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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 24pt; font-weight: bold;">2018</div><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                                                                                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                           |
| For calendar plan year 2018 or fiscal plan year beginning <u>01/01/2018</u> and ending <u>12/31/2018</u> |                                                                                                                                                                                                                                                                                                                                           |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)<br><input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a DFE (specify) ____ |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report<br><input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)                                                                                                     |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . . <input type="checkbox"/>      |                                                                                                                                                                                                                                                                                                                                           |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program<br><input type="checkbox"/> special extension (enter description)                                                                                                                                    |

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

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/11/2019 | AMY CONERLY                                                  |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

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

Form 5500 (2018)  
v. 171027

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div> |
| <b>4</b> If the name and/or EIN of the plan sponsor 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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>4b</b> EIN<br><br><b>4d</b> PN                                                                                                                                |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>5</b> 5448                                                                                                                                                    |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><br><b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested ..... | <b>6a(1)</b> 394<br><b>6a(2)</b> 372<br><b>6b</b> 3402<br><b>6c</b> 872<br><b>6d</b> 4646<br><b>6e</b> 646<br><b>6f</b> 5292<br><b>6g</b><br><b>6h</b> 0         |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>7</b>                                                                                                                                                         |

**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:

|                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br><b>(1)</b> <input checked="" type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br><b>(1)</b> <input checked="" type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**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)** ☒ 1 **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 2018 Form M-1 annual report. If the plan was not required to file the 2018 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 \_\_\_\_\_

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                           |                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE A</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Insurance Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b><br><br>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2). | OMB No. 1210-0110<br><br><b>2018</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                            |                                                             |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018 |                                                             |
| <b>A</b> Name of plan<br>CIRCOR INTERNATIONAL INC RETIREMENT PLAN                          | <b>B</b> Three-digit plan number (PN) ▶ 001                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>CIRCOR INTERNATIONAL INC  | <b>D</b> Employer Identification Number (EIN)<br>04-3477276 |

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

|                                |
|--------------------------------|
| <b>1</b> Coverage Information: |
|--------------------------------|

|                                                                             |
|-----------------------------------------------------------------------------|
| <b>(a)</b> Name of insurance carrier<br>TRANSAMERICA LIFE INSURANCE COMPANY |
|-----------------------------------------------------------------------------|

| (b) EIN    | (c) NAIC code | (d) Contract or identification number | (e) Approximate number of persons covered at end of policy or contract year | Policy or contract year |            |
|------------|---------------|---------------------------------------|-----------------------------------------------------------------------------|-------------------------|------------|
|            |               |                                       |                                                                             | (f) From                | (g) To     |
| 39-0989781 | 86231         | 50244-000                             | 9                                                                           | 01/01/2018              | 12/31/2018 |

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

|                                             |                                      |
|---------------------------------------------|--------------------------------------|
| <b>(a)</b> Total amount of commissions paid | <b>(b)</b> Total amount of fees paid |
|                                             |                                      |

|                                                                                                              |
|--------------------------------------------------------------------------------------------------------------|
| <b>3</b> Persons receiving commissions and fees. (Complete as many entries as needed to report all persons). |
|--------------------------------------------------------------------------------------------------------------|

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

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

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

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

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

---

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

---

| <b>(b)</b> Amount of sales and base commissions paid | Fees and other commissions paid |                    | <b>(e)</b><br>Organization code |
|------------------------------------------------------|---------------------------------|--------------------|---------------------------------|
|                                                      | <b>(c)</b> Amount               | <b>(d)</b> Purpose |                                 |
|                                                      |                                 |                    |                                 |

**Part II Investment and Annuity Contract Information**

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

**4** Current value of plan's interest under this contract in the general account at year end ..... **4** 811160**5** Current value of plan's interest under this contract in separate accounts at year end ..... **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier ..... **6b****c** Premiums due but unpaid at the end of the year ..... **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... **6d**  
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity  
(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee  
(3) ☒ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year ..... **7b** 0**c** Additions: (1) Contributions deposited during the year ..... **7c(1)**  
(2) Dividends and credits ..... **7c(2)**  
(3) Interest credited during the year ..... **7c(3)** 12083  
(4) Transferred from separate account ..... **7c(4)** 814123  
(5) Other (specify below) ..... **7c(5)**  
▶(6) Total additions ..... **7c(6)** 826206**d** Total of balance and additions (add lines **7b** and **7c(6)**) ..... **7d** 826206**e** Deductions:  
(1) Disbursed from fund to pay benefits or purchase annuities during year ..... **7e(1)** 15046  
(2) Administration charge made by carrier ..... **7e(2)**  
(3) Transferred to separate account ..... **7e(3)**  
(4) Other (specify below) ..... **7e(4)**  
▶(5) Total deductions ..... **7e(5)** 15046**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) ..... **7f** 811160

**Part III Welfare Benefit Contract Information**

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

**8** Benefit and contract type (check all applicable boxes)

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

**9** Experience-rated contracts:

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

**10** Nonexperience-rated contracts:

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

Specify nature of costs.

**Part IV Provision of Information**

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

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

|                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                   |                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <div>SCHEDULE SB<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div> | <div>Single-Employer Defined Benefit Plan<br/>Actuarial Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div> | <div>OMB No. 1210-0110</div> <div>2018</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                                                                    |                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018                                         |                                                                                                                                                  |
| ▶ 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<br>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<br>CIRCOR INTERNATIONAL INC                                      | D Employer Identification Number (EIN)<br>04-3477276                                                                                             |
| E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|        |                                                                                                                                                                                                        |                            |                           |                          |
|--------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| Part I | Basic Information                                                                                                                                                                                      |                            |                           |                          |
| 1      | Enter the valuation date: Month 01 Day 01 Year 2018                                                                                                                                                    |                            |                           |                          |
| 2      | Assets:                                                                                                                                                                                                |                            |                           |                          |
| a      | Market value.....                                                                                                                                                                                      | 2a                         | 217186318                 |                          |
| b      | Actuarial value .....                                                                                                                                                                                  | 2b                         | 212472164                 |                          |
| 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 .....                                                                                                                                     | 4115                       | 154894308                 | 154894308                |
| b      | For terminated vested participants .....                                                                                                                                                               | 958                        | 27608480                  | 27608480                 |
| c      | For active participants .....                                                                                                                                                                          | 394                        | 13620063                  | 13667703                 |
| d      | Total .....                                                                                                                                                                                            | 5467                       | 196122851                 | 196170491                |
| 4      | If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                           |                            |                           |                          |
| a      | Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                       | 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                          | 5.49 %                    |                          |
| 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.

|                                                         |  |                                        |
|---------------------------------------------------------|--|----------------------------------------|
| <div>SIGN<br/>HERE</div>                                |  |                                        |
| Signature of actuary                                    |  | 10/10/2019                             |
| JAMES D. BURKE                                          |  | Date                                   |
| Type or print name of actuary                           |  | 17-06899                               |
| CBIZ RETIREMENT PLAN SERVICES                           |  | Most recent enrollment number          |
| Firm name                                               |  | 215-587-0700                           |
| 1845 WALNUT ST.<br>SUITE 1400<br>PHILADELPHIA, PA 19103 |  | Telephone number (including area code) |
| Address of the firm                                     |  |                                        |

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

|                                                                                                                                                                      | (a) Carryover balance | (b) Prefunding balance |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                             | 35855                 | 6456057                |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                          | 0                     | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                                | 35855                 | 6456057                |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>24.22</u> % .....                                                                                | 6429                  | 1546073                |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                       |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                      |                       | 393472                 |
| <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.83</u> % ..... |                       | 22939                  |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                       | 416411                 |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                    | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d - line 12) .....                                                                         | 42284                 | 8002130                |

**Part III Funding Percentages**

|                                                                                                                                                                            |           |         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 104.20% |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 108.30% |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 89.39%  |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. ....                                        | <b>17</b> | %       |

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

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>          |                                   |                                 | <b>18(b)</b>             | 0                                 | <b>18(c)</b> 0                  |

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

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

**20** Quarterly contributions and liquidity shortfalls:

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

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

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

|                                                 |                       |                                                |                                                           |                                                     |
|-------------------------------------------------|-----------------------|------------------------------------------------|-----------------------------------------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                        |                       |                                                |                                                           |                                                     |
| <b>a</b> Segment rates:                         | 1st segment:<br>3.92% | 2nd segment:<br>5.52%                          | 3rd segment:<br>6.29%                                     | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....    |                       |                                                |                                                           | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age ..... |                       |                                                |                                                           | <b>22</b> 63                                        |
| <b>23</b> Mortality table(s) (see instructions) | Prior regulation:     | <input type="checkbox"/> Prescribed - combined | <input checked="" type="checkbox"/> Prescribed - separate | <input type="checkbox"/> Substitute                 |
|                                                 | Current regulation:   | <input type="checkbox"/> Prescribed - combined | <input type="checkbox"/> Prescribed - separate            | <input type="checkbox"/> Substitute                 |

**Part VI Miscellaneous Items**

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

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

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

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

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

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

|                                                                                  |                                                                                                                         |
|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| <b>41</b> If an election was made to use PRA 2010 funding relief for this plan:  |                                                                                                                         |
| <b>a</b> Schedule elected .....                                                  | <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years                                               |
| <b>b</b> Eligible plan year(s) for which the election in line 41a was made ..... | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |

|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| <div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> | OMB No. 1210-0110                       |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | 2018                                    |
|                                                                                                                                                                                                                                              |                                                                                                                                                                                                                             | This Form is Open to Public Inspection. |

|                                                                                            |                                                      |     |
|--------------------------------------------------------------------------------------------|------------------------------------------------------|-----|
| For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018 |                                                      |     |
| A Name of plan<br>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<br>CIRCOR INTERNATIONAL INC         | D Employer Identification Number (EIN)<br>04-3477276 |     |

|        |                                                 |
|--------|-------------------------------------------------|
| Part I | Service Provider Information (see instructions) |
|--------|-------------------------------------------------|

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

|                                                                                                            |
|------------------------------------------------------------------------------------------------------------|
| (b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| TRANSAMERICA RETIREMENT SOLUTIONS                                                                          |
| 13-3689044                                                                                                 |

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

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

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

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

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

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

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

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

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

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

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**(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

39-0989781

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 13 53                         | NONE                                                                                                     | 0                                                                             | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                         | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                   | 0                                                                                                                                                                                      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                 |

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

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

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

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

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

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

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

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

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

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

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

**Part I Service Provider Information (continued)**

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

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

|                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2018</b><br><br><b>This Form is Open to Public Inspection.</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

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

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

|                                                                                                                |                               |                                                                                                                     |  |  |
|----------------------------------------------------------------------------------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------|--|--|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM SMALL/MID CAP CORE</u>                                  |                               |                                                                                                                     |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</u> |                               |                                                                                                                     |  |  |
| <b>c</b> EIN-PN <u>20-4659714-029</u>                                                                          | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5017453</u>  |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM SMALL CAP CORE</u>                                      |                               |                                                                                                                     |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</u> |                               |                                                                                                                     |  |  |
| <b>c</b> EIN-PN <u>20-4659714-008</u>                                                                          | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5023441</u>  |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>SPARTAN 500 INDEX POOL</u>                                   |                               |                                                                                                                     |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>GEODE CAPITAL MANAGEMENT TRUST COMPANY, LLC</u>           |                               |                                                                                                                     |  |  |
| <b>c</b> EIN-PN <u>82-6293122-001</u>                                                                          | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>60018174</u> |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM SELECT INTERNATIONAL SMALL CAP</u>                      |                               |                                                                                                                     |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</u> |                               |                                                                                                                     |  |  |
| <b>c</b> EIN-PN <u>20-4659714-036</u>                                                                          | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3127787</u>  |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM SELECT CANADA EQUITY</u>                                |                               |                                                                                                                     |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</u> |                               |                                                                                                                     |  |  |
| <b>c</b> EIN-PN <u>20-4659714-101</u>                                                                          | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>2181378</u>  |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM SELECT EMERGING MARKETS EQUITY</u>                      |                               |                                                                                                                     |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</u> |                               |                                                                                                                     |  |  |
| <b>c</b> EIN-PN <u>20-4659714-100</u>                                                                          | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>12122893</u> |  |  |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIAM REIT</u>                                                |                               |                                                                                                                     |  |  |
| <b>b</b> Name of sponsor of entity listed in (a): <u>FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY</u> |                               |                                                                                                                     |  |  |
| <b>c</b> EIN-PN <u>20-4659714-005</u>                                                                          | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5979383</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

|                                |                        |                                                                                                             |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 20-4659714-013 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2332608 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: FIAM EMERGING MARKET DEBT

**b** Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY

|                                |                        |                                                                                                             |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 20-4659714-022 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6317850 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|

**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

|                                |                        |                                                                                                              |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 20-4659714-053 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 31681753 |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: FIAM LONG CORPORATE A OR BETTER

**b** Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY

|                                |                        |                                                                                                              |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 20-4659714-103 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 19657914 |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: FIAM GLOBAL LOW VOLATILITY EQUITY

**b** Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY

|                                |                        |                                                                                                             |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 20-4659714-000 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5399948 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE: FIAM INSTITUTIONAL CASH

**b** Name of sponsor of entity listed in (a): FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY

|                                |                        |                                                                                                             |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 20-4659714-000 | <b>d</b> Entity code C | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4949542 |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

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

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

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

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              |                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110                             |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>2018</b>                                   |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>This Form is Open to Public Inspection</b> |

|                                                                                                          |                                                |                                                                    |
|----------------------------------------------------------------------------------------------------------|------------------------------------------------|--------------------------------------------------------------------|
| For calendar plan year 2018 or fiscal plan year beginning <b>01/01/2018</b> and ending <b>12/31/2018</b> |                                                |                                                                    |
| <b>A</b> Name of plan<br><b>CIRCOR INTERNATIONAL INC RETIREMENT PLAN</b>                                 | <b>B</b> Three-digit plan number (PN) <b>►</b> | <b>001</b>                                                         |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>CIRCOR INTERNATIONAL INC</b>         |                                                |                                                                    |
|                                                                                                          |                                                | <b>D</b> Employer Identification Number (EIN)<br><b>04-3477276</b> |

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

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

| Assets                                                                                            |                 | (a) Beginning of Year | (b) End of Year |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                     | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions.....                                                            | <b>1b(1)</b>    | 178892752             | 0               |
| <b>(2)</b> Participant contributions .....                                                        | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other.....                                                                             | <b>1b(3)</b>    | 66                    | 992             |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....   | <b>1c(1)</b>    | 237426                | 1733205         |
| <b>(2)</b> U.S. Government securities .....                                                       | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other.....                                                                         | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common.....                                                                            | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property).....                                   | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans.....                                                                 | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                    | <b>1c(9)</b>    | 33272322              | 163810124       |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities.....                                  | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....        | <b>1c(13)</b>   | 4838017               | 21125939        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   | 0                     | 811160          |
| <b>(15)</b> Other .....                                                                           | <b>1c(15)</b>   |                       |                 |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 217240583             | 187481420       |

**Liabilities**

|                                                                           |           |   |         |
|---------------------------------------------------------------------------|-----------|---|---------|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |   |         |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |   |         |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |   |         |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> | 0 | 2174312 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 2174312 |

**Net Assets**

|                                                           |           |           |           |
|-----------------------------------------------------------|-----------|-----------|-----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 217240583 | 185307108 |
|-----------------------------------------------------------|-----------|-----------|-----------|

**Part II Income and Expense Statement**

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

**Income**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> |            |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 0         |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                                     | <b>2b(1)(G)</b> |            | 0         |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 61405      |           |
| (D) Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                         | <b>2b(2)(D)</b> |            | 61405     |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                         | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other .....                                                                                     | <b>2b(5)(B)</b> |            |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....         | <b>2b(5)(C)</b> |            | 0         |

|                                                                                                |        | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                             | 2b(6)  |            | -13146727 |
| (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 <b>income</b> amounts in column (b) and enter total .....              | 2d     |            | -13085322 |

**Expenses**

|                                                                                      |       |          |          |
|--------------------------------------------------------------------------------------|-------|----------|----------|
| e Benefit payment and payments to provide benefits:                                  |       |          |          |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1) | 17733325 |          |
| (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) |          | 17733325 |
| f Corrective distributions (see instructions) .....                                  | 2f    |          |          |
| g Certain deemed distributions of participant loans (see instructions) .....         | 2g    |          |          |
| h Interest expense .....                                                             | 2h    |          |          |
| i Administrative expenses: (1) Professional fees.....                                | 2i(1) |          |          |
| (2) Contract administrator fees.....                                                 | 2i(2) |          |          |
| (3) Investment advisory and management fees.....                                     | 2i(3) |          |          |
| (4) Other .....                                                                      | 2i(4) | 1114828  |          |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                  | 2i(5) |          | 1114828  |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j    |          | 18848153 |

**Net Income and Reconciliation**

|                                                          |       |  |           |
|----------------------------------------------------------|-------|--|-----------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | -31933475 |
| l Transfers of assets:                                   |       |  |           |
| (1) To this plan.....                                    | 2l(1) |  |           |
| (2) From this plan.....                                  | 2l(2) |  |           |

**Part III Accountant's Opinion**

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

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

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

**b** Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

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

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

**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 4182661. (See instructions.)

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                             |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2018</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

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

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                                      |          |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions .....                                                                                                                                               | <b>1</b> | <u>0</u> |
| <b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): <u>13-3689044</u> <u>39-0989781</u> |          |          |
| Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.                                                                                                                                                                                                                     |          |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....                                                                                                                                                     | <b>3</b> | <u>2</u> |

|                |                                                                                                                                                                               |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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.) |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                            |                                   |                                   |                               |                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|
| <b>9</b> If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input checked="" type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

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

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

Schedule R (Form 5500) 2018  
v. 171027

**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 .....

**b** The plan year immediately preceding the current plan year .....

**c** The second preceding plan year .....

**14a****14b****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 .....

**b** The corresponding number for the second preceding plan year .....

**15a****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 .....

**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 .....

**16a****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, 2018 AND 2017**

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 (the Plan), which comprise the statements of net assets available for plan benefits as of December 31, 2018 and 2017, and the related statement of changes in net assets available for plan benefits for the year ended December 31, 2018, 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, the trustee of the Plan, and Transamerica Life Insurance Company, the custodian 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 the trustee and custodian hold the Plan's investment assets and execute investment transactions. The Plan Administrator has obtained certifications from the trustee and custodian as of and for the years ended December 31, 2018 and 2017, that the information provided to the Plan Administrator by the trustee and custodian is complete and accurate.

***Disclaimer of Opinion***

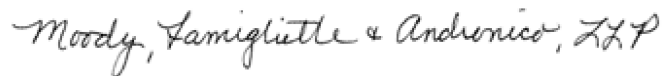
Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

***Other Matter***

The supplemental schedules of assets (held at end of year) as of December 31, 2018 and reportable transactions for the year ended December 31, 2018 are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not required parts of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

**Report on Form and Content in Compliance with 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 trustee and custodian, 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  
Tewksbury, Massachusetts  
October 11, 2019

| December 31                                                | 2018                  | 2017                  |
|------------------------------------------------------------|-----------------------|-----------------------|
| <b>Assets</b>                                              |                       |                       |
| Investments at Fair Value:                                 |                       |                       |
| Common Collective Trusts                                   | \$ 163,810,124        | \$ 33,272,322         |
| Mutual Funds                                               | 21,125,939            | 4,838,017             |
| Cash - Interest Bearing                                    | 1,733,205             | 237,426               |
| Guaranteed Investment Contract                             | 811,160               | -                     |
| <b>Total Investments</b>                                   | <b>187,480,428</b>    | <b>38,347,765</b>     |
| Receivables:                                               |                       |                       |
| Due from Colfax Corporation Consolidated Retirement Plan   | -                     | 178,892,752           |
| Other receivables                                          | 992                   | 66                    |
| <b>Total Receivables</b>                                   | <b>992</b>            | <b>178,892,818</b>    |
| <b>Total Assets</b>                                        | <b>187,481,420</b>    | <b>217,240,583</b>    |
| <b>Liabilities</b>                                         |                       |                       |
| Net Due to Colfax Corporation Consolidated Retirement Plan | 2,174,312             | -                     |
| <b>Net Assets Available for Plan Benefits</b>              | <b>\$ 185,307,108</b> | <b>\$ 217,240,583</b> |

**Statement of Changes in Net Assets Available for  
Plan Benefits**

**CIRCOR International, Inc. Retirement Plan**

**For the Year Ended December 31**

**2018**

Additions to Net Assets:

Investment Loss:

Net Depreciation in Fair Value of Investments \$ (13,146,727)

Interest and Dividends 61,405

Total Investment Loss (13,085,322)

Total Net Additions (13,085,322)

Deductions from Net Assets:

Benefits Paid to Participants 17,733,325

Administrative Expenses 1,114,828

Total Deductions 18,848,153

Net Decrease in Net Assets Available for Plan Benefits (31,933,475)

Net Assets Available for Plan Benefits, Beginning of Year 217,240,583

Net Assets Available for Plan Benefits, End of Year \$ 185,307,108

## 1. Description of the Plan:

The following description of CIRCOR International, Inc. Retirement Plan (the 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.

During 2018, the Plan received assets transferred from the Colfax Plan in the amount of \$173,766,731. Additionally, during the period from January 1, 2018 through the date of the asset transfer, certain benefit payments were made to Participants from the Colfax Plan in addition to expenses on the related transactions, and earnings related to the assets transferred. As of December 31, 2018, the Plan recognized as a net amount due to Colfax Plan (i) receivables for plan sponsor contributions made to the Colfax Plan related to the Colfax transferred participants in the amount of \$2,799,051, (ii) receivables for earnings on the transferred assets in the amount of \$597,968, (iii) payables for benefits paid to participants for the period January 1, 2019 through May 4, 2019 in the amount of \$5,404,731 and (iv) payables for expenses incurred by the Colfax Plan for benefits paid to participants in the amount of \$166,598.

*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, 2018, the Plan Sponsor did not make contributions to the Plan as the Plan Sponsor's the minimum funding requirements of ERISA were met.

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.

## 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. 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, trustee and custodian. See Note 3 for further discussion of fair value measurements.

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 depreciation 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 October 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.

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.

### 3. Fair Value Measurements (Continued):

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, 2018 and 2017.

*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 trustee, 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.

*Interest Bearing Cash:* Valued at its stated value which approximates fair value.

*Guaranteed Investment Contracts:* As part of the Colfax Transferred Assets, the Plan was transferred an annuity contract, the Fixed Dollar Account Fund, with Transamerica Life Insurance Company (Transamerica). The assets of this investment are maintained in an allocated fund and earn a guaranteed crediting rate, as defined, which is established on an annual basis. The guaranteed crediting rate as of December 31, 2018 was 1.5%. The guaranteed investment contract is valued using the discounted cash flows based on observable, current yields of similar instruments with comparable durations, considering the creditworthiness of the issuer.

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, 2018 and 2017:

|                                          |    | Assets at Fair Value as of December 31, 2018 |               |            |         |
|------------------------------------------|----|----------------------------------------------|---------------|------------|---------|
|                                          |    | Total                                        | Level 1       | Level 2    | Level 3 |
| Investments:                             |    |                                              |               |            |         |
| Mutual Funds                             | \$ | 21,125,939                                   | \$ 21,125,939 | \$ -       | \$ -    |
| Cash - Interest Bearing                  |    | 1,733,205                                    | 1,733,205     | -          | -       |
| Guaranteed Investment Contract           |    | 811,160                                      | -             | 811,160    | -       |
| Total Assets in the Fair Value Hierarchy |    | 23,670,304                                   | \$ 22,859,144 | \$ 811,160 | \$ -    |
| Investments Measured at Net Asset Value  |    | 163,810,124                                  |               |            |         |
| Investments at Fair Value                | \$ | 187,480,428                                  |               |            |         |
|                                          |    | 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                                   |               |            |         |

The following table summarizes investments measured at fair value based on NAV used as a practical expedient as of December 31, 2018 and 2017:

| Financial Asset          | Fair Value as of December 31, 2018 | Unfunded Commitments | Redemption Frequency (If Currently Eligible) | Redemption Notice Period |
|--------------------------|------------------------------------|----------------------|----------------------------------------------|--------------------------|
| Common Collective Trusts | \$ 163,810,124                     | None                 | N/A                                          | 15 Days                  |
| 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 are managed by Fidelity Management Trust Company, trustee 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 depreciation 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, 2018. During the year ended December 31, 2018, the Plan made direct payments to the Pension Benefit Guaranty Corporation in the amount of \$1,114,828, 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, 2018.

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, 2018 and 2017 and for the year ended December 31, 2018.

**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 Fidelity Management Trust Company, trustee of the Plan, and Transamerica Life Insurance Company, custodian of the Plan, were performed by the independent auditors except for comparing the information to the financial statements and supplemental schedules. The trustee and custodian have certified as to the completeness and accuracy of the investments held by the Plan as of December 31, 2018 and 2017, the investment income (loss) and the investment-related transactions of the Plan for the year ended December 31, 2018, and the information contained in the accompanying supplemental schedules of assets (held at end of year) as of December 31, 2018 and reportable transactions for the year ended December 31, 2018.

**10. Actuarial Valuation and Assumptions:**

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, 2018 and 2017 and changes in accumulated plan benefits for the year ended December 31, 2018 and 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, 2019 and 2018. Had the valuations been performed as of December 31, 2018 and 2017 there would be no material differences.

The significant assumptions used in the actuarial valuation as of December 31, 2018 and 2017 are as follows:

|                        | 2018                                                                                                                                  | 2017                                                                                                                                  |
|------------------------|---------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| Investment Return**    | 6.25% as of December 31, 2018                                                                                                         | 6.50% as of December 31, 2017                                                                                                         |
| Mortality Table**      | RP - 2014 Mortality Tables projected with Scale MP-2018 as of December 31, 2018                                                       | RP - 2014 Mortality Tables projected with Scale MP-2017 as of December 31, 2017                                                       |
| Normal Retirement Age  | The average expected retirement age ranged from 55 to 65 for active participants, based upon Plan provisions, as of December 31, 2018 | The average expected retirement age ranged from 55 to 65 for active participants, based upon Plan provisions, as of December 31, 2017 |
| Asset Valuation Method | Fair Market Value                                                                                                                     | Fair Market Value                                                                                                                     |
| Actuarial Cost Method  | Present Value of Total Accumulated Benefits as of December 31, 2018                                                                   | Present Value of Total Accumulated Benefits as of December 31, 2017                                                                   |

\*\*The effect of the change in investment return and mortality tables is reflected below in the changes in accumulated plan benefits for the year ended December 31, 2018 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, 2018 and 2017 was as follows:

|                                                       | 2018                  | 2017                  |
|-------------------------------------------------------|-----------------------|-----------------------|
| Actuarial Present Value of Accumulated Plan Benefits: |                       |                       |
| Vested Benefits:                                      |                       |                       |
| Active Participants                                   | \$ 12,215,970         | \$ 14,233,877         |
| Participants Currently Receiving Payments             | 145,759,243           | 148,797,086           |
| Participants Receiving Deferred Payments              | 25,675,539            | 25,715,236            |
|                                                       | <u>183,650,752</u>    | <u>188,746,199</u>    |
| Nonvested Benefits                                    | 68,065                | 67,937                |
|                                                       | <u>183,718,817</u>    | <u>188,814,136</u>    |
| Actuarial Present Value of Accumulated Plan Benefits  | <u>\$ 183,718,817</u> | <u>\$ 188,814,136</u> |

Changes in accumulated plan benefits during the year ended December 31, 2018 were as follows:

|                                                                   |                       |
|-------------------------------------------------------------------|-----------------------|
| Actuarial Present Value of Accumulated Plan Benefits,             |                       |
| Beginning of the Year                                             | \$ 188,814,136        |
| Decrease Due to Changes in Actuarial Assumptions                  | 3,000,502             |
| Benefits Accrued and Actuarial Expense                            | (2,025,534)           |
| Interest Accumulated                                              | 11,695,530            |
| Benefits Paid                                                     | <u>(17,765,817)</u>   |
| Actuarial Present Value of Accumulated Plan Benefits, End of Year | <u>\$ 183,718,817</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.

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, 2018

| (a) | (b)<br>Identity of Issue,<br>Borrower, Lessor or<br>Similar Party | (c)<br>Description of Investment, Including<br>Maturity Date, Rate of Interest,<br>Collateral, Par or Maturity Value | (d)<br>Cost           | (e)<br>Current<br>Value |
|-----|-------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-----------------------|-------------------------|
|     |                                                                   | <u>Interest-Bearing Cash:</u>                                                                                        |                       |                         |
| *   | Fidelity                                                          | Cash - Interest Bearing                                                                                              | \$ 1,733,205          | \$ 1,733,205            |
|     |                                                                   | <u>Mutual Funds:</u>                                                                                                 |                       |                         |
| *   | Fidelity                                                          | Fidelity International Index Fund                                                                                    | 24,127,154            | 20,294,779              |
| *   | Fidelity                                                          | Spartan Commodity Index PI - Class A                                                                                 | 960,391               | 831,160                 |
|     |                                                                   | <u>Collective Trusts:</u>                                                                                            |                       |                         |
| *   | Fidelity                                                          | Spartan 500 Index Pool Class A                                                                                       | 63,182,928            | 60,018,174              |
| *   | Fidelity                                                          | FIAM Long Duration Commingled Pool<br>Class A                                                                        | 31,093,686            | 31,681,753              |
| *   | Fidelity                                                          | FIAM Long Corporate A or Better<br>Commingled Pool Class A                                                           | 19,650,498            | 19,657,914              |
| *   | Fidelity                                                          | FIAM Select Emerging Markets Equity<br>Commingled Pool                                                               | 14,268,620            | 12,122,893              |
| *   | Fidelity                                                          | FIAM Emerging Markets Debt Commingled<br>Pool Class A                                                                | 6,401,961             | 6,317,850               |
| *   | Fidelity                                                          | FIAM REIT Commingled Pool Class A                                                                                    | 6,027,893             | 5,979,383               |
| *   | Fidelity                                                          | FIAM Blobal Low Volume Equity Cap Class<br>A                                                                         | 5,702,501             | 5,399,948               |
| *   | Fidelity                                                          | FIAM Small Capitalization Core<br>Commingled Pool Class A                                                            | 5,797,623             | 5,023,441               |
| *   | Fidelity                                                          | FIAM Small/ Mid Cap Core Commingled<br>Pool Class A                                                                  | 5,943,691             | 5,017,453               |
| *   | Fidelity                                                          | FIAM Inst. Cash Comm Pool                                                                                            | 4,949,542             | 4,949,542               |
| *   | Fidelity                                                          | FIAM Select International Small<br>Capitalization Commingled Pool                                                    | 3,866,343             | 3,127,787               |
| *   | Fidelity                                                          | FIAM High Yield Bond Commingled Pool<br>Class A                                                                      | 2,402,644             | 2,332,608               |
| *   | Fidelity                                                          | FIAM Select International Equity<br>Commingled Pool Class A                                                          | 2,663,867             | 2,181,378               |
|     |                                                                   | <u>Insurance Funds:</u>                                                                                              |                       |                         |
| *   | Transamerica                                                      | Transamerica Fixed Fund                                                                                              | 811,160               | 811,160                 |
|     |                                                                   | Total Investments                                                                                                    | <u>\$ 199,583,707</u> | <u>\$ 187,480,428</u>   |

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

Reportable transactions for the year ended December 31, 2018 are summarised as follows:

| (a)<br>Identity of Party<br>Involved | (b)<br>Description of Asset                                    | (c)<br>Purchase<br>Price | (d)<br>Selling Price | (e)<br>Lease Rental | (f)<br>Expense<br>Incurred<br>with<br>Transaction | (g)<br>Cost of<br>Assets | (h)<br>Current<br>Value of<br>Assets on<br>Transaction<br>Date | (i)<br>Net Gain<br>(Loss) |
|--------------------------------------|----------------------------------------------------------------|--------------------------|----------------------|---------------------|---------------------------------------------------|--------------------------|----------------------------------------------------------------|---------------------------|
| *Fidelity Management Trust Company   | FIAM Emerging Markets Debt Commingled Pool Class A             |                          |                      |                     |                                                   |                          |                                                                |                           |
|                                      | Purchases                                                      | \$ 15,947,149            | \$ -                 | \$ -                | \$ -                                              | \$ -                     | \$ 15,947,149                                                  | \$ -                      |
|                                      | Sales                                                          | \$ -                     | \$ 11,179,274        | \$ -                | \$ -                                              | \$ 11,252,255            | \$ 11,179,274                                                  | \$ (72,981)               |
| *Fidelity Management Trust Company   | FIAM Long Corporate A or Better Commingled Pool Class A        |                          |                      |                     |                                                   |                          |                                                                |                           |
|                                      | Purchases                                                      | \$ 41,670,555            | \$ -                 | \$ -                | \$ -                                              | \$ -                     | \$ 41,670,555                                                  | \$ -                      |
|                                      | Sales                                                          | \$ -                     | \$ 26,717,911        | \$ -                | \$ -                                              | \$ 26,727,225            | \$ 26,717,911                                                  | \$ (9,314)                |
| *Fidelity Management Trust Company   | FIAM Long Duration Commingled Pool Class A                     |                          |                      |                     |                                                   |                          |                                                                |                           |
|                                      | Purchases                                                      | \$ 62,493,240            | \$ -                 | \$ -                | \$ -                                              | \$ -                     | \$ 62,493,240                                                  | \$ -                      |
|                                      | Sales                                                          | \$ -                     | \$ 37,155,126        | \$ -                | \$ -                                              | \$ 37,042,452            | \$ 37,155,126                                                  | \$ 112,674                |
| *Fidelity Management Trust Company   | FIAM REIT Commingled Pool Class A                              |                          |                      |                     |                                                   |                          |                                                                |                           |
|                                      | Purchases                                                      | \$ 10,241,630            | \$ -                 | \$ -                | \$ -                                              | \$ -                     | \$ 10,241,630                                                  | \$ -                      |
| *Fidelity Management Trust Company   | FIAM Select Emerging Markets Equity Commingled Pool            |                          |                      |                     |                                                   |                          |                                                                |                           |
|                                      | Purchases                                                      | \$ 22,671,064            | \$ -                 | \$ -                | \$ -                                              | \$ -                     | \$ 22,671,064                                                  | \$ -                      |
|                                      | Sales                                                          | \$ -                     | \$ 11,118,951        | \$ -                | \$ -                                              | \$ 10,897,351            | \$ 11,118,951                                                  | \$ 221,600                |
| *Fidelity Management Trust Company   | FIAM Select International Small Capitalization Commingled Pool |                          |                      |                     |                                                   |                          |                                                                |                           |
|                                      | Purchases                                                      | \$ 11,749,060            | \$ -                 | \$ -                | \$ -                                              | \$ -                     | \$ 11,749,060                                                  | \$ -                      |
| *Fidelity Management Trust Company   | FIAM Small Capitalization Core Commingled Pool Class A         |                          |                      |                     |                                                   |                          |                                                                |                           |
|                                      | Purchases                                                      | \$ 11,320,685            | \$ -                 | \$ -                | \$ -                                              | \$ -                     | \$ 11,320,685                                                  | \$ -                      |

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

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

| (a)<br>Identity of Party<br>Involved  | (b)<br>Description of Asset                                      | (c)<br>Purchase<br>Price | (d)<br>Selling Price | (e)<br>Lease Rental | (f)<br>Expense<br>Incurred<br>with<br>Transaction | (g)<br>Cost of<br>Assets | (h)<br>Current<br>Value of<br>Assets on<br>Transaction<br>Date | (i)<br>Net Gain<br>(Loss) |
|---------------------------------------|------------------------------------------------------------------|--------------------------|----------------------|---------------------|---------------------------------------------------|--------------------------|----------------------------------------------------------------|---------------------------|
| *Fidelity Management<br>Trust Company | FIAM Small/ Mid Cap Core Commingled Pool<br>Class A<br>Purchases | \$ 11,378,643            | \$ -                 | \$ -                | \$ -                                              | \$ -                     | \$ 11,378,643                                                  | \$ -                      |
| *Fidelity Management<br>Trust Company | Fidelity International Index Fund<br>Purchases                   | \$ 41,682,687            | \$ -                 | \$ -                | \$ -                                              | \$ -                     | \$ 41,682,687                                                  | \$ -                      |
|                                       | Sales                                                            | \$ -                     | \$ 20,723,627        | \$ -                | \$ -                                              | \$ 20,538,987            | \$ 20,723,627                                                  | \$ 184,640                |
| *Fidelity Management<br>Trust Company | Spartan 500 Index Pool Class A<br>Purchases                      | \$109,306,362            | \$ -                 | \$ -                | \$ -                                              | \$ -                     | \$109,306,362                                                  | \$ -                      |
|                                       | Sales                                                            | \$ -                     | \$ 58,922,771        | \$ -                | \$ -                                              | \$ 57,533,402            | \$ 58,922,771                                                  | \$ 1,389,369              |

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



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## AGE / SERVICE DISTRIBUTION OF ACTIVE PARTICIPANTS

| Attained Age | Years of Credited Service |           |            |           |           |           |           |          |           |          | Total Number |
|--------------|---------------------------|-----------|------------|-----------|-----------|-----------|-----------|----------|-----------|----------|--------------|
|              | Under 1                   | 1-4       | 5-9        | 10-14     | 15-19     | 20-24     | 25-29     | 30-34    | 35-39     | 40&Over  |              |
| 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        | 0                         | 3         | 3          | 0         | 0         | 0         | 0         | 0        | 0         | 0        | 6            |
| 40-44        | 1                         | 4         | 8          | 1         | 0         | 8         | 0         | 0        | 0         | 0        | 22           |
| 45-49        | 1                         | 5         | 20         | 1         | 3         | 2         | 1         | 0        | 0         | 0        | 33           |
| 50-54        | 3                         | 15        | 20         | 6         | 8         | 6         | 7         | 1        | 0         | 0        | 66           |
| 55-59        | 4                         | 14        | 30         | 6         | 14        | 4         | 4         | 2        | 35        | 0        | 113          |
| 60-64        | 0                         | 13        | 25         | 5         | 30        | 2         | 4         | 2        | 23        | 6        | 110          |
| 65-69        | 1                         | 7         | 9          | 4         | 8         | 0         | 1         | 0        | 6         | 2        | 38           |
| 70 & Over    | 0                         | 0         | 2          | 0         | 1         | 0         | 0         | 0        | 0         | 1        | 4            |
| <b>Total</b> | <b>12</b>                 | <b>61</b> | <b>117</b> | <b>23</b> | <b>64</b> | <b>22</b> | <b>17</b> | <b>5</b> | <b>64</b> | <b>9</b> | <b>394</b>   |

## ACTUARIAL ASSUMPTIONS AND METHODS

### Interest Rates

Target Liability (minimum contribution, based on four-month lookback, reflecting interest rate stabilization)

|                         |                                      |
|-------------------------|--------------------------------------|
| Segment 1               | 3.92% per year, compounded annually. |
| Segment 2               | 5.52% per year, compounded annually. |
| Segment 3               | 6.29% per year, compounded annually. |
| Effective Interest Rate | 5.49% per year, compounded annually. |

### Mortality

IRS 2018 Static Mortality Table, without regard to IRS Notice 2017-60.

### Retirement

#### Active Participants

Legacy Watts Hourly, Watts Salaried and Tomco

Retirement rates which vary by age were assumed as follows:

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

Legacy Power Transmission and Salaried

Retirement rates which vary by age were assumed as follows:

| Age      | Retirement Rates | Age | Retirement Rates |
|----------|------------------|-----|------------------|
| 55 to 56 | 7.0%             | 61  | 7.5%             |
| 57       | 6.5%             | 62  | 20.0%            |
| 58       | 5.0%             | 63  | 14.0%            |
| 59       | 6.0%             | 64  | 15.0%            |
| 60       | 7.0%             | 65+ | 100.0%           |

Legacy Warren Pumps

Age 65, or age on valuation date if greater.

#### Terminated Vested Participants

Age 65, or age on valuation date if greater.

## ACTUARIAL ASSUMPTIONS AND METHODS (continued)

### Withdrawal

#### Legacy Watts Hourly, Watts Salaried and Tomco

Withdrawal rates vary with age and by gender. Sample rates are shown as follows:

| Age | Withdrawal Rates |        |
|-----|------------------|--------|
|     | Male             | Female |
| 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%   |

#### Legacy Power Transmission, Salaried and Warren Pumps

Withdrawal rates vary with age. Sample rates are as follows:

| Age | Withdrawal Rates |
|-----|------------------|
| 25  | 11.0%            |
| 30  | 7.3%             |
| 35  | 5.7%             |
| 40  | 4.3%             |
| 45  | 3.2%             |
| 50  | 2.1%             |
| 55  | 0.0%             |

## ACTUARIAL ASSUMPTIONS AND METHODS (continued)

### Disability

#### Legacy Watts Hourly, Watts Salaried and Tomco

Disability rates vary by age. Sample rates are as follows:

| Age | Disability Rates | Age | Disability Rates |
|-----|------------------|-----|------------------|
| 25  | 0.043%           | 50  | 0.448%           |
| 30  | 0.064%           | 55  | 0.845%           |
| 35  | 0.098%           | 60  | 0.120%           |
| 40  | 0.158%           | 65  | 0.154%           |
| 45  | 0.259%           | 70  | 0.000%           |

#### Legacy Power Transmission, Salaried and Warren Pumps

Disability rates vary by age. Sample rates are as follows:

| Age | Disability Rates | Age | Disability Rates |
|-----|------------------|-----|------------------|
| 30  | 0.100%           | 50  | 0.400%           |
| 35  | 0.100%           | 55  | 0.760%           |
| 40  | 0.200%           | 60  | 1.500%           |
| 45  | 0.300%           | 65  | 0.000%           |

### Marital Status

80% of male employees and 80% of female employees are assumed to be married. Wives are assumed to be three years younger than their husbands.

### Form of Payment

#### Legacy Watts Hourly, Watts Salaried and Tomco

100% of participants are assumed to elect the normal form of annuity.

#### Legacy Power Transmission, Salaried and Warren Pumps

100% of participants are assumed to elect a single life annuity.

### Actuarial Cost Method

The Pension Protection Act (PPA) requires the calculation of the Target Liability and Target Normal Cost. The Target Liability represents the present value of the benefit accumulated as of the valuation date. The present value is calculated by projecting future payments of the accrued benefit, adjusting for probability of receipt according to demographic assumptions, and discounting the payments back to the valuation date using the segment interest rates. Payments made within five years of the valuation date are discounted using the first segment rate, payments made at least five but within 20 years of the valuation date are discounted using the second segment rate, and payments made at least 20 years from the valuation date are discounted using the third segment rate. The calculation of the Target Normal Cost is identical, except that the future payment stream is based on the benefit expected to accrue during the plan year.

## ACTUARIAL ASSUMPTIONS AND METHODS (continued)

### Asset Valuation Method

The actuarial assets are determined by a three-point averaging method, averaging the following adjusted asset values:

1. Market value as of January 1, 2016, advanced to the valuation date with 2016 and 2017 benefit payments, expenses, contributions and expected return.
2. Market value as of January 1, 2017, advanced to the valuation date with 2017 benefit payments, expenses, contributions and expected return.
3. Market value as of January 1, 2018.

Discounted contributions made after the valuation date are included in all adjusted asset figures. The assumed rate of return is 7.25%, or the third segment rate for the year if lower. The averaged assets are further adjusted so that the final actuarial assets are no more than 110% and no less than 90% of market value.

### Changes since the Prior Valuation

The segment rate changes for minimum funding are as follows: from 4.16% to 3.92% for the first five years, from 5.72% to 5.52% for the next 15 years and from 6.48% to 6.29% for all years thereafter.

The funding mortality table was updated from the IRS 2017 Static Mortality Table to the IRS 2018 Static Mortality Table.

The marital status assumption for legacy CIRCOR participants has been changed from 85% married to 80% married, which had been the assumption for legacy Colfax participants. This change was made to apply one weighted average assumption to the entire plan population.

Reportable transactions for the year ended December 31, 2018 are summarised as follows:

| (a)<br>Identity of Party<br>Involved | (b)<br>Description of Asset                                    | (c)<br>Purchase<br>Price | (d)<br>Selling Price | (e)<br>Lease Rental | (f)<br>Expense<br>Incurred<br>with<br>Transaction | (g)<br>Cost of<br>Assets | (h)<br>Current<br>Value of<br>Assets on<br>Transaction<br>Date | (i)<br>Net Gain<br>(Loss) |
|--------------------------------------|----------------------------------------------------------------|--------------------------|----------------------|---------------------|---------------------------------------------------|--------------------------|----------------------------------------------------------------|---------------------------|
| *Fidelity Management Trust Company   | FIAM Emerging Markets Debt Commingled Pool Class A             |                          |                      |                     |                                                   |                          |                                                                |                           |
|                                      | Purchases                                                      | \$ 15,947,149            | \$ -                 | \$ -                | \$ -                                              | \$ -                     | \$ 15,947,149                                                  | \$ -                      |
|                                      | Sales                                                          | \$ -                     | \$ 11,179,274        | \$ -                | \$ -                                              | \$ 11,252,255            | \$ 11,179,274                                                  | \$ (72,981)               |
| *Fidelity Management Trust Company   | FIAM Long Corporate A or Better Commingled Pool Class A        |                          |                      |                     |                                                   |                          |                                                                |                           |
|                                      | Purchases                                                      | \$ 41,670,555            | \$ -                 | \$ -                | \$ -                                              | \$ -                     | \$ 41,670,555                                                  | \$ -                      |
|                                      | Sales                                                          | \$ -                     | \$ 26,717,911        | \$ -                | \$ -                                              | \$ 26,727,225            | \$ 26,717,911                                                  | \$ (9,314)                |
| *Fidelity Management Trust Company   | FIAM Long Duration Commingled Pool Class A                     |                          |                      |                     |                                                   |                          |                                                                |                           |
|                                      | Purchases                                                      | \$ 62,493,240            | \$ -                 | \$ -                | \$ -                                              | \$ -                     | \$ 62,493,240                                                  | \$ -                      |
|                                      | Sales                                                          | \$ -                     | \$ 37,155,126        | \$ -                | \$ -                                              | \$ 37,042,452            | \$ 37,155,126                                                  | \$ 112,674                |
| *Fidelity Management Trust Company   | FIAM REIT Commingled Pool Class A                              |                          |                      |                     |                                                   |                          |                                                                |                           |
|                                      | Purchases                                                      | \$ 10,241,630            | \$ -                 | \$ -                | \$ -                                              | \$ -                     | \$ 10,241,630                                                  | \$ -                      |
| *Fidelity Management Trust Company   | FIAM Select Emerging Markets Equity Commingled Pool            |                          |                      |                     |                                                   |                          |                                                                |                           |
|                                      | Purchases                                                      | \$ 22,671,064            | \$ -                 | \$ -                | \$ -                                              | \$ -                     | \$ 22,671,064                                                  | \$ -                      |
|                                      | Sales                                                          | \$ -                     | \$ 11,118,951        | \$ -                | \$ -                                              | \$ 10,897,351            | \$ 11,118,951                                                  | \$ 221,600                |
| *Fidelity Management Trust Company   | FIAM Select International Small Capitalization Commingled Pool |                          |                      |                     |                                                   |                          |                                                                |                           |
|                                      | Purchases                                                      | \$ 11,749,060            | \$ -                 | \$ -                | \$ -                                              | \$ -                     | \$ 11,749,060                                                  | \$ -                      |
| *Fidelity Management Trust Company   | FIAM Small Capitalization Core Commingled Pool Class A         |                          |                      |                     |                                                   |                          |                                                                |                           |
|                                      | Purchases                                                      | \$ 11,320,685            | \$ -                 | \$ -                | \$ -                                              | \$ -                     | \$ 11,320,685                                                  | \$ -                      |

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

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

| (a)<br>Identity of Party<br>Involved  | (b)<br>Description of Asset                                      | (c)<br>Purchase<br>Price | (d)<br>Selling Price | (e)<br>Lease Rental | (f)<br>Expense<br>Incurred<br>with<br>Transaction | (g)<br>Cost of<br>Assets | (h)<br>Current<br>Value of<br>Assets on<br>Transaction<br>Date | (i)<br>Net Gain<br>(Loss) |
|---------------------------------------|------------------------------------------------------------------|--------------------------|----------------------|---------------------|---------------------------------------------------|--------------------------|----------------------------------------------------------------|---------------------------|
| *Fidelity Management<br>Trust Company | FIAM Small/ Mid Cap Core Commingled Pool<br>Class A<br>Purchases | \$ 11,378,643            | \$ -                 | \$ -                | \$ -                                              | \$ -                     | \$ 11,378,643                                                  | \$ -                      |
| *Fidelity Management<br>Trust Company | Fidelity International Index Fund<br>Purchases                   | \$ 41,682,687            | \$ -                 | \$ -                | \$ -                                              | \$ -                     | \$ 41,682,687                                                  | \$ -                      |
|                                       | Sales                                                            | \$ -                     | \$ 20,723,627        | \$ -                | \$ -                                              | \$ 20,538,987            | \$ 20,723,627                                                  | \$ 184,640                |
| *Fidelity Management<br>Trust Company | Spartan 500 Index Pool Class A<br>Purchases                      | \$109,306,362            | \$ -                 | \$ -                | \$ -                                              | \$ -                     | \$109,306,362                                                  | \$ -                      |
|                                       | Sales                                                            | \$ -                     | \$ 58,922,771        | \$ -                | \$ -                                              | \$ 57,533,402            | \$ 58,922,771                                                  | \$ 1,389,369              |

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

|                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2018</b><br><br><b>This Form is Open to Public Inspection</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

For calendar plan year 2018 or fiscal plan year beginning 01/01/2018 and ending 12/31/2018

► **Round off amounts to nearest dollar.**

► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

|                                                                                                                                                         |                                                                                                                                                                                                               |                                                                 |     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-----|
| <b>A</b> Name of plan<br>CIRCOR INTERNATIONAL INC RETIREMENT PLAN                                                                                       | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;"><b>B</b> Three-digit plan number (PN) ►</td> <td style="width:30%; text-align: center;">001</td> </tr> </table> | <b>B</b> Three-digit plan number (PN) ►                         | 001 |
| <b>B</b> Three-digit plan number (PN) ►                                                                                                                 | 001                                                                                                                                                                                                           |                                                                 |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>CIRCOR INTERNATIONAL INC                                                    | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><b>D</b> Employer Identification Number (EIN)<br/><br/>04-3477276</td> </tr> </table>                                              | <b>D</b> Employer Identification Number (EIN)<br><br>04-3477276 |     |
| <b>D</b> Employer Identification Number (EIN)<br><br>04-3477276                                                                                         |                                                                                                                                                                                                               |                                                                 |     |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B               |                                                                                                                                                                                                               |                                                                 |     |
| <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |                                                                                                                                                                                                               |                                                                 |     |

|               |                                                                                                                                                                                                          |                            |                           |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|---------------------------|
| <b>Part I</b> | <b>Basic Information</b>                                                                                                                                                                                 |                            |                           |
| <b>1</b>      | Enter the valuation date:      Month <u>01</u> Day <u>01</u> Year <u>2018</u>                                                                                                                            |                            |                           |
| <b>2</b>      | Assets:                                                                                                                                                                                                  |                            |                           |
|               | a Market value.....                                                                                                                                                                                      | <b>2a</b>                  | 217,186,318               |
|               | b Actuarial value .....                                                                                                                                                                                  | <b>2b</b>                  | 212,472,164               |
| <b>3</b>      | Funding target/participant count breakdown                                                                                                                                                               | (1) Number of participants | (2) Vested Funding Target |
|               | a For retired participants and beneficiaries receiving payment .....                                                                                                                                     | 4,115                      | 154,894,308               |
|               | b For terminated vested participants .....                                                                                                                                                               | 958                        | 27,608,480                |
|               | c For active participants .....                                                                                                                                                                          | 394                        | 13,620,063                |
|               | d Total .....                                                                                                                                                                                            | 5,467                      | 196,122,851               |
| <b>4</b>      | If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>                                                                                                  |                            |                           |
|               | a Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                       | <b>4a</b>                  |                           |
|               | b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor ..... | <b>4b</b>                  |                           |
| <b>5</b>      | Effective interest rate .....                                                                                                                                                                            | <b>5</b>                   | 5.49%                     |
| <b>6</b>      | Target normal cost .....                                                                                                                                                                                 | <b>6</b>                   | 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.

|                      |                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                 |
|----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SIGN<br/>HERE</b> | James D. Burke<br><br>Signature of actuary<br><br>James D. Burke<br><br>Type or print name of actuary<br><br>CBIZ Retirement Plan Services<br><br>Firm name<br><br>1845 Walnut St.<br>Suite 1400<br>Philadelphia PA 19103<br><br>Address of the firm | <div style="text-align: right;">10/10/2019</div> <hr/> <div style="text-align: right;">Date</div> <div style="text-align: right;">1706899</div> <hr/> <div style="text-align: right;">Most recent enrollment number</div> <div style="text-align: right;">215-587-0700</div> <hr/> <div style="text-align: right;">Telephone number (including area code)</div> |
|----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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) 2018  
v. 171027

|                |                                                            |
|----------------|------------------------------------------------------------|
| <b>Part II</b> | <b>Beginning of Year Carryover and Prefunding Balances</b> |
|----------------|------------------------------------------------------------|

|                                                                                                                                                                     | (a) Carryover balance | (b) Prefunding balance |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....                                                             | 35,855                | 6,456,057              |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                         | 0                     | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8).....                                                                                                                | 35,855                | 6,456,057              |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>24.22%</u> .....                                                                                | 6,429                 | 1,546,073              |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                      |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year).....                                                                                      |                       | 393,472                |
| <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>5.83%</u> ..... |                       | 22,939                 |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                       |                       | 416,411                |
| <b>d</b> Portion of (c) to be added to prefunding balance.....                                                                                                      |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                   | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....                                                                         | 42,284                | 8,002,130              |

|                 |                            |
|-----------------|----------------------------|
| <b>Part III</b> | <b>Funding Percentages</b> |
|-----------------|----------------------------|

|           |                                                                                                                                                                         |           |         |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------|
| <b>14</b> | <b>Funding target attainment percentage .....</b>                                                                                                                       | <b>14</b> | 104.20% |
| <b>15</b> | <b>Adjusted funding target attainment percentage.....</b>                                                                                                               | <b>15</b> | 108.30% |
| <b>16</b> | <b>Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....</b> | <b>16</b> | 89.39%  |
| <b>17</b> | <b>If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. ....</b>                                        | <b>17</b> | %       |

## Part IV Contributions and Liquidity Shortfalls

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

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 | Totals ►                 | 18(b)                             | 0 18(c)                         |

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

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

## 20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

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

|                                                 |                        |                                                |                                                           |
|-------------------------------------------------|------------------------|------------------------------------------------|-----------------------------------------------------------|
| <b>21 Discount rate:</b>                        |                        |                                                |                                                           |
| <b>a Segment rates:</b>                         | 1st segment:<br>3.92 % | 2nd segment:<br>5.52 %                         | 3rd segment:<br>6.29 %                                    |
|                                                 |                        |                                                | <input type="checkbox"/> N/A, full yield curve used       |
| <b>b Applicable month (enter code)</b> .....    |                        |                                                | <b>21b</b> 4                                              |
| <b>22 Weighted average retirement age</b> ..... |                        |                                                | <b>22</b> 63                                              |
| <b>23 Mortality table(s) (see instructions)</b> | Prior regulation:      | <input type="checkbox"/> Prescribed - combined | <input checked="" type="checkbox"/> Prescribed - separate |
|                                                 | Current regulation:    | <input type="checkbox"/> Prescribed - combined | <input type="checkbox"/> Prescribed - separate            |
|                                                 |                        |                                                | <input type="checkbox"/> Substitute                       |

**Part VI Miscellaneous Items**

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

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

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

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

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

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

|                                                                                  |                                                                                                                         |
|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| <b>41</b> If an election was made to use PRA 2010 funding relief for this plan:  |                                                                                                                         |
| <b>a Schedule elected</b> .....                                                  | <input type="checkbox"/> 2 plus 7 years <input type="checkbox"/> 15 years                                               |
| <b>b Eligible plan year(s) for which the election in line 41a was made</b> ..... | <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 |

## Schedule SB, lines 7-13 - Carryover and Prefunding Balances

On December 11, 2017, a portion of the Colfax Corporation Consolidated Retirement Plan was spun off and merged into the CIRCOR International, Inc. Retirement Plan. This attachment shows the separate development of the carryover balances and prefunding balances for the two plans. The total combined balances are reported in lines 7-13 of Schedule SB.

|                                                                   | (a) Carryover Balance |          |          |
|-------------------------------------------------------------------|-----------------------|----------|----------|
|                                                                   | CIRCOR                | Colfax   | Combined |
| 7. Balance at beginning of prior year                             | \$0                   | \$35,855 | \$35,855 |
| 8. Portion elected for offset                                     | \$0                   | \$0      | \$0      |
| 9. Amount remaining                                               | \$0                   | \$35,855 | \$35,855 |
| 10. Interest on line 9 (24.22% for CIRCOR, 17.93% for Colfax)     | \$0                   | \$6,429  | \$6,429  |
| 11. Prior year's excess contributions added to prefunding balance |                       |          | N/A      |
| 12. Other reductions in balances                                  | \$0                   | \$0      | \$0      |
| 13. Balance at beginning of current year                          | \$0                   | \$42,284 | \$42,284 |

|                                                                   | (b) Prefunding Balance |           |             |
|-------------------------------------------------------------------|------------------------|-----------|-------------|
|                                                                   | CIRCOR                 | Colfax    | Combined    |
| 7. Balance at beginning of prior year                             | \$6,176,494            | \$279,563 | \$6,456,057 |
| 8. Portion elected for offset                                     | \$0                    | \$0       | \$0         |
| 9. Amount remaining                                               | \$6,176,494            | \$279,563 | \$6,456,057 |
| 10. Interest on line 9 (24.22% for CIRCOR, 17.93% for Colfax)     | \$1,495,947            | \$50,126  | \$1,546,073 |
| 11. Prior year's excess contributions added to prefunding balance |                        |           |             |
| a. Present value of excess contributions                          | \$393,472              | \$0       | \$393,472   |
| b(1). Interest on the excess (5.83% for CIRCOR)                   | \$22,939               | \$0       | \$22,939    |
| b(2). Interest on line 38b prior year                             | \$0                    | \$0       | \$0         |
| c. Total available at BOY to add to prefunding balance            | \$416,411              | \$0       | \$416,411   |
| d. Portion of (c) to be added to prefunding balance               | \$0                    | \$0       | \$0         |
| 12. Other reductions in balances                                  | \$0                    | \$0       | \$0         |
| 13. Balance at beginning of current year                          | \$7,672,441            | \$329,689 | \$8,002,130 |

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

### Legacy CIRCOR Retirement Table:

| <u>Age</u>             | <u>Count</u> | <u>Ret. Rate</u> | <u># Ret</u> | <u>Weighted</u> | <u># Active</u> |
|------------------------|--------------|------------------|--------------|-----------------|-----------------|
| 55                     | 1,000.000    | 5.00%            | 50.000       | 2,750.000       |                 |
| 56                     | 950.000      | 2.00%            | 19.000       | 1,064.000       |                 |
| 57                     | 931.000      | 2.00%            | 18.620       | 1,061.340       |                 |
| 58                     | 912.380      | 2.00%            | 18.248       | 1,058.361       |                 |
| 59                     | 894.132      | 2.00%            | 17.883       | 1,055.076       |                 |
| 60                     | 876.250      | 7.50%            | 65.719       | 3,943.124       |                 |
| 61                     | 810.531      | 7.50%            | 60.790       | 3,708.179       |                 |
| 62                     | 749.741      | 15.00%           | 112.461      | 6,972.593       |                 |
| 63                     | 637.280      | 10.00%           | 63.728       | 4,014.864       |                 |
| 64                     | 573.552      | 10.00%           | 57.355       | 3,670.733       |                 |
| 65                     | 516.197      | 50.00%           | 258.098      | 16,776.396      |                 |
| 66                     | 258.098      | 50.00%           | 129.049      | 8,517.247       |                 |
| 67                     | 129.049      | 50.00%           | 64.525       | 4,323.148       |                 |
| 68                     | 64.525       | 75.00%           | 48.393       | 3,290.755       |                 |
| 69                     | 16.131       | 75.00%           | 12.098       | 834.787         |                 |
| 70                     | 4.033        | 100.00%          | 4.033        | 282.295         |                 |
| Average Retirement Age |              |                  |              | 63.323          | 278             |

### CIRCOR Fluid Handling Retirement Table:

| <u>Age</u>             | <u>Count</u> | <u>Ret. Rate</u> | <u># Ret</u> | <u>Weighted</u> | <u># Active</u> |
|------------------------|--------------|------------------|--------------|-----------------|-----------------|
| 55                     | 1,000.000    | 7.00%            | 70.000       | 3,850.000       |                 |
| 56                     | 930.000      | 7.00%            | 65.100       | 3,645.600       |                 |
| 57                     | 864.900      | 6.50%            | 56.219       | 3,204.455       |                 |
| 58                     | 808.682      | 5.00%            | 40.434       | 2,345.176       |                 |
| 59                     | 768.247      | 6.00%            | 46.095       | 2,719.596       |                 |
| 60                     | 722.153      | 7.00%            | 50.551       | 3,033.041       |                 |
| 61                     | 671.602      | 7.50%            | 50.370       | 3,072.579       |                 |
| 62                     | 621.232      | 20.00%           | 124.246      | 7,703.274       |                 |
| 63                     | 496.985      | 14.00%           | 69.578       | 4,383.411       |                 |
| 64                     | 427.407      | 15.00%           | 64.111       | 4,103.112       |                 |
| 65                     | 363.296      | 100.00%          | 363.296      | 23,614.262      |                 |
| Average Retirement Age |              |                  |              | 61.675          | 97              |

### Constant Retirement Age Assumptions:

| <u>Age</u> | <u>Average</u> | <u># Active</u> |
|------------|----------------|-----------------|
| 65         | 65.000         | 19              |

**Weighted Average Retirement Age:** **62.998** **394**

## SUMMARY OF PRINCIPAL PLAN PROVISIONS (Salaried Employees)

### ***Covered Employees***

As of October 18, 1999, a spinoff of employees from the Watts Industries, Inc. Retirement Plan for Salaried Employees occurred. No new participants after June 30, 2006.

### ***Eligibility***

Age 21 and one year of service. Hired before February 1, 2006.

### ***Benefit Service***

Average of highest 60 consecutive salaries out of the last 120 months.

### ***Compensation***

Calendar year W-2 earnings including 401(k) and Section 125 deferrals. Compensation in excess of IRC Section 401(a)(17) limitations as indexed shall not be considered.

### ***Final Average Compensation***

Average of highest five consecutive salaries out of the last ten years.

### ***Maximum Offset Allowance***

At Social Security Retirement Age (SSRA), (i), (ii) or (iii) below, whichever is applicable:

- (i) if a Participant's SSRA is 65, .0075 of his or her Social Security Compensation;
- (ii) if a Participant's SSRA is 66, .0068 of his or her Social Security Compensation;
- (iii) if a Participant's SSRA is 67 or higher, .00625 of his or her Social Security Compensation, multiplied by his or her years of Benefit Service (up to a maximum of 25 years).

### ***Monthly Pension Benefit***

A Participant's accrued monthly pension benefit shall be equal to the greater of (i), (ii), (iii), or (iv) below:

- (i) 1.67% times the Participant's Final Average Compensation less the Maximum Offset Allowance, the result of which is multiplied by his or her years of Benefit Service (maximum of 25 years);
- (ii) 1.00% times the Participant's Final Average Compensation multiplied by his or her years of Benefit Service (maximum of 25 years);
- (iii) the Participant's accrued benefit as of March 15, 1990 (or December 31, 1988 if the Participant is a highly compensated employee as defined in Section 414(q)(1)(A) or (B) of the Code);
- (iv) the Participant's accrued benefit under the Plan determined as of the December 31 preceding the date of determination.

## SUMMARY OF PRINCIPAL PLAN PROVISIONS (Salaried Employees)

### *Monthly Pension Benefit (continued)*

For Participants who participated in the Spence Plan on December 31, 1991, the accrued monthly pension benefit shall be equal to the sum of (A) and (B) where:

(A) is equal to the sum of (1), (2), (3), and (4) below:

- (1)  $\frac{5}{8}$  of 1% of the Participant's Final Average Compensation multiplied by his or her years of benefit service earned prior to June 1, 1975 under the Spence Plan;
- (2)  $\frac{3}{4}$  of 1% of the Participant's Final Average Compensation multiplied by his or her years of benefit service earned on and after June 1, 1975 through May 31, 1980 under the Spence Plan;
- (3)  $\frac{7}{8}$  of 1% of the Participant's Final Average Compensation multiplied by his or her years of benefit service earned on and after June 1, 1980 through May 31, 1985 under the Spence Plan;
- (4) 1% of the Participant's Final Average Compensation multiplied by his or her years of benefit service earned on and after June 1, 1985 through December 31, 1986 under the Spence Plan.

The amount of the benefit calculated above shall be actuarially increased to reflect the change in the normal form of benefit payment from a 5 year certain and continuous annuity to a single life annuity.

(B) is equal to the greater of (1) or (2) below:

- (1) 1.67% times the Participant's Final Average Compensation less the Maximum Offset Allowance, the result of which is multiplied by his or her years of Benefit Service earned under the Spence Plan on or after January 1, 1987 but prior to January 1, 1992, and Benefit Service earned under the Plan on or after January 1, 1992 (maximum of 25 years).
- (2) 1.00% of the Participant's Final Average Compensation multiplied by his or her years of benefit service earned under the Spence Plan on and after January 1, 1987 but prior to January 1, 1992 and his or her years of Benefit Service earned on and after January 1, 1992 under the Plan (up to a maximum of 25 years).

### *Minimum Benefit*

The annual normal retirement benefit of a Participant who participated in the Watts Salaried Plan prior to October 18, 1999 and who was an Employee of Watts Industries, Inc. on January 1, 1979 shall in no event be less than an amount equal to the sum of (a) and (b) below for each year of Benefit Service:

- (a) 1% of that portion of his or her Compensation in each calendar year subject to taxes under the Federal Insurance Contributions Act, as adjusted by regulation each year, plus
- (b) 2% of that portion of his or her Compensation in each calendar year in excess of that amount subject to taxes under the Federal Insurance Contributions Act, as adjusted by regulation each year.

## SUMMARY OF PRINCIPAL PLAN PROVISIONS (Salaried Employees)

### ***Normal Retirement Pension***

#### ***Eligibility***

Age 65 and 5 years of service.

#### ***Benefit***

Monthly pension benefit determined as of Normal Retirement Date.

### ***Early Retirement Pension***

#### ***Eligibility***

Attainment of age 55 and completion of 5 years of service.

#### ***Benefit***

Monthly pension benefit determined as of Early Retirement Date reduced for commencement prior to Normal Retirement Date as follows:

5/9 of 1% for each of the first sixty months by which commencement of benefits precedes his or her Normal Retirement Date, and by 5/18 of 1% for each month thereafter, if any, by which commencement of benefits precedes his or her Normal Retirement Date.

### ***Deferred Retirement Pension***

#### ***Eligibility***

Retirement after Normal Retirement Date.

#### ***Benefit***

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

### ***Vested Retirement Pension***

#### ***Eligibility***

Completion of 5 years of service or attainment of age 65.

#### ***Benefit***

Monthly pension benefit determined as of termination date.

### ***Disability Benefits***

#### ***Eligibility***

Disablement while employed and is eligible for and receiving disability benefits under Title II of the Social Security Act.

#### ***Benefit***

Shall continue to be credited with years of service for vesting and years of Benefit Service.

## SUMMARY OF PRINCIPAL PLAN PROVISIONS (Salaried Employees)

### ***Death Benefits***

#### ***Eligibility***

Completion of five years of service.

#### ***Benefit***

If eligible for Early Retirement, 50% of the benefit the Participant would have received if the Participant had retired and elected a 50% joint and survivor option on the date preceding his or her date of death.

Otherwise, 50% of the benefit the Participant would have received had he/she quit employment the day before death and elected a 50% joint and survivor option to commence at the earliest possible retirement date.

### ***Forms of Payment***

#### ***Normal Form***

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

#### ***Optional forms***

50%, 75%, or 100% joint and contingent survivor, five-year, or ten-year period certain.

## SUMMARY OF PRINCIPAL PLAN PROVISIONS (Hourly Employees)

### ***Covered Employees***

As of October 18, 1999, a spinoff of employees from the Watts Industries, Inc. Hourly Pension Plan occurred. No new participants after June 30, 2006.

### ***Eligibility***

Age 21 and one year of service.

### ***Vesting Service***

For Plan Years beginning before January 1, 2002:

| <u>Hours of Service</u> | <u>Service</u> |
|-------------------------|----------------|
| 1,000 or more           | 1.0            |
| 936 - 999               | 0.5            |
| 728 - 935               | 0.4            |
| 501 - 727               | 0.3            |
| Less than 501           | 0.0            |

For Plan Years beginning after December 31, 2001:

1,000 Hours of Service

### ***Benefit Service***

2,080 Hours of Service. Partial years computed to the nearest 1/10th year.

### ***Monthly Pension Benefit***

A Participant's accrued monthly pension benefit shall be equal to the number of his or her years of Benefit Service (including fractions thereof) multiplied by the benefit rate in effect on the date the Participant last performed an Hour of Service in accordance with the following applicable schedule (no additional benefit accruals after June 30, 2006):

#### ***Industrial Products Division Employees***

##### Last Hour of Service

| <u>On or After</u> | <u>But Before</u> | <u>Benefit Rule</u> |
|--------------------|-------------------|---------------------|
| October 18, 1999   | January 1, 2002   | \$13.50             |
| January 1, 2002    |                   | \$15.00             |

#### ***10 Industries, Inc. Employees***

##### Last Hour of Service

| <u>On or After</u> | <u>But Before</u> | <u>Benefit Rule</u> |
|--------------------|-------------------|---------------------|
| October 18, 1999   | N/A               | \$13.00             |
| January 1, 2002    |                   | \$15.00             |

## SUMMARY OF PRINCIPAL PLAN PROVISIONS (Hourly Employees)

### *Monthly Pension Benefit (continued)*

#### *Circle Seal Controls, Inc. Employees*

##### Last Hour of Service

| On or After      | But Before | Benefit Rule |
|------------------|------------|--------------|
| October 18, 1999 | N/A        | \$15.00      |

#### *Leslie Controls, Inc. Employees*

##### Last Hour of Service

| On or After      | But Before      | Benefit Rule |
|------------------|-----------------|--------------|
| October 18, 1999 | January 1, 2002 | \$13.00      |
| January 1, 2002  |                 | \$15.00      |

#### *Hoke, Inc. Employees*

##### Last Hour of Service

| On or After     | But Before | Benefit Rule |
|-----------------|------------|--------------|
| January 1, 2002 | N/A        | \$15.00      |

### *Normal Retirement Pension*

#### **Eligibility**

Age 65 and 5 years of service.

#### **Benefit**

Monthly pension benefit determined as of Normal Retirement Date.

### *Early Retirement Pension*

#### **Eligibility**

Attainment of age 55 and completion of 5 years of service.

#### **Benefit**

Monthly pension benefit determined as of Early Retirement Date reduced for commencement prior to Normal Retirement Date as follows:

5/9 of 1% for each of the first sixty months by which commencement of benefits precedes his or her Normal Retirement Date, and by 5/18 of 1% for each month thereafter, if any, by which commencement of benefits precedes his or her Normal Retirement Date.

### *Deferred Retirement Pension*

#### **Eligibility**

Retirement after Normal Retirement Date.

## SUMMARY OF PRINCIPAL PLAN PROVISIONS (Hourly Employees)

### ***Deferred Retirement Pension (continued)***

#### ***Benefit***

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

### ***Vested Retirement Pension***

#### ***Eligibility***

Completion of 5 years of service or attainment of age 65.

#### ***Benefit***

Monthly pension benefit determined as of termination date.

### ***Disability Benefits***

#### ***Eligibility***

Disablement while employed and is eligible for and receiving disability benefits under Title II of the Social Security Act.

#### ***Benefit***

Shall continue to be credited with years of service for vesting and years of Benefit Service.

### ***Death Benefits***

#### ***Eligibility***

Completion of five years of service.

#### ***Benefit***

If eligible for Early Retirement, 50% of the benefit the member would have received if the Participant had retired and elected a 50% joint and survivor option on the date preceding his or her date of death.

Otherwise, 50% of the benefit the member would have received had he/she quit employment the day before death and elected a 50% joint and survivor option to commence at the earliest possible retirement date.

### ***Forms of Payment***

#### ***Normal Form***

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

#### ***Optional forms***

50%, 75%, or 100% joint and contingent survivor, ten-year period certain.

## SUMMARY OF PRINCIPAL PLAN PROVISIONS (Tomco Employees)

### ***Covered Employees***

Effective December 31, 2003, the Tomco Products, Inc. Defined Benefit Plan was merged into the Plan.  
No new participants after December 31, 2003.

### ***Eligibility***

Age 21 and one year of service.

### ***Year of Service***

1,000 Hours of Service.

### ***Compensation***

Calendar year W-2 earnings including Section 125 deferrals. Compensation in excess of IRC Section 401(a)(17) limitations as indexed shall not be considered.

### ***Average Monthly Compensation***

Average of highest five consecutive salaries out of the last ten years.

### ***Monthly Pension Benefit***

A Participant's accrued monthly pension benefit shall be equal to the sum of:

- (1) 26% of such Participant's Average Monthly Compensation, plus;
- (2) 16% of such Average Monthly Compensation in excess of one-twelfth of Covered Compensation, computed to the nearest cent.

For Participants who are projected to have earned less than twenty-five (25) Years of Service as of the end of the Plan Year in which they attain Normal Retirement Age, the percentage in (1) above and the excess percentage in (2) above shall be reduced by one- twenty fifth for each such Year of Service less than twenty-five (25).

### ***Normal Retirement Pension***

#### ***Eligibility***

Age 65 and 5 years of service.

#### ***Benefit***

Monthly pension benefit determined as of Normal Retirement Date.

### ***Early Retirement Pension***

#### ***Eligibility***

Attainment of age 55 and completion of 10 years of service.

## SUMMARY OF PRINCIPAL PLAN PROVISIONS (Tomco Employees)

### ***Early Retirement Pension (continued)***

#### ***Benefit***

Monthly pension benefit determined as of Early Retirement Date, actuarially equivalent to the monthly pension payable on Normal Retirement Date. Actuarial equivalence is defined in the Plan Document.

### ***Deferred Retirement Pension***

#### ***Eligibility***

Retirement after Normal Retirement Date.

#### ***Benefit***

The deferred retirement benefit is equal to the greater of the monthly pension benefit payable at the employee's actual retirement date reflecting service and compensation to the date of termination and the actuarial equivalent of the Normal Retirement Benefit.

### ***Vested Retirement Pension***

#### ***Eligibility***

Completion of 5 years of service or attainment of age 65.

#### ***Benefit***

Monthly pension benefit determined as of termination date.

### ***Disability Benefits***

None.

### ***Death Benefits***

#### ***Eligibility***

Completion of five years of service.

#### ***Benefit***

If eligible for Early Retirement, 50% of the benefit the Participant would have received if the Participant had retired and elected a 50% joint and survivor option on the date preceding his or her date of death.

### ***Forms of Payment***

#### ***Normal Form***

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

#### ***Optional forms***

50%, 75%, or 100% joint and contingent survivor.

## SUMMARY OF PRINCIPAL PLAN PROVISIONS (Legacy Power Transmission)

### ***Covered Employees***

As of December 31, 2001 a plan spinoff of employees from the Retirement Plan for Salaried U.S. Employees of Imo Industries Inc. and Affiliates occurred.

### ***Eligibility***

Age 21 and one year of service.

### ***Salary***

January 1 salary rate, plus bonuses and overtime. Annual compensation is limited by the limit under Includable Compensation under IRC 401 (a)(17).

### ***Final Average Salary***

Average of highest five consecutive salaries out of the last ten years.

### ***Monthly pension benefit***

A Participant's accrued monthly pension benefit shall be the sum of base and excess portions for each year of service from the date of plan entry.

| <u>Period of Service</u> | <u>Base</u>  | <u>Excess</u>                    |
|--------------------------|--------------|----------------------------------|
| Tier 1, first 25 years   | 0.85% of pay | 0.65% of pay above Covered Comp. |
| Tier 2, next 10 years    | 0.40% of pay | 0.40% of pay above Covered Comp. |

Boston Gear Charlotte employees receive a 1.15% base percentage for Tier 1 Service.

As of January 31, 1999, no further benefits will accrue. Active employees that at time received a benefit enhancement equal to 20% of the Base benefit.

### ***Minimum Benefit***

\$16.50 per month for each year of service from the later of date of hire and date of division acquisition.

### ***Normal Retirement Pension:***

#### ***Eligibility***

Age 65.

#### ***Benefit***

Monthly pension benefit determined as of Normal Retirement Date.

### ***Early Retirement Pension***

#### ***Eligibility***

Attainment of age 55 and completion of ten years of service.

## SUMMARY OF PRINCIPAL PLAN PROVISIONS (Legacy Power Transmission)

### ***Early Retirement Pension***

#### ***Benefit***

Monthly pension benefit determined as of Early Retirement Date reduced for commencement prior to Normal Retirement Date as follows:

For active members with age plus years of service greater than 75, early retirement reduction factors are split between the Base and Excess portions of the current benefit formula. Reduction of base benefit is 3% from age 65. Reduction of excess benefit is the maximum early retirement factors from the IRS permitted disparity rules.

For active members age 55 with ten years of service who are not eligible under the Rule of 75, the entire benefit is reduced by IRS maximum integration factors.

### ***Deferred Retirement Pension***

#### ***Eligibility***

Retirement after Normal Retirement Date.

#### ***Benefit***

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

### ***Vested Retirement Pension***

#### ***Eligibility***

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

#### ***Benefit***

Monthly pension benefit determined as of termination date, reduced actuarially for payment before Normal Retirement Date.

### ***Death Benefits***

#### ***Eligibility***

Completion of five years of service.

#### ***Benefit***

If eligible for Early Retirement, 50% of member's accrued benefit as of date of death. Actuarially reduced if surviving spouse is more than three years younger than member.

Otherwise, 50% of the benefit the member would have received had he/she quit employment the day before death and elected a 50% joint and survivor option to commence at the earliest possible retirement date.

## SUMMARY OF PRINCIPAL PLAN PROVISIONS (Legacy Power Transmission)

### *Forms of Payment*

#### *Normal form*

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

#### *Optional forms*

50%, 66 2/3%, or 100% joint and contingent survivor, five-, ten-, or fifteen-year period certain, Social Security level income option with early retirement.

### Florence Distribution Center

### *Eligibility*

All hourly employees participate.

### *Monthly pension benefit*

Effective January 1, 1993, the monthly pension benefit was equal to \$15.00 per month for each year of service to a maximum of 35 years.

In no event will a Participant's retirement benefit exceed the limits set forth in the Internal Revenue Code, Section 415.

As of January 31, 1999, no further benefits will accrue. Active employees as of that date will receive a 20% increase in benefits.

### *Normal Retirement Pension:*

#### *Eligibility*

Later of age 65 and the fifth anniversary of plan participation.

#### *Benefit*

Monthly pension benefit determined as of Normal Retirement Date.

### *Early Retirement Pension*

#### *Eligibility*

Attainment of age 55 and completion of ten years of service.

#### *Benefit*

Monthly pension benefit determined as of early retirement date reduced by 0.5% for each full month of payment before Normal Retirement Date.

### *Deferred Retirement Pension*

#### *Eligibility*

Retirement after Normal Retirement Date.

## SUMMARY OF PRINCIPAL PLAN PROVISIONS (Legacy Power Transmission)

### *Deferred Retirement Pension (continued)*

#### *Benefit*

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

### *Vested Retirement Pension*

#### *Eligibility*

Completion of five years of service.

#### *Benefit*

Monthly pension benefit determined as of Early Retirement Date reduced by 0.5% for each full month of payment before Normal Retirement Date.

### *Death Benefits*

#### *Eligibility*

Vested and married at date of death.

#### *Benefit*

If eligible for Early Retirement, 50% of member's early retirement benefit as of date of death.

Otherwise, 50% of the benefit the member would have received had he/she quit employment the day before death and elected a 50% joint and survivor option to commence at the earliest possible retirement date.

### *Disability Benefits*

#### *Eligibility*

Completion of ten years of service.

#### *Benefit*

Monthly pension benefit is payable immediately and is based on service at time of disability.

### *Forms of Payment*

#### *Normal form*

Actuarially equivalent 50% joint and survivor annuity if married on date benefits commence; life annuity if single.

#### *Optional forms*

50%, 66 2/3%, or 100% joint and contingent survivor, five-, ten-, or fifteen-year period certain, Social Security level income option with early retirement.

## SUMMARY OF PRINCIPAL PLAN PROVISIONS (Legacy Power Transmission)

### Fincor Division

#### ***Eligibility***

All hourly employees participate.

#### ***Monthly pension benefit***

Effective January 1, 1993, the monthly pension benefit was equal to \$12.00 per month for each year of service to a maximum of 30 years.

In no event will a Participant's retirement benefit exceed the limits set forth in the Internal Revenue Code, Section 415.

As of January 31, 1999, no further benefits will accrue. Active employees as of that date will receive a 20% increase in benefits.

#### ***Normal Retirement Pension:***

##### ***Eligibility***

Later of age 65 and the fifth anniversary of plan participation.

##### ***Benefit***

Monthly pension benefit determined as of Normal Retirement Date.

#### ***Early Retirement Pension***

##### ***Eligibility***

Attainment of age 60 and completion of 15 years of service.

##### ***Benefit***

Monthly pension benefit determined as of Early Retirement Date reduced by 0.5% for each full month of payment before Normal Retirement Date.

#### ***Deferred Retirement Pension***

##### ***Eligibility***

Retirement after Normal Retirement Date.

##### ***Benefit***

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

#### ***Vested Retirement Pension***

##### ***Eligibility***

Completion of five years of service.

## SUMMARY OF PRINCIPAL PLAN PROVISIONS (Legacy Power Transmission)

### ***Vested Retirement Pension (continued)***

#### ***Benefit***

Monthly pension benefit determined as of Early Retirement Date reduced by 0.5% for each full month of payment before Normal Retirement Date.

### ***Death Benefits***

#### ***Eligibility***

Vested and married at date of death.

#### ***Benefit***

If eligible for Early Retirement, 50% of member's early retirement benefit as of date of death.

Otherwise, 50% of the benefit the member would have received had he/she quit employment the day before death and elected a 50% joint and survivor option to commence at the earliest possible retirement date.

### ***Disability Benefits***

#### ***Eligibility***

Completion of ten years of service.

#### ***Benefit***

Monthly pension benefit is payable immediately and is based on service at time of disability.

### ***Forms of Payment***

#### ***Normal form***

Actuarially equivalent 50% joint and survivor annuity if married on date benefits commence; life annuity if single.

#### ***Optional forms***

50%, 66 2/3%, or 100% joint and contingent survivor, five-, ten-, or fifteen-year period certain, Social Security level income option with early retirement.

## SUMMARY OF PRINCIPAL PLAN PROVISIONS (Legacy Power Transmission)

### Hourly Paid Employees of Imo Industries Inc. Local 6061, AFL-CIO (Delroyd)

#### ***Eligibility***

Employed in Bargaining Unit.

#### ***Monthly pension benefit***

Monthly pension benefit is equal to the benefit multiplier based upon termination period times years and fractional years of continuous service.

#### ***History of Benefit Multipliers***

| <u>Termination Period</u>              | <u>Benefit Multiplier</u> |
|----------------------------------------|---------------------------|
| After December 1, 1992                 | \$24.00                   |
| September 9, 1991 - September 30, 1992 | \$21.00                   |
| September 9, 1990 - September 8, 1991  | \$20.00                   |
| September 9, 1989 - September 8, 1990  | \$19.00                   |
| September 6, 1986 - September 8, 1989  | \$17.76                   |
| September 10, 1985 - September 5, 1986 | \$17.00                   |
| September 10, 1983 - September 9, 1985 | \$16.00                   |
| September 7, 1982 - September 9, 1983  | \$15.00                   |
| September 7, 1981 - September 6, 1982  | \$14.00                   |
| September 7, 1980 - September 6, 1981  | \$13.00                   |

#### ***Normal Retirement Pension:***

##### ***Eligibility***

Age 65.

##### ***Benefit***

Monthly pension benefit determined as of Normal Retirement Date.

#### ***Early Retirement Pension***

##### ***Eligibility***

Later of age 55 or the date age plus service equals 75.

##### ***Benefit***

Monthly pension benefit determined as of Early Retirement Date reduced by 4% per year of payment before age 62.

## SUMMARY OF PRINCIPAL PLAN PROVISIONS (Legacy Power Transmission)

### ***Deferred Retirement Pension***

#### ***Eligibility***

Retirement after Normal Retirement Date.

#### ***Benefit***

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

### ***Vested Retirement Pension***

#### ***Eligibility***

Completion of five years of service or attaining age 65.

#### ***Benefit***

Monthly pension benefit determined as of termination date payable without reduction at age 62.

### ***Death Benefits***

#### ***Eligibility***

Vested and married for one year prior to death.

#### ***Benefit***

If eligible for Early Retirement, 50% of member's early retirement benefit as of date of death. Actuarially reduced as if the 50% joint and survivor option were elected.

Otherwise, 50% of the benefit the member would have received had he/she quit employment the day before death and elected a 50% joint and survivor option to commence at the earliest possible retirement date.

### ***Disability Benefits***

#### ***Eligibility***

Completion of ten years of continuous service.

#### ***Benefit***

\$300 per month until member's Normal Retirement date, at which time the member will receive a Normal Retirement Benefit based upon service through the last day of employment.

### ***Forms of Payment***

#### ***Normal form***

Actuarially equivalent 50% joint and survivor annuity if married on date benefits commence; life annuity if single.

## SUMMARY OF PRINCIPAL PLAN PROVISIONS (Legacy Power Transmission)

### Warner Electric in Wichita Falls, Texas

#### ***Eligibility***

Each employee who was a Participant of Lodge No. 776 of the International Association of Machinists and Aerospace Workers Union is automatically eligible. Any other employee becomes eligible on the day on which he/she first performs an Hour of Service.

#### ***Monthly pension benefit***

Effective January 1, 1999 the monthly pension benefit is equal to \$19.00 per month for all Credited Service after August 14, 1986 and \$15.56 per month for all Credited Service earned before that date.

#### ***Credited Service***

(1) All full and fractional years of service since August 14, 1986 while employed on an hourly basis by Wichita Clutch Plant, Industrial Power Transmission Division, Dana Corporation, plus

(2) All full year and fractional years of past service ending on August 13, 1986 only for Employees with less than ten years of vesting service under the Prior Plan as of August 13, 1986.

Service since August 14, 1986 is earned in accordance with the following schedule:

| <u>Hours of Service in Plan Year</u> | <u>Months of Credited Service</u> |
|--------------------------------------|-----------------------------------|
| Less than 680                        | 0                                 |
| Exactly 680                          | 4                                 |
| 681 - 850                            | 5                                 |
| 851 - 1,020                          | 6                                 |
| 1,020 - 1,190                        | 7                                 |
| 1,191 - 1,360                        | 8                                 |
| 1,361 - 1,530                        | 9                                 |
| 1,531 - 1,700                        | 10                                |
| 1,701 - 1,800                        | 11                                |
| 1,801 and over                       | 12                                |

#### ***Normal Retirement Pension:***

##### ***Eligibility***

Age 65.

##### ***Benefit***

Monthly pension benefit determined as of Normal Retirement Date.

## SUMMARY OF PRINCIPAL PLAN PROVISIONS (Legacy Power Transmission)

### ***Early Retirement Pension***

#### ***Eligibility***

Attainment of age 60 and completion of ten years of Credited Service.

#### ***Benefit***

Monthly pension benefit determined as of Early Retirement Date reduced by 0.5% for each full month of payment before age 65.

### ***Vested Retirement Pension***

#### ***Eligibility***

Completion of five years of service.

#### ***Benefit***

Monthly pension benefit determined as of termination date reduced by 0.5% for each full month of payment before age 65.

### ***Death Benefits***

#### ***Eligibility***

Vested and married at date of death.

#### ***Benefit***

If eligible for Early Retirement, 50% of member's early retirement benefit as of date of death.

Otherwise, 50% of the benefit the member would have received had he/she quit employment the day before death and elected a 50% joint and survivor option to commence at the earliest possible retirement date.

### ***Disability Benefits***

#### ***Eligibility***

Completion of ten years of service prior to age 65.

#### ***Benefit***

The monthly pension benefit determined at date of disability shall be 10% greater than the early retirement benefit. In no event shall the benefit exceed the unreduced monthly pension benefit. For a covered employee whose disability pension is effective before he attains age 55, the amount shall be computed as if he/she were 55. The benefit shall commence no sooner than the seventh month of disability.

### ***Forms of Payment***

#### ***Normal form***

Life annuity; or if married, a 50% joint and survivor annuity.

## SUMMARY OF PRINCIPAL PLAN PROVISIONS (Legacy Power Transmission)

### ***Supplemental Benefit***

Supplemental Benefits provided to certain employees with benefit amounts as follows:

| <u>Employee</u> | <u>Normal Ret. Date</u> | <u>Amount of Supplement</u> |
|-----------------|-------------------------|-----------------------------|
| Coy Cox         | Dec-89                  | \$191.12                    |
| Robert Grantom  | Sep-94                  | \$191.12                    |
| Tom Hall        | Jun-91                  | \$152.64                    |
| Jerry Loudamy   | Oct-04                  | \$80.00                     |
| D.J. Sheppard   | Dec-07                  | \$76.01                     |
| Arnold Petersen | Mar-95                  | \$56.38                     |
| Willie Goolsby  | Aug-16                  | \$41.86                     |
| Gary Land       | Apr-20                  | \$27.79                     |
| A.G. Walton     | Dec-18                  | \$27.49                     |
| Doug Arnold     | Jul-07                  | \$25.25                     |
| Marcus McAdoo   | Jan-01                  | \$11.66                     |

The supplement will be reduced should any of these employees retire before their normal retirement date. (Currently, the amount of the reduction is 0.5% for each month an employee is younger than 65 at retirement.) Also, surviving spouses will not be entitled to any portion of a supplement.

### ***Medicare Benefit***

#### ***Eligibility***

Retiree or surviving spouse receiving normal, early, or disability (but not deferred vested) retirement, who is age 65 or over or otherwise eligible for Medicare, Part B.

#### ***Benefit***

\$20.00 per month after age 65, or earlier eligibility for Medicare, Part B.

## SUMMARY OF PRINCIPAL PLAN PROVISIONS (Legacy Power Transmission)

### Warner Electric in Roscoe and South Beloit, IL

#### ***Eligibility***

Each employee who are members of United Steelworkers of America, Local Union No. 3245 and employed at the South Beloit or Roscoe, Illinois plants.

#### ***Monthly pension benefit***

The Monthly Unit times years of Credited Service:

- 1) \$25.00 for terminations between January 30, 1998 and January 31, 1999
- 2) \$27.50 for terminations between February 1, 1999 and January 30, 2000
- 3) \$28.75 for terminations between January 31, 2000 and January 28, 2001
- 4) \$30.00 for terminations between January 29, 2001 and January 25, 2004
- 5) \$31.00 for terminations on or after January 26, 2004.

#### ***Credited Service***

- (1) All full and fractional years of service since last date of hire computed to the nearest one-tenth year.
- (2) If employee has worked more than 60 days and less than two years, a break in service occurs when absence from work equals length of service.
- (3) Employees with two or more years of service may be absent two years without a break in service, or longer if the reason for absence is military, paternity or maternity leave.
- (4) Vested employees who become re-employed following a break in service accrue Credited Service from before and after the break.

#### ***Normal Retirement Pension:***

##### ***Eligibility***

Attainment of age 62 and completion of five years of Credited Service.

##### ***Benefit***

Monthly pension benefit determined as of Normal Retirement Date.

#### ***Early Retirement Pension***

##### ***Eligibility***

Attainment of age 57 and completion of five years of Credited Service.

##### ***Benefit***

Monthly pension benefit determined as of Early Retirement Date reduced according to the following schedule:

## SUMMARY OF PRINCIPAL PLAN PROVISIONS (Legacy Power Transmission)

| <u>Age</u> | <u>Early Retirement Factor</u> |
|------------|--------------------------------|
| 57         | 0.6968                         |
| 58         | 0.7458                         |
| 59         | 0.7998                         |
| 60         | 0.8597                         |
| 61         | 0.9260                         |
| 62         | 1.0000                         |

Providing the pension benefit, including to the Surviving Spouse, will be unreduced for employees retiring on or after age 57 with 30 or more years of Credited Service.

### ***Vested Retirement Pension***

#### ***Eligibility***

Completion of five years of service.

#### ***Benefit***

Monthly pension benefit determined as of termination date reduced according to the schedule of factors for Early Retirement.

### ***Survivor Benefits***

#### ***Eligibility***

Former and active vested employees and retirees who have elected the Normal Form of the Survivor Benefit.

#### ***Benefit***

1) Active Vested and Terminated Vested Employees Eligible for Early and Normal Retirement:

Monthly Survivor Benefit shall be equal to 50% of the Accrued Benefit the employee would have received had he/she retired the day before his/her death. Benefit payment begins on the first day of the month following the date of death.

2) Retirement Employees:

Monthly Survivor Benefit equal to the percentage of benefit that the retiree has elected assuming a Joint and Survivor Option was chosen. Benefit payment begins on the first day of the month following the date of death.

3) Active Vested and Terminated Vested Employees Not Eligible for Normal or Early Retirement:

Monthly Survivor Benefit shall be equal to 50% of the monthly benefit to which the employee would have been entitled had he/she terminated on the earlier of his termination date or date of death, survived to Early Retirement Date and had begun receiving benefits that day, and died the next day. Benefit payment begins on Early Retirement Date.

## SUMMARY OF PRINCIPAL PLAN PROVISIONS (Legacy Power Transmission)

### ***Reduction***

Pension Benefit of retiree is reduced actuarially for Survivor Benefit Option.

### ***Disability Benefits***

#### ***Eligibility***

Completion of five years of Credited Service prior to age 62.

#### ***Benefit***

The monthly pension benefit determined at date of disability shall be the greater of \$300.00 or the Accrued Benefit at date of disability, payable only after six consecutive months of disability. At age 62, the benefit will be redetermined to be the normal retirement benefit.

### ***Forms of Payment***

#### ***Normal form***

Life annuity; or if married, a 100% joint and survivor annuity.

#### ***Lump Sum***

Participants who have attained at least age 57 with 30 or more years of service may elect a lump sum.

### ***Supplemental Benefit***

None.

### ***Medicare Benefit***

None.

## **Warner Electric in Warren, Michigan**

### ***Eligibility***

Each employee who was a member of the Warren, Michigan facility is automatically eligible. Other employees become eligible on the day on which they first perform an Hour of Service. Employees hired on or after December 3, 2001 are not eligible to participate.

### ***Monthly pension benefit***

Effective January 1, 1999, the monthly pension benefit is equal to \$32.50 times years of Credited Service.

### ***Credited Service***

On or after January 1, 1996, 1/12 a year of Credited Service will be granted for each month an Employee:

## SUMMARY OF PRINCIPAL PLAN PROVISIONS (Legacy Power Transmission)

- 1) Is on the active payroll and has at least an Hour of Service;
- 2) Is on an approved sick leave of absence because of occupational injury or disease incurred in the course of his employment with the Company;
- 3) Is on an approved leave of absence because of maternity, union business, Peace Corps, or military service.

Credited service is only granted for the first five years of a continuous sick leave, and for four years in the armed forces; unless reemployment rights under federal law allow a longer time.

### ***Normal Retirement Pension:***

#### ***Eligibility***

Age 65.

#### ***Benefit***

Monthly pension benefit determined as of Normal Retirement Date.

### ***Early Retirement Pension***

#### ***Eligibility***

Attainment of age 60 and completion of ten years of Credited Service; or between ages 55 and 60 with age plus Credited Service equaling 85 or more; or 30 years of Credited Service.

#### ***Benefit***

Monthly pension benefit determined as of Early Retirement Date reduced by an early retirement factor for payment before age 62.

An early retirement benefit is recalculated at age 62 and one month without the early retirement percentage if retiring from active employment with either 30 or more years of Credited Service or age plus Credited Service equals 85 or more.

### ***Special Early Retirement***

#### ***Eligibility***

Actively employed within 12 months of plant closing and age 55 with ten or more years of Credited Service.

#### ***Benefit***

Unreduced early retirement benefit plus a temporary benefit of \$28.00 per month for each year of Credited Service up to 25 years.

## SUMMARY OF PRINCIPAL PLAN PROVISIONS (Legacy Power Transmission)

### ***Early Retirement Supplement***

#### ***Eligibility***

Retirement before age 62 with 30 or more years of Credited Service (not available if pension service date is after January 1, 1991).

#### ***Benefit***

In lieu of the early retirement benefit, \$2,100 per month will be paid until age 62.

### ***Interim Supplement***

#### ***Eligibility***

Retirement between ages 55 and 62 with less than 30 years of Credited Service (not available if pension service date is after January 1, 1991).

The interim supplement is paid based on age at retirement:

| <u>Age</u> | <u>Monthly Amount per year of Credited Service</u> |
|------------|----------------------------------------------------|
| 55         | \$14.83                                            |
| 56         | \$17.45                                            |
| 57         | \$20.57                                            |
| 58         | \$24.09                                            |
| 59         | \$27.48                                            |
| 60-62      | \$31.75                                            |

### ***Vested Retirement Pension***

#### ***Eligibility***

Completion of five years of service.

#### ***Benefit***

Monthly pension benefit determined as of termination date reduced by an early retirement factor for each full month of payment before age 62.

### ***Survivor Benefits***

#### ***Eligibility***

Vested and married at date of death.

#### ***Benefit***

If eligible for Early Retirement or disabled (age 55 and older with ten years of Credited Service and receiving disability benefits), 60% of member's early retirement benefit as of date of death.

Otherwise, 50% of the benefit the member would have received had he/she quit employment the day before death and elected a 50% joint and survivor option to commence at the earliest possible retirement date.

## SUMMARY OF PRINCIPAL PLAN PROVISIONS (Legacy Power Transmission)

### ***Disability Benefits***

None.

### ***Forms of Payment***

#### ***Normal Form***

Life annuity; or if married, a 60% joint and survivor annuity.

### ***Medicare Benefit***

#### ***Eligibility***

Retiree or surviving spouse receiving normal or early retirement, who is age 65 or over or otherwise eligible for Medicare, Part B.

#### ***Benefit***

\$61.00 per month after age 65.

### **Ameridrives International Pension Fund for Hourly Employees Represented by Local #3199-10 United Steelworkers**

### ***Eligibility***

Immediate.

### ***Monthly pension benefit***

The greater of (a) or (b):

(a) 1% of Average Monthly Earnings (10 years, frozen as of 10/1/2001) times Credited Service up to 45 years (only service until 10/1/2004 is counted).

(b) \$30.00 (increasing to \$31.50 effective October 1, 2002, \$33 effective October 1, 2003, and \$34 effective September 20, 2004) times Credited Service up to 45 years.

### ***Normal Retirement Pension:***

#### ***Eligibility***

Later of age 65 and the fifth anniversary of plan participation.

#### ***Benefit***

Monthly pension benefit determined as of Normal Retirement Date.

### ***Early Retirement Pension***

#### ***Eligibility***

Attainment of age 60 and completion of 15 years of service.

## SUMMARY OF PRINCIPAL PLAN PROVISIONS (Legacy Power Transmission)

### ***Benefit***

Monthly pension benefit determined as of Early Retirement Date reduced by 0.5% for each full month of payment before Normal Retirement Date.

For Employees who retire with at least 30 years of service, the 0.5% monthly deduction does not apply and a \$225 monthly supplement is payable at age 62.

### ***Special Retirement Pension***

#### ***Eligibility***

70 points (age plus service) and ten years of service or 80 points provided that service is broken by permanent shutdown, layoff, or disability.

#### ***Benefit***

Unreduced normal retirement pension plus a \$300 monthly supplement payable until the earlier of age 62 or eligibility for Social Security disability benefits.

### ***Vested Retirement Pension***

#### ***Eligibility***

Completion of five years of service.

#### ***Benefit***

Monthly pension benefit determined as of termination date reduced by 0.5% for each full month of payment before Normal Retirement Date.

### ***Death Benefits***

#### ***Eligibility***

Married at date of death.

#### ***Benefit***

If eligible for Early Retirement, 50% of member's early retirement benefit as of date of death.

Otherwise, 50% of the benefit the member would have received had he/she quit employment the day before death and elected a 50% joint and survivor option to commence at the earliest possible retirement date.

If the employee had attained age 50 with 15 years of service at death, the surviving spouse shall receive a benefit of at least \$100 per month.

### ***Disability Benefit***

#### ***Eligibility***

Completion of 15 years of service.

## SUMMARY OF PRINCIPAL PLAN PROVISIONS (Legacy Power Transmission)

### *Benefit*

The unreduced monthly accrued normal retirement benefit that is payable immediately and is based on service at the time of disability.

### *Forms of Payment*

#### *Normal Form*

Actuarially equivalent 50% joint and survivor annuity if married on date benefits commence; ten-year certain and continuous if single.

### *Special Payment*

For those who retire under normal, early or special early retirement, an initial payment equal to 13 weeks of vacation pay will be made in lieu of the first three months of benefit payments.

## SUMMARY OF PRINCIPAL PLAN PROVISIONS (Legacy Salaried)

### ***Plan Name***

Retirement Plan for Salaried U.S. Employees of Imo Industries Inc. and Affiliates

### ***Covered Employees***

Employees at the Imo division and non-union, salaried employees of Warren Pumps who were Participants at January 31, 1999. No new Participants entered the Plan after January 31, 1999.

### ***Eligibility***

Age 21 and one year of service.

### ***Salary***

January 1 salary rate, plus bonuses and overtime. Annual compensation is limited by the limit under Includable Compensation under IRC 401 (a)(17).

### ***Final Average Salary***

Average of highest five consecutive salaries out of the last ten years.

### ***Monthly pension benefit***

A Participant's accrued monthly pension benefit shall be the sum of base and excess portions for each year of service from date of plan entry.

| <u>Period of Service</u> | <u>Base</u>  | <u>Excess</u>                    |
|--------------------------|--------------|----------------------------------|
| Tier 1, first 25 years   | 1.15% of pay | 0.65% of pay above Covered Comp. |
| Tier 2, next 10 years    | 0.40% of pay | 0.40% of pay above Covered Comp. |

As of January 31, 1999, no further benefits will accrue. Active employees at that time received a benefit enhancement equal to 20% of the Base benefit.

### ***Grandfathered Benefit***

Sum of prior benefit formula for benefit service prior to December 31, 1988, adjusted for increase in final average compensation after that date, and current benefit formula for benefit service after December 31, 1988.

### ***Minimum Benefit***

\$16.00 for US Salaried, CEC Hourly, and Imo Pump Hourly. Benefit is per month for each year of service from the later of date of hire and date of division acquisition.

### ***Transamerica Offset for US Salaried***

Benefits payable under this plan are offset by the benefits which were accrued under the Transamerica Pension Plan as of December 31, 1986.

## SUMMARY OF PRINCIPAL PLAN PROVISIONS (Legacy Salaried)

### ***Normal Retirement Pension:***

#### ***Eligibility***

Age 65.

#### ***Benefit***

Monthly pension benefit determined as of Normal Retirement Date.

### ***Early Retirement Pension***

#### ***Eligibility***

Attainment of age 55 and completion of ten years of service.

#### ***Benefit***

Monthly pension benefit determined as of Early Retirement Date reduced for prior to Normal Retirement Date as follows:

For active members with age plus years of service greater than 75, early retirement reduction factors are split between the Base and Excess portions of the current benefit formula. Reduction of base benefit is 3% from age 65. Reduction of excess benefit is the maximum early retirement factors from the IRS permitted disparity rules.

For active members age 55 with ten years of service who are not eligible under the Rule of 75, the entire benefit is reduced by IRS maximum integration factors.

### ***Deferred Retirement Pension***

#### ***Eligibility***

Retirement after Normal Retirement Date.

#### ***Benefit***

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

### ***Vested Retirement Pension***

#### ***Eligibility***

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

#### ***Benefit***

Monthly pension benefit determined as of termination date, reduced actuarially for payment before Normal Retirement Date.

## SUMMARY OF PRINCIPAL PLAN PROVISIONS (Legacy Salaried)

### ***Death Benefits***

#### ***Eligibility***

Completion of five years of service

#### ***Benefit***

If eligible for Early Retirement, 50% of member's accrued benefit as of date of death. Actuarially reduced if surviving spouse is more than three years younger than member.

Otherwise, 50% of the benefit the member would have received had he/she quit employment the day before death and elected a 50% joint and survivor option to commence at the earliest possible retirement date.

### ***Forms of Payment***

#### ***Normal form***

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

#### ***Optional forms***

50%, 66 2/3%, or 100% joint and contingent survivor, five-, ten-, or fifteen-year period certain, Social Security level income option with Early Retirement.

## Warren Pumps Salaried Employees

### ***Eligibility***

Each individual who is an Employee shall be considered a Participant beginning with the first date coincident with or next following his/her becoming an Employee.

### ***Employee***

Any person actually employed by the Company who is

(1) customarily employed in the United States

(2) not included within a collective bargaining unit nor represented for collective bargaining by a labor organization.

### ***Service***

An employee's most recent period of uninterrupted service with the employer prior to Normal Retirement Date, or earlier termination of service, with no breaks in service. In calculating service, a Participant shall receive one-twelfth of a year of service for each calendar month worked. Service before a break will be aggregated with post-break service under certain conditions. Service shall not be considered broken in the event of suspension not exceeding twelve months, authorized leave of absence or absence on military service.

## SUMMARY OF PRINCIPAL PLAN PROVISIONS (Legacy Salaried)

### ***Monthly Compensation***

The amount of a Participant's monthly base compensation (exclusive of payments for shift premiums and all compensation for overtime work or other compensation in excess of the Participant's regular salary rate) as of each January 1. Effective January 1, 1994, compensation may not exceed \$150,000, indexed in accordance with IRS regulations.

### ***Average Monthly Compensation***

Average monthly compensation as of each January 1, for the last five consecutive years of employment, not to exceed the monthly compensation as of January 1, 1992.

### ***Monthly pension benefit***

On or after October 1, 1992, a Participant's accrued monthly pension benefit shall be the sum of:

- (i) Post December 31, 1991 Benefit - 1.59% of the first \$1,450 of monthly compensation plus 2% of monthly compensation in excess of \$1,450 for each plan year beginning January 1, 1992; and
- (ii) Pre-January 1, 1992 Benefit - 1.59% of the first \$1,450 of average monthly compensation plus 2% of average monthly compensation in excess of \$1,450 for each year of service prior to January 1, 1992.

Notwithstanding the above, in no event shall any Participant's accrued monthly pension benefit be less than his accrued monthly pension on September 30, 1992.

As of January 31, 1999 no further benefits will accrue. Active employees as of that date will receive a 20% benefit enhancement.

Minimum = \$12 per month for each year of service.

### ***Normal Retirement Pension***

#### ***Eligibility***

Age 65.

#### ***Benefit***

Monthly pension benefit determined as of Normal Retirement Date.

### ***Early Retirement Pension***

#### ***Eligibility***

Attainment of age 55 and completion of five years of service.

#### ***Benefit***

Monthly pension benefit determined as of Early Retirement Date reduced by .5% for each month prior to Normal Retirement Date after age 60 plus .4% for each month prior to age 60. If a Participant whose age and total service is at least 75 and who has at least 20 years of total service, the applicable reduction factors are .25% and .4167% respectively.

## SUMMARY OF PRINCIPAL PLAN PROVISIONS (Legacy Salaried)

### ***Deferred Retirement Pension***

#### ***Eligibility***

Retirement after Normal Retirement Date.

#### ***Benefit***

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

### ***Vested Retirement Pension***

#### ***Eligibility***

Completion of five years of service or attainment of Normal Retirement Age.

#### ***Benefit***

Monthly pension benefit determined as of termination, payable at Normal Retirement Date, or a reduced benefit paid earlier if Participant meets Early Retirement eligibility requirements.

### ***Death Benefits***

#### ***Eligibility***

Completion of five years of service and had been married for at least one year at death.

#### ***Benefit***

If the Participant dies prior to eligibility for Early Retirement, the life annuity to the spouse is calculated as if the Participant had survived to age 55, retired under the 50% joint and survivor form, and then died. The benefit commences on the first day of the month following the date the Participant would first have been eligible to retire, and is payable for the lifetime of the spouse.

If eligible for Early Retirement, the life annuity to the spouse is equal to 50% of the Participant's Early Retirement Benefit as of date of death.

If the Participant dies after being retired for disability and after age 55, the life annuity to the spouse is calculated as if the Participant retired under the 50% joint and survivor form, and then died.

### ***Disability Benefits***

#### ***Eligibility***

Completion of ten years of service, actively employed by the company and determined to be totally and permanently disabled.

#### ***Benefit***

The monthly pension benefit reduced on account of retirement before age 65, but not less than \$12 per month for each year of service as of disability retirement date.

## SUMMARY OF PRINCIPAL PLAN PROVISIONS (Legacy Salaried)

### *Forms of Payment*

#### *Normal form*

Actuarially equivalent 50% joint and survivor annuity if married on date benefits commence; five-year certain and continuous annuity if single.

#### *Optional forms*

Optional forms of payment are available and may be elected prior to retirement.

### **Hourly paid Employees of Imo Industries Inc. Local 3355, AFL-CIO (Turbine)**

### *Eligibility*

Employed in Bargaining Unit.

### *Monthly pension benefit*

Monthly pension benefit is equal to the benefit multiplier based upon termination period times years and fractional years of continuous service.

### *History of Benefit Multipliers*

| <u>Termination Period</u>              | <u>Benefit Multiplier</u> |
|----------------------------------------|---------------------------|
| After December 1, 1992                 | \$24.00                   |
| September 9, 1991 - September 30, 1992 | \$21.00                   |
| September 9, 1990 - September 8, 1991  | \$20.00                   |
| September 9, 1989 - September 8, 1990  | \$19.00                   |
| September 6, 1986 - September 8, 1989  | \$17.76                   |
| September 10, 1985 - September 5, 1986 | \$17.00                   |
| September 10, 1983 - September 9, 1985 | \$16.00                   |
| September 7, 1982 - September 9, 1983  | \$15.00                   |
| September 7, 1981 - September 6, 1982  | \$14.00                   |
| September 7, 1980 - September 6, 1981  | \$13.00                   |

### *Normal Retirement Pension:*

#### *Eligibility*

Age 65.

#### *Benefit*

Monthly pension benefit determined as of Normal Retirement Date.

## SUMMARY OF PRINCIPAL PLAN PROVISIONS (Legacy Salaried)

### ***Early Retirement Pension***

#### ***Eligibility***

Later of age 55 or the date age plus full years of continuous service equals 75.

#### ***Benefit***

Monthly pension benefit determined as of Early Retirement Date reduced by 4% per year of payment before age 62.

### ***Deferred Retirement Pension***

#### ***Eligibility***

Retirement after Normal Retirement Date.

#### ***Benefit***

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

### ***Vested Retirement Pension***

#### ***Eligibility***

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

#### ***Benefit***

Monthly pension benefit determined as of termination date payable without reduction at age 62.

### ***Death Benefits***

#### ***Eligibility***

Vested and married for one year prior to death.

#### ***Benefit***

If eligible for Early Retirement, 50% of member's early retirement benefit as of date of death. Actuarially reduced as if the 50% joint and survivor option were elected.

Otherwise, 50% of the benefit the member would have received had he/she quit employment the day before death and elected a 50% joint and survivor option to commence at the earliest possible retirement date.

### ***Disability Benefits***

#### ***Eligibility***

Completion of ten years of continuous service.

#### ***Benefit***

\$300 per month until member's Normal Retirement date, at which time the member will receive a Normal Retirement Benefit based upon service through the last day of employment.

## SUMMARY OF PRINCIPAL PLAN PROVISIONS (Legacy Warren Pumps)

### ***Forms of Payment***

#### ***Normal form***

Life annuity.

### ***Eligibility***

Members of I.U.E AFL-CIO Local 250 who are employed by Warren Pumps Inc. become Participants as of date of hire.

### ***Vesting Service***

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

### ***Benefit Service***

For benefit calculation purposes, each calendar year in which an employee has 1,700 or more hours of service shall be counted as one year of service. If an employee's total hours of service during a calendar year are less than 1,700 he/she shall receive prorata credit determined by dividing his/her total hours of service for such calendar year by 1,700.

### ***Monthly pension benefit***

The monthly pension benefit is \$26.00 for each year of Benefit Service if an employee retires on or after January 1, 1999, excluding any period during which the employee was eligible to participate in the former plan and did not participate by electing not to make contributions. Benefits will cease to accrue after January 31, 2000.

### ***Normal Retirement Pension:***

#### ***Eligibility***

Age 65.

#### ***Benefit***

Monthly pension benefit determined as of Normal Retirement Date.

### ***Early Retirement Pension***

#### ***Eligibility***

Attainment of age 55 and completion of ten years of Benefit Service.

## SUMMARY OF PRINCIPAL PLAN PROVISIONS

### (Legacy Warren Pumps)

#### ***Benefit***

Monthly pension benefit determined as of Early Retirement Date multiplied by an Early Retirement adjustment factor from the following table:

| Age | Factor | Age | Factor |
|-----|--------|-----|--------|
| 59  | 0.597  | 65  | 1.000  |
| 58  | 0.552  | 64  | 0.912  |
| 57  | 0.511  | 63  | 0.834  |
| 56  | 0.474  | 62  | 0.765  |
| 55  | 0.440  | 61  | 0.703  |
| 60  | 0.647  |     |        |

If the Participant whose benefit age and total benefit service is at least 75 and has at least 20 years of total service, the early retirement adjustment factor is 100% minus:

- (i) 0.25% for each month of benefit payments after age 60, plus
- (ii) 0.4167% for each month of benefit payments prior to age 60.

#### ***Vested Retirement Pension***

##### ***Eligibility***

Completion of five years of service or attainment of normal retirement age.

##### ***Benefit***

Monthly pension benefit determined as of termination, payable at Normal Retirement Date, or a reduced benefit paid earlier if Participant meets Early Retirement eligibility requirements.

#### ***Death Benefits***

##### ***Eligibility***

Completion of five years of service and had been married for at least one year at death.

##### ***Benefit***

If the Participant dies prior to eligibility for Early Retirement, the life annuity to the spouse is calculated as if the Participant had survived to age 55, retired under the 50% joint and survivor form, and then died. The benefit commences on the first day of the month following the date the Participant would have been eligible to retire, and is payable for the lifetime of the spouse.

If eligible for Early Retirement, the life annuity to the spouse is equal to 50% of the Participant's Early Retirement Benefit as of date of death.

If the Participant dies after being retired for disability and after age 55, the life annuity to the spouse is calculated as if the Participant retired under the 50% joint and survivor form, and then died.

## SUMMARY OF PRINCIPAL PLAN PROVISIONS (Legacy Warren Pumps)

### *Disability Benefits*

#### *Eligibility*

Completion of ten years of service, actively employed by the company and determined to be totally and permanently disabled.

#### *Benefit*

Before age 55, the benefit is equal to the monthly pension benefit determined as of the date of disability.

On disability retirement after age 55, the benefit is calculated under the 50% joint and survivor form.

### *Forms of Payment*

#### *Normal form*

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

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, 2018

| (a) | (b)<br>Identity of Issue,<br>Borrower, Lessor or<br>Similar Party | (c)<br>Description of Investment, Including<br>Maturity Date, Rate of Interest,<br>Collateral, Par or Maturity Value | (d)<br>Cost    | (e)<br>Current<br>Value |
|-----|-------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------|-------------------------|
|     |                                                                   | <u>Interest-Bearing Cash:</u>                                                                                        |                |                         |
| *   | Fidelity                                                          | Cash - Interest Bearing                                                                                              | \$ 1,733,205   | \$ 1,733,205            |
|     |                                                                   | <u>Mutual Funds:</u>                                                                                                 |                |                         |
| *   | Fidelity                                                          | Fidelity International Index Fund                                                                                    | 24,127,154     | 20,294,779              |
| *   | Fidelity                                                          | Spartan Commodity Index PI - Class A                                                                                 | 960,391        | 831,160                 |
|     |                                                                   | <u>Collective Trusts:</u>                                                                                            |                |                         |
| *   | Fidelity                                                          | Spartan 500 Index Pool Class A                                                                                       | 63,182,928     | 60,018,174              |
| *   | Fidelity                                                          | FIAM Long Duration Commingled Pool<br>Class A                                                                        | 31,093,686     | 31,681,753              |
| *   | Fidelity                                                          | FIAM Long Corporate A or Better<br>Commingled Pool Class A                                                           | 19,650,498     | 19,657,914              |
| *   | Fidelity                                                          | FIAM Select Emerging Markets Equity<br>Commingled Pool                                                               | 14,268,620     | 12,122,893              |
| *   | Fidelity                                                          | FIAM Emerging Markets Debt Commingled<br>Pool Class A                                                                | 6,401,961      | 6,317,850               |
| *   | Fidelity                                                          | FIAM REIT Commingled Pool Class A                                                                                    | 6,027,893      | 5,979,383               |
| *   | Fidelity                                                          | FIAM Blobal Low Volume Equity Cap Class<br>A                                                                         | 5,702,501      | 5,399,948               |
| *   | Fidelity                                                          | FIAM Small Capitalization Core<br>Commingled Pool Class A                                                            | 5,797,623      | 5,023,441               |
| *   | Fidelity                                                          | FIAM Small/ Mid Cap Core Commingled<br>Pool Class A                                                                  | 5,943,691      | 5,017,453               |
| *   | Fidelity                                                          | FIAM Inst. Cash Comm Pool                                                                                            | 4,949,542      | 4,949,542               |
| *   | Fidelity                                                          | FIAM Select International Small<br>Capitalization Commingled Pool                                                    | 3,866,343      | 3,127,787               |
| *   | Fidelity                                                          | FIAM High Yield Bond Commingled Pool<br>Class A                                                                      | 2,402,644      | 2,332,608               |
| *   | Fidelity                                                          | FIAM Select International Equity<br>Commingled Pool Class A                                                          | 2,663,867      | 2,181,378               |
|     |                                                                   | <u>Insurance Funds:</u>                                                                                              |                |                         |
| *   | Transamerica                                                      | Transamerica Fixed Fund                                                                                              | 811,160        | 811,160                 |
|     |                                                                   | Total Investments                                                                                                    | \$ 199,583,707 | \$ 187,480,428          |

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

## **Schedule SB, Line 24 - Change in Actuarial Assumptions**

The marital status assumption for legacy CIRCOR participants has been changed from 85% married to 80% married, which had been the assumption for legacy Colfax participants. This change was made to apply one weighted average assumption to the entire plan population.