information Certified by the Trustee:

The Plan Administrator has elected the method of compliance, commonly referred to as the limited-scope audit exemption, permitted under 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Accordingly, no auditing procedures with respect to the information certified by the trustees of the Plan, were performed by the independent auditors except for comparing the information to the financial statements and supplemental schedule. Fidelity Management Trust Company acted as trustee from October 1, 2017 to December 31, 2017. State Street Bank and Trust Company acted as trustee as of December 31, 2016, and for the period January 1, 2016 to September 30, 2017. The trustees have certified as to the completeness and accuracy of the investments held by the Plan as of December 31, 2017 and 2016, the investment income and the investment-related transactions of the Plan for the year ended December 31, 2017, and the information contained in the accompanying supplemental schedule of assets (held at end of year) as of December 31, 2017.

10. Actuarial Valuation and Assumptions:

Fidelity Workplace Investing, LLC, the Plan's actuary effective January 1, 2017, prepared estimates of the actuarial present value of accumulated plan benefits as of December 31, 2016. CBIZ Retirement Plan Services, the Plan's actuary effective January 1, 2018, prepared estimates of the actuarial present value of accumulated plan benefits as of December 31, 2017 and changes in accumulated plan benefits for the year ended December 31, 2017*. The actuarial present value of accumulated plan benefits represents the accumulated plan benefits earned by the Participants, adjusted to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability withdrawal or retirement) between the valuation date and the expected date of payment. The computations of the actuarial present value of accumulated plan benefits were made as of January 1, 2018 and 2017. Had the valuations been performed as of December 31, 2017 and 2016 there would be no material differences.

The significant assumptions used in the actuarial valuation as of December 31, 2017 and 2016 are as follows:

	2017	2016
Investment Return**	6.50% as of December 31, 2017	7.25% as of December 31, 2016
Mortality Table**	RP - 2014 Mortality Tables projected with Scale MP-2017 as of December 31, 2017	RP - 2014 Mortality Tables projected with Scale MP-2015 as of December 31, 2016
Normal Retirement Age**	The average expected retirement age ranged from 55 to 65 for active participants, based upon Plan provisions, as of December 31, 2017	The average expected retirement age is 65 for active participants as of December 31, 2016. Terminated vested participants are assumed to retire at age 65.
Asset Valuation Method	Fair Market Value	Fair Market Value
Actuarial Cost Method**	Present Value of Total Accumulated Benefits as of December 31, 2017	Traditional Unit Credit Cost Method as of December 31, 2016

*The change in the Plan's actuary is considered a change in funding method by the Internal Revenue Service. The effect of this change is reflected below in the changes in accumulated plan benefits for the year ended December 31, 2017 in the decrease due to changes in actuarial assumptions.

**The effect of the change in investment return, mortality tables, normal retirement age and actuarial cost method is reflected below in the changes in accumulated plan benefits for the year ended December 31, 2017 in the decrease due to changes in actuarial assumptions.

10. Actuarial Valuation and Assumptions (Continued):

The actuarial present value of accumulated plan benefits as of December 31, 2017 and 2016 was as follows:

	2017	2016
Actuarial Present Value of Accumulated Plan Benefits:		
Vested Benefits:		
Active Participants	\$ 14,233,877	\$ 5,678,725
Participants Currently Receiving Payments	148,797,086	17,148,937
Participants Receiving Deferred Payments	25,715,236	5,055,891
	188,746,199	27,883,553
Nonvested Benefits	67,937	24,153
Actuarial Present Value of Accumulated Plan Benefits	<u>\$ 188,814,136</u>	<u>\$ 27,907,706</u>

Changes in accumulated plan benefits during the year ended December 31, 2017 were as follows:

Actuarial Present Value of Accumulated Plan Benefits, Beginning of the Year	\$ 27,907,706
Decrease Due to Changes in Actuarial Assumptions	1,907,706
Benefits Accrued and Actuarial Expense	574,961
Interest Accumulated	1,989,366
Benefits Paid	(1,902,686)
Colfax Plan Assets Transferred	<u>158,337,083</u>
Actuarial Present Value of Accumulated Plan Benefits, End of Year	<u>\$ 188,814,136</u>

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the years of service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees, (b) spouses of deceased employees, and (c) present employees or their spouses. Benefits payable under all circumstances (retirement, death, disability and termination of employment) are included to the extent they are deemed attributable to employee service rendered through the valuation date.

11. Reconciliation of Financial Statements to Form 5500:

The following is a reconciliation of net assets available for plan benefits per the financial statements to the Form 5500 as of December 31, 2017:

Net Assets Available for Plan Benefits, Per Financial Statements	\$ 217,240,583
Due from Colfax Corporation Consolidated Retirement Plan	<u>57,016</u>
Net Assets Available for Plan Benefits, Per Form 5500	<u><u>\$ 217,297,599</u></u>

The following is a reconciliation of the transfers into the Plan per the financial statements to Form 5500 for the year ended December 31, 2017:

Transfers into the Plan, Per Financial Statements	\$ 178,892,752
Add: 2017 Due from Colfax Corporation Consolidated Retirement Plan	<u>57,016</u>
Transfers into the Plan, Per 5500	<u><u>\$ 178,949,768</u></u>

As of December 31, 2017

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
		<u>Cash Equivalents:</u>		
*	Fidelity	Cash - Interest Bearing	\$ 237,426	\$ 237,426
		<u>Mutual Funds:</u>		
*	Fidelity	Fidelity International Index Fund	4,764,893	4,838,017
		<u>Collective Trusts:</u>		
*	Fidelity	Spartan 500 Index Pool Class A	11,409,968	12,121,459
*	Fidelity	FIAM Long Duration Commingled Pool Class A	5,642,899	5,808,069
*	Fidelity	FIAM Long Corporate A or Better Commingled Pool Class A	4,707,168	4,855,479
*	Fidelity	FIAM Select Emerging Markets Equity Commingled Pool	2,494,908	2,667,881
*	Fidelity	FIAM Emerging Markets Debt Commingled Pool Class A	1,707,167	1,717,496
*	Fidelity	FIAM Select International Small Capitalization Commingled Pool	1,465,803	1,559,970
*	Fidelity	FIAM Small Capitalization Core Commingled Pool Class A	1,298,599	1,325,548
*	Fidelity	FIAM Small/ Mid Cap Core Commingled Pool Class A	1,289,419	1,326,409
*	Fidelity	FIAM REIT Commingled Pool Class A	1,118,520	1,129,161
*	Fidelity	FIAM Select International Equity Commingled Pool Class A	493,135	501,772
*	Fidelity	FIAM High Yield Bond Commingled Pool Class A	257,608	259,078
		Total Investments	\$ 36,887,513	\$ 38,347,765

(*) Represents a party-in-interest to the Plan.

(**) Cost information may be omitted for the participant-directed transactions under an individual account plan.

Reportable transactions for the year ended December 31, 2017 are summarized as follows:

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Assets	(h) Current Value of Assets on Transaction Date	(i) Net Gain (Loss)
*State Street Bank and Trust Company	Janus Triton Fund I							
	Purchases	\$ 13,233	\$ -	\$ -	\$ -	\$ -	\$ 13,233	\$ -
	Sales	-	1,803,672	-	-	1,499,525	1,803,672	304,147
*State Street Bank and Trust Company	Vanguard Small Cap Value Index Admiral							
	Purchases	71,164	-	-	-	-	71,164	-
	Sales	-	1,630,805	-	-	1,544,704	1,630,805	86,101
*State Street Bank and Trust Company	Vanguard Value Index Class I							
	Purchases	8,786,410	-	-	-	-	8,786,410	-
	Sales	-	9,437,907	-	-	8,786,410	9,437,907	651,497
*State Street Bank and Trust Company	Vanguard Mid-Cap Value Index Admiral							
	Purchases	2,175,337	-	-	-	-	2,175,337	-
	Sales	-	2,343,376	-	-	2,175,337	2,343,376	168,039
*State Street Bank and Trust Company	Vanguard International Growth Admiral							
	Purchases	6,171,651	-	-	-	-	6,171,651	-
	Sales	-	8,015,456	-	-	6,171,651	8,015,456	1,843,805
*State Street Bank and Trust Company	Vanguard US Growth Admiral							
	Purchases	72,000	-	-	-	-	72,000	-
	Sales	-	8,450,725	-	-	6,806,548	8,450,725	1,644,177
*State Street Bank and Trust Company	Janus Henderson Enterprise Class N							
	Purchases	1,816,015	-	-	-	-	1,816,015	-
	Sales	-	2,118,099	-	-	1,816,015	2,118,099	302,084
*State Street Bank and Trust Company	Ivy Mid Cap Growth Fund Y							
	Purchases	16,591	-	-	-	-	16,591	-
	Sales	-	1,816,015	-	-	1,775,363	1,816,015	40,652

**Schedule H, Line 4j Schedule of Reportable Transactions
(Continued)**

**CIRCOR International, Inc. Retirement Plan
EIN#04-3477276/ Plan #001**

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Assets	(h) Current Value of Assets on Transaction Date	(i) Net Gain (Loss)
*State Street Bank and Trust Company	John Hancock Disciplined Value Mid Cap Fund							
	Purchases	16,138	-	-	-	-	16,138	-
	Sales	-	2,112,795	-	-	2,083,030	2,112,795	29,765
*State Street Bank and Trust Company	American Funds New World R6							
	Purchases	28,000	-	-	-	-	28,000	-
	Sales	-	2,786,742	-	-	2,212,500	2,786,742	574,242
*State Street Bank and Trust Company	Oppenheimer International Growth Fund I							
	Purchases	64,000	-	-	-	-	64,000	-
	Sales	-	6,163,651	-	-	6,030,914	6,163,651	132,737
*State Street Bank and Trust Company	JP Morgan Equity Income Fund R6							
	Purchases	72,000	-	-	-	-	72,000	-
	Sales	-	8,459,552	-	-	8,454,411	8,459,552	5,141
*State Street Bank and Trust Company	Voya High Yield Bond I							
	Purchases	142,135	-	-	-	-	142,135	-
	Sales	-	1,886,546	-	-	1,863,140	1,886,546	23,406
*Fidelity Management Trust Company	FIAM Emerging Markets Debt Commingled Pool Class A Purchases	1,707,167	-	-	-	-	1,707,167	-
*Fidelity Management Trust Company	FIAM Long Corporate A or Better Commingled Pool Class A Purchases	4,707,168	-	-	-	-	4,707,168	-
*Fidelity Management Trust Company	FIAM Long Duration Commingled Pool Class A Purchases	5,674,737	-	-	-	-	5,674,737	-
*Fidelity Management Trust Company	FIAM Select Emerging Markets Equity Commingled Pool Purchases	3,267,942	-	-	-	-	3,267,942	-

**Schedule H, Line 4j Schedule of Reportable Transactions
(Continued)**

**CIRCOR International, Inc. Retirement Plan
EIN#04-3477276/ Plan #001**

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Assets	(h) Current Value of Assets on Transaction Date	(i) Net Gain (Loss)
*Fidelity Management Trust Company	FIAM Select International Small Capitalization Commingled Pool Purchases	1,748,055	-	-	-	-	1,748,055	-
*Fidelity Management Trust Company	Spartan 500 Index Pool Class A Purchases	11,702,765	-	-	-	-	11,702,765	-
*Fidelity Management Trust Company	Fidelity International Index Fund Purchases	4,788,294	-	-	-	-	4,788,294	-

(*) Represents a party-in-interest to the Plan.



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Attachment to 2017 Form 5500
Schedule SB, Line 26 – Schedule of Active Participant Data
CIRCOR International Inc. Retirement Plan
Plan Sponsor: CIRCOR International Inc.
EIN: 04-3477276 / Plan Number: 001

Age and Service Distribution of Active Members

Completed Years of Service on January 1, 2017

Attained Age	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	Total
Under 25	0	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0	0
30-34	2	0	0	0	0	0	0	0	0	0	2
35-39	1	4	5	0	0	0	0	0	0	0	10
40-44	0	4	10	1	0	0	0	0	0	0	15
45-49	1	7	21	2	3	0	0	0	0	0	34
50-54	4	15	19	7	11	0	0	0	0	0	56
55-59	4	15	36	7	14	1	1	0	0	0	78
60-64	0	15	23	7	33	0	0	0	0	0	78
65-69	1	7	9	4	8	0	0	0	0	0	29
Over 69	1	1	3	0	1	0	0	0	0	0	6
Total	14	68	126	28	70	1	1	0	0	0	308

Actuarial Assumptions and Methods

ERISA Interest Rates as required by IRC Section 430 based on plan sponsor election of the look-back month for the segment rates:

“Minimum” means for the purpose of calculating the PPA funding liability and normal cost for the minimum required contribution.

“Maximum” means for the purpose of calculating the PPA funding liability and normal cost for the maximum tax-deductible contribution.

	2017		2016	
Purpose	Minimum	Maximum	Minimum	Maximum
Segment rates or full yield curve	Segment	Segment	Segment	Segment
Look-back months	4	4	4	4
First 5 years	4.16%	1.52%	4.43%	1.34%
Next 15 years	5.72%	3.80%	5.91%	4.03%
Over 20 years	6.48%	4.79%	6.65%	5.06%
Applicable Law for the segment rates corridor	BBA	Not Applicable	BBA	Not Applicable

Expected Long-Term Return on Plan Assets: 7.25% (previously 6.75%), determined by the company. This is based on historical returns of indices, reflecting an assumed long-term mix of 73% stocks, 25% bonds, and 2% cash. Geometric returns were used in developing a distribution of expected asset returns, assuming that the portfolio is rebalanced to the asset allocation shown above at the end of each month. This was further adjusted downward based on a conservative view of future returns.

Salary Scale: N/A

Increase in Consumer Price Index: 3.00%. This is based on long-term historical inflation rates of about 3.80%, adjusted lower by 0.80% to reflect the current low rate environment.

Actuarial Assumptions and Methods (continued)

Increase in Social Security Taxable Wage Base: N/A

Administrative Expenses: Administrative expenses are assumed to be paid directly by the plan sponsor and not paid from the Trust.

Mortality (Pre- and Post-Retirement)

ERISA: IRS 2017 Static Mortality Table using separate tables for annuitants and non-annuitants (previously IRS 2016 Static Mortality Table). These tables include future mortality improvement of 7 years for annuitants and 15 years for non-annuitants.

Mortality (Disability):

ERISA: Revenue Ruling 96-7 Mortality Table for participants disabled after December 31, 1994 (no change from prior year).

Retirement Rates: Rates varying by age, based on the assumption used by the prior actuary for this plan. There has been no pattern of significant consistent gains or consistent losses related to this decrement.

Age	Rate
55	5.0%
56-59	2.0%
60-61	7.5%
62	15.0%
63-64	10.0%
65-67	50.0%
68-69	75.0%
70+	100.0%

Termination: Rates varying by age, based on the assumption used by the prior actuary for this plan. There has been no pattern of significant consistent gains or consistent losses related to this decrement. Sample rates are shown below:

Age	Males	Females
25	9.7%	9.3%
30	9.3%	8.7%
35	8.7%	7.8%
40	7.8%	6.4%
45	6.4%	4.2%
50	4.2%	1.5%
55	1.5%	0.1%

Actuarial Assumptions and Methods (continued)

Disability: Rates varying by age, based on the assumption used by the prior actuary for this plan. There has been no pattern of significant consistent gains or consistent losses related to this decrement. Sample rates are shown below:

Age	Males
25	0.043%
30	0.064%
35	0.098%
40	0.158%
45	0.259%
50	0.448%
55	0.845%

Marital Status: 85% of males and females are assumed married, with females 3 years younger than males, as used by the prior actuary for this plan. There has been no pattern of significant consistent gains or consistent losses related to this assumption.

Maximum Benefit: \$215,000 for 2017.

Maximum Salary: N/A

Form of Payment: It has been assumed benefits will be paid in the normal annuity form applicable to the particular benefit. To the extent optional forms of payment are elected and conversions are determined under an actuarial basis, which differs from the basis funded in the valuation, gains or losses will occur. These gains or losses will be recognized through the routine application of the actuarial cost method.

Actuarial Assumptions and Methods (continued)

Actuarial Value of Plan Assets for Funding Purposes: The actuarial value of assets is equal to:

- a) the market value of assets, including discounted receivables, on the valuation date, less
- b) the following percentages of prior years' investment gains (losses):
 - i) 67% of the prior year, and
 - ii) 33% of the second prior year,

Investment gains and losses are defined as the excess or deficiency of the expected return on the market value (at an assumed rate of 7.25%, not to exceed the third segment rate for that year) over the actual return on the market value of assets, including discounted receivables, for any given year.

- c) The actuarial value of assets can be neither less than 90% nor greater than 110% of the market value of assets, including discounted receivables.

Shortfall Amortization Charge for ERISA Funding Purposes: Per IRC Section 430(c), the shortfall amortization charge for any plan year is the aggregate total (not less than zero) of the shortfall amortization installments for such plan year with respect to any shortfall amortization base which has not been fully amortized. The shortfall amortization installments are the amounts necessary to amortize the shortfall amortization base of the plan for any plan year in level annual installments over the 7-year period beginning with such plan year.

Actuarial Cost Method: The unit credit cost method is used for ERISA funding target (FT). Under this method, accrued pension benefits are determined for all eligible active participants. These benefits reflect service, salary and negotiated benefit increases to date. The liability is then equal to the present value of all benefits (PVAB) for inactive participants plus the PVAB for active participants.

The normal cost is determined on an individual basis for all active participants who have not attained the assumed retirement age and is equal to the present value of the difference between the current accrued benefit and the anticipated accrued benefit one year later, with the accrued benefit based upon earnings, or negotiated benefit increases, to date in both cases. The total normal cost is based upon the sum of the individual normal costs. The target normal cost for funding is equal to the total normal cost plus assumed administrative expenses expected to be paid from the trust.

Attachment to 2017 Form 5500
Schedule SB, Part V – Summary of Actuarial Assumptions/Methods
CIRCOR International Inc. Retirement Plan
Plan Sponsor: CIRCOR International Inc.
EIN: 04-3477276 / Plan Number: 001

Actuarial Assumptions and Methods (continued)

The projected unit credit method is used to calculate the IRS maximum deductible limit cushion amount. Under this method, accrued pension benefits are determined for all eligible active participants reflecting service to date and anticipated salary and negotiated benefit increases to the assumed retirement age. This liability for active participants is then added to the present value of all benefits for inactive participants to determine the total liability under this method.

The normal cost is determined on an individual basis for all active participants who have not attained the assumed retirement age and is equal to the present value of the difference between the current accrued benefit and the anticipated accrued benefit one year later, with the accrued benefit based upon earnings and negotiated benefit increases projected to assumed retirement age in both cases. The total normal cost is based upon the sum of the individual normal costs.

Reportable transactions for the year ended December 31, 2017 are summarized as follows:

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Assets	(h) Current Value of Assets on Transaction Date	(i) Net Gain (Loss)
*State Street Bank and Trust Company	Janus Triton Fund I							
	Purchases	\$ 13,233	\$ -	\$ -	\$ -	\$ -	\$ 13,233	\$ -
	Sales	-	1,803,672	-	-	1,499,525	1,803,672	304,147
*State Street Bank and Trust Company	Vanguard Small Cap Value Index Admiral							
	Purchases	71,164	-	-	-	-	71,164	-
	Sales	-	1,630,805	-	-	1,544,704	1,630,805	86,101
*State Street Bank and Trust Company	Vanguard Value Index Class I							
	Purchases	8,786,410	-	-	-	-	8,786,410	-
	Sales	-	9,437,907	-	-	8,786,410	9,437,907	651,497
*State Street Bank and Trust Company	Vanguard Mid-Cap Value Index Admiral							
	Purchases	2,175,337	-	-	-	-	2,175,337	-
	Sales	-	2,343,376	-	-	2,175,337	2,343,376	168,039
*State Street Bank and Trust Company	Vanguard International Growth Admiral							
	Purchases	6,171,651	-	-	-	-	6,171,651	-
	Sales	-	8,015,456	-	-	6,171,651	8,015,456	1,843,805
*State Street Bank and Trust Company	Vanguard US Growth Admiral							
	Purchases	72,000	-	-	-	-	72,000	-
	Sales	-	8,450,725	-	-	6,806,548	8,450,725	1,644,177
*State Street Bank and Trust Company	Janus Henderson Enterprise Class N							
	Purchases	1,816,015	-	-	-	-	1,816,015	-
	Sales	-	2,118,099	-	-	1,816,015	2,118,099	302,084
*State Street Bank and Trust Company	Ivy Mid Cap Growth Fund Y							
	Purchases	16,591	-	-	-	-	16,591	-
	Sales	-	1,816,015	-	-	1,775,363	1,816,015	40,652

**Schedule H, Line 4j Schedule of Reportable Transactions
(Continued)**

**CIRCOR International, Inc. Retirement Plan
EIN#04-3477276/ Plan #001**

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Assets	(h) Current Value of Assets on Transaction Date	(i) Net Gain (Loss)
*State Street Bank and Trust Company	John Hancock Disciplined Value Mid Cap Fund							
	Purchases	16,138	-	-	-	-	16,138	-
	Sales	-	2,112,795	-	-	2,083,030	2,112,795	29,765
*State Street Bank and Trust Company	American Funds New World R6							
	Purchases	28,000	-	-	-	-	28,000	-
	Sales	-	2,786,742	-	-	2,212,500	2,786,742	574,242
*State Street Bank and Trust Company	Oppenheimer International Growth Fund I							
	Purchases	64,000	-	-	-	-	64,000	-
	Sales	-	6,163,651	-	-	6,030,914	6,163,651	132,737
*State Street Bank and Trust Company	JP Morgan Equity Income Fund R6							
	Purchases	72,000	-	-	-	-	72,000	-
	Sales	-	8,459,552	-	-	8,454,411	8,459,552	5,141
*State Street Bank and Trust Company	Voya High Yield Bond I							
	Purchases	142,135	-	-	-	-	142,135	-
	Sales	-	1,886,546	-	-	1,863,140	1,886,546	23,406
*Fidelity Management Trust Company	FIAM Emerging Markets Debt Commingled Pool Class A Purchases	1,707,167	-	-	-	-	1,707,167	-
*Fidelity Management Trust Company	FIAM Long Corporate A or Better Commingled Pool Class A Purchases	4,707,168	-	-	-	-	4,707,168	-
*Fidelity Management Trust Company	FIAM Long Duration Commingled Pool Class A Purchases	5,674,737	-	-	-	-	5,674,737	-
*Fidelity Management Trust Company	FIAM Select Emerging Markets Equity Commingled Pool Purchases	3,267,942	-	-	-	-	3,267,942	-

**Schedule H, Line 4j Schedule of Reportable Transactions
(Continued)**

**CIRCOR International, Inc. Retirement Plan
EIN#04-3477276/ Plan #001**

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Assets	(h) Current Value of Assets on Transaction Date	(i) Net Gain (Loss)
*Fidelity Management Trust Company	FIAM Select International Small Capitalization Commingled Pool Purchases	1,748,055	-	-	-	-	1,748,055	-
*Fidelity Management Trust Company	Spartan 500 Index Pool Class A Purchases	11,702,765	-	-	-	-	11,702,765	-
*Fidelity Management Trust Company	Fidelity International Index Fund Purchases	4,788,294	-	-	-	-	4,788,294	-

(*) Represents a party-in-interest to the Plan.



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**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2017**This Form is Open to Public
Inspection**

For calendar plan year 2017 or fiscal plan year beginning 01/01/2017 and ending 12/31/2017

▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan CIRCOR INTERNATIONAL INC RETIREMENT PLAN		B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF CIRCOR INTERNATIONAL INC		D Employer Identification Number (EIN) 04-3477276	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500	

Part I Basic Information

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2017</u>			
2 Assets:			
a Market value.....		2a	32174185
b Actuarial value		2b	33641108
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	475	19362343	19362343
b For terminated vested participants	213	5027815	5027815
c For active participants	308	6307461	6333214
d Total	996	30697619	30723372
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions		4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor		4b	
5 Effective interest rate		5	5.83%
6 Target normal cost		6	0

Statement by Enrolled Actuary

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

**SIGN
HERE**

Signature of actuary

Lori Valis, F.S.A., E.A.

Type or print name of actuary

FIDELITY INVESTMENTS

Firm name

200 SEAPORT BLVD, ZW10B

BOSTON MA 02210

Address of the firm

10-2-2018

Date

1707091

Most recent enrollment number

617-563-6612

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) 2017

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	4910106
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	4910106
10 Interest on line 9 using prior year's actual return of <u>5.04%</u>	0	247469
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year).....		960429
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>6.09%</u>		58490
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.....		1018919
d Portion of (c) to be added to prefunding balance.....		1018919
12 Other reductions in balances due to elections or deemed elections.....		0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	6176494

Part III Funding Percentages

14 Funding target attainment percentage	14	89.39%
15 Adjusted funding target attainment percentage.....	15	109.49%
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	101.78%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/17/2017	400000				
Totals ▶			18(b)	400000	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	393472

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year?..... ☐ Yes ☒ No
- b** If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?..... ☐ Yes ☐ No
- c** If line 20a is "Yes," see instructions and complete the following table as applicable:

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost**21** Discount rate:**a** Segment rates:1st segment:
4.16 %2nd segment:
5.72 %3rd segment:
6.48 %☐ N/A, full yield curve used**b** Applicable month (enter code).....**21b**

4

22 Weighted average retirement age**22**

63

23 Mortality table(s) (see instructions) ☐ Prescribed - combined☒ Prescribed - separate☐ Substitute**Part VI Miscellaneous Items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**27** If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment**27****Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years****28** Unpaid minimum required contributions for all prior years**28**

0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....**29**

0

30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)**30**

0

Part VIII Minimum Required Contribution For Current Year**31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6).....**31a**

0

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

0

32 Amortization installments:

Outstanding Balance

Installment

a Net shortfall amortization installment.....

0

0

b Waiver amortization installment

0

0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount**33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33).....**34**

0

Carryover balance

Prefunding balance

Total balance

35 Balances elected for use to offset funding requirement.....

0

0

0

36 Additional cash requirement (line 34 minus line 35).....**36**

0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....**37**

393472

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

393472

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances**38b**

0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....**39**

0

40 Unpaid minimum required contributions for all years**40**

0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)**41** If an election was made to use PRA 2010 funding relief for this plan:**a** Schedule elected☐ 2 plus 7 years☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made☐ 2008☐ 2009☐ 2010☐ 2011**42** Amount of acceleration adjustment**42****43** Excess installment acceleration amount to be carried over to future plan years**43**

Attachment to 2017 Form 5500
Schedule SB, Line 22 – Description of Weighted Average Retirement Age
CIRCOR International Inc. Retirement Plan
Plan Sponsor: CIRCOR International Inc.
EIN: 04-3477276 / Plan Number: 001

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.

x	q_x^r	l_x	${}_{x-50}p_{50} = l_x / l_{50}$	$q_x^r * l_x / l_{50}$	$x * q_x^r * l_x / l_{50}$
55	0.050	1,000,000	1.00000	0.05000	2.7500000
56	0.020	950,000	0.95000	0.01900	1.0640000
57	0.020	931,000	0.93100	0.01862	1.0613400
58	0.020	912,380	0.91238	0.01825	1.0583608
59	0.020	894,132	0.89413	0.01788	1.0550762
60	0.075	876,250	0.87625	0.06572	3.9431239
61	0.075	810,531	0.81053	0.06079	3.7081794
62	0.150	749,741	0.74974	0.11246	6.9725931
63	0.100	637,280	0.63728	0.06373	4.0148641
64	0.100	573,552	0.57355	0.05736	3.6707329
65	0.500	516,197	0.51620	0.25810	16.776396
66	0.500	258,098	0.25810	0.12905	8.5172474
67	0.500	129,049	0.12905	0.06452	4.3231483
68	0.750	64,525	0.06452	0.04839	3.2907547
69	0.750	16,131	0.01613	0.01210	0.8347870
70	1.000	4,033	0.00403	0.00403	0.2822951

Average age at retirement 63.322899
Rounded for Schedule B item 6b 63



October 3, 2018

Nicole Devoe, A.S.A EA
TransAmerica
24 Prime Park Way Suite 400
Natick, MA. 01760

Re: Change in Actuary for 2017 Notice for Form 5500

To Whom it May Concern:

I, as plan administrator, verify that the explanation that is reproduced below is the explanation concerning your termination reported on the Schedule C (Form 5500) attached to the 2017 Form 5500, Annual Return/Report of Employee Benefit Plan, for the following plans:

CIRCOR International Inc. Retirement Plan; 04-3477276; 001

Explanation: As a result of a change in the firm providing actuarial services, the enrolled actuary has changed.

You have the opportunity to comment to the Department of Labor concerning any aspect of this explanation. Comments should include the name, EIN, and PN of the plan and be submitted to:

Office of Enforcement,
Employee Benefits Security Administration
U.S. Department of Labor,
200 Constitution Avenue, N.W.
Washington, DC 20210

Regards,

A handwritten signature in black ink, appearing to read "Andrew Farnsworth". The signature is stylized with a large, sweeping initial 'A' and a horizontal line extending to the right.

Andrew Farnsworth
Plan Administrator, CHRO

Attachment to 2017 Form 5500
Schedule SB, Part V – Summary of Plan Provisions
CIRCOR International Inc. Retirement Plan
Plan Sponsor: CIRCOR International Inc.
EIN: 04-3477276 / Plan Number: 001

Plan Provisions

Name of Plan: CIRCOR International Inc. Retirement Plan

Employer Identification Number / Plan Number: 04-3477276/001

Effective Date: The plan was originally effective October 18, 1999, and restated January 1, 2016.

Covered Employees: Age 21 and one year of service. Plan participation is restricted to hourly employees hired before January 1, 2006 and to salaried employees hired before February 1, 2006.

Participation Date: Date of becoming a covered employee.

Definitions:

Average Monthly Earnings: The average of the highest consecutive 60 months of compensation out of the last 120 consecutive months of compensation. Compensation earned after June 30, 2006 is ignored. Compensation is defined as total compensation paid during the calendar year by the employer to the employee as reported for income tax purposes on the form W-2.

Vesting Service:

For Salaried Employees and former participants of the Tomco Products, Inc. Defined Benefit Pension Plan, a year of vesting service is earned for each plan year in which a participant completes at least 1,000 hours of service.

For Hourly Employees, 1/12 of a year of vesting service is earned for each completed calendar month of employment.

Credited Service: No credited service is earned after June 30, 2006.

For Salaried Employees a year of credited service is earned for each plan year in which a participant completes at least 1,000 hours of service.

For Hourly Employees 1/12 of a year of credited service is earned for each completed calendar month of employment.

Some acquired divisions have alternative definitions of credited service.

Plan Provisions (continued)

Normal Retirement Date (NRD): The first day of the month coincident with or immediately following a Member's Normal Retirement Age.

Monthly pension benefit:

For Salaried participants, the benefit payable at Normal Retirement Date is equal to the greater of (A) and (B), but not less than (C), where:

- (A) 1.67% times final average compensation less the maximum offset allowance times years of credited service (maximum of 25 years).
- (B) 1.00% times final average compensation times years of credited service (maximum of 25 years).
- (C) The participant's accrued benefit as of December 31, 1988 or March 15, 1990 under the Prior Plan.

Maximum offset allowance is the product of (i) and (ii), where:

- (i) Equals 0.75% for participants born prior to 1938; 0.68% for participants born after 1937 and before 1955; and 0.625% for participants born after 1954.
- (ii) Equals the lesser of covered compensation or the average of participant's compensation in the last 36 months, with each month being limited to the taxable wage base in effect during the month the compensation was received.

The Normal Retirement Benefit for a Salaried employee is increased by 3.5% per year for active participants as of June 30, 2006 until the earlier of June 30, 2011 or termination of employment.

For Hourly participants, \$180 times years of credited service.

Note: Normal Retirement Benefit based on final average compensation and credited service as of the plan freeze date June 30, 2006.

Attachment to 2017 Form 5500
Schedule SB, Part V – Summary of Plan Provisions
CIRCOR International Inc. Retirement Plan
Plan Sponsor: CIRCOR International Inc.
EIN: 04-3477276 / Plan Number: 001

Plan Provisions (continued)

Eligibility for Benefits:

Normal Retirement: First of month coincident with or immediately following the later of attainment of age 65 and completion of 5 years of service.

Early retirement: Age 55 and 5 years of service. For former participants of the Tomco Products, Inc. Defined Benefit Pension Plan, age 55 and 10 years of service.

Postponed retirement: First day of any month subsequent to the Member's normal retirement date.

Deferred vested: 5 years of Service.

Pre-retirement death: 5 years of Service.

Disability: A participant who is receiving disability benefits under the Employer's long-term disability program and is receiving benefits under Title II of the Social Security Act will be entitled to a disability benefit. The amount of the benefit shall be the same as the normal retirement benefit, except that service should include period of Long-Term disability. Credited service will not be earned for periods after June 30, 2006.

Monthly Benefits Paid Upon the Following Events:

Normal retirement: The accrued benefit

Early retirement: The accrued benefit is reduced by 5/9ths of 1% for each of the first 60 months and by 5/18ths of 1% for each of the next 60 months by which the commencement of benefits precedes the participant's Normal Retirement Date. For former participants of the Tomco Products, Inc. Defined Benefit Pension Plan, the accrued benefit is actuarially reduced to the early retirement date using the 1983 Group Annuity Mortality table set back one year.

Postponed retirement: The accrued benefit, frozen as of June 30, 2006.

Deferred vested: Accrued benefit is paid at age 65.

Plan Provisions (continued)

Pre-retirement death before retirement eligibility: In the event of an active or inactive married vested participants death before reaching eligibility of Normal or Early Retirement, his surviving spouse shall receive a benefit equal to the amount she would have received if the participant terminated on the date of his death, survived to his earliest retirement date, and began receiving benefits in the form of an immediate Qualified 50% Joint and Survivor Annuity at the earliest eligible commencement date, and dies on the day after the earliest eligible commencement date.

Pre-retirement death after retirement eligibility: A participant who has satisfied the eligibility for Normal or Early Retirement, but who has not begun receiving payments, who dies shall be eligible to receive a death benefit. The amount of the benefit shall be equal to the amount the spouse would have received if the participant commenced his benefit in the form of an immediate Qualified 50% Joint and Survivor Annuity on the date of his death, and died on the next day.

Disability: Accrued benefit is paid immediately, or deferred if covered by a disability program.

Forms of Payment:

Normal form (single participants): Life Annuity

Normal form (married participants): 50% Joint and Survivor Annuity.

Optional forms: All optional forms of benefits are the actuarially equivalent of the Normal Form of Payment:

- 50% Joint and Survivor Annuity
- 75% Joint and Survivor Annuity
- 100% Joint and Survivor Annuity
- 10 Year Certain and Continuous

Description of optional form conversion factors: Benefit of equivalent value computed on the basis of 7.0% per year, compounded annually, and the UP-1984 mortality table setback 3 years for beneficiaries.

Maximum on Compensation: N/A

Maximum on Benefits: Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2017, the limit is \$215,000.

Future Plan Changes: No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions.

**Schedule H, Line 4i Schedule of Assets (Held at
End of Year)**

**CIRCOR International, Inc. Retirement Plan
EIN#04-3477276/ Plan #001**

As of December 31, 2017

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
		<u>Cash Equivalents:</u>		
*	Fidelity	Cash - Interest Bearing	\$ 237,426	\$ 237,426
		<u>Mutual Funds:</u>		
*	Fidelity	Fidelity International Index Fund	4,764,893	4,838,017
		<u>Collective Trusts:</u>		
*	Fidelity	Spartan 500 Index Pool Class A	11,409,968	12,121,459
*	Fidelity	FIAM Long Duration Commingled Pool Class A	5,642,899	5,808,069
*	Fidelity	FIAM Long Corporate A or Better Commingled Pool Class A	4,707,168	4,855,479
*	Fidelity	FIAM Select Emerging Markets Equity Commingled Pool	2,494,908	2,667,881
*	Fidelity	FIAM Emerging Markets Debt Commingled Pool Class A	1,707,167	1,717,496
*	Fidelity	FIAM Select International Small Capitalization Commingled Pool	1,465,803	1,559,970
*	Fidelity	FIAM Small Capitalization Core Commingled Pool Class A	1,298,599	1,325,548
*	Fidelity	FIAM Small/ Mid Cap Core Commingled Pool Class A	1,289,419	1,326,409
*	Fidelity	FIAM REIT Commingled Pool Class A	1,118,520	1,129,161
*	Fidelity	FIAM Select International Equity Commingled Pool Class A	493,135	501,772
*	Fidelity	FIAM High Yield Bond Commingled Pool Class A	257,608	259,078
		Total Investments	\$ 36,887,513	\$ 38,347,765

(*) Represents a party-in-interest to the Plan.

(**) Cost information may be omitted for the participant-directed transactions under an individual account plan.

Attachment to 2017 Form 5500
Schedule SB, Line 25 – Change in Method
CIRCOR International Inc. Retirement Plan
Plan Sponsor: CIRCOR International Inc.
EIN: 04-3477276 / Plan Number: 001

Change in Method

This filing reflects a change in the Enrolled Actuary for the plan. The change in actuary is due to the plan sponsors decision to change actuarial providers.