Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2020

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
CIRCOR INTERNATIONAL INC RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 10/18/1999

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
CIRCOR INTERNATIONAL INC

30 CORPORATE DRIVE
SUITE 200
BURLINGTON, MA 01803

2b Employer Identification Number (EIN) 04-3477276

2c Plan Sponsor's telephone number 781-270-1200

2d Business code (see instructions) 332900

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2021	AMY CONERLY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: **a** Sponsor's name **c** Plan Name	**4b** EIN **4d** PN	
5 Total number of participants at the beginning of the plan year	**5**	5086
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	316
a(2) Total number of active participants at the end of the plan year	**6a(2)**	180
b Retired or separated participants receiving benefits	**6b**	3203
c Other retired or separated participants entitled to future benefits	**6c**	853
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	4236
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	685
f Total. Add lines **6d** and **6e**	**6f**	4921
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

1A 1B 1I

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1) [X] Insurance		**(1)** [X] Insurance	
(2) [ ] Code section 412(e)(3) insurance contracts		**(2)** [ ] Code section 412(e)(3) insurance contracts	
(3) [X] Trust		**(3)** [X] Trust	
(4) [ ] General assets of the sponsor		**(4)** [ ] General assets of the sponsor	

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] 1 **A** (Insurance Information)
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **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 2020 Form M-1 annual report. If the plan was not required to file the 2020 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
CIRCOR INTERNATIONAL INC RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CIRCOR INTERNATIONAL INC

D Employer Identification Number (EIN)
04-3477276

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

1 Coverage Information:

(a) Name of insurance carrier
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	7	01/01/2020	12/31/2020

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	807115
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	805997
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	12002		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below) ▶	7c(5)			
	(6) Total additions			7c(6)	12002
d	Total of balance and additions (add lines **7b** and **7c(6)**)			7d	817999
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	10884		
	(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)	10884
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	807115

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.			**10b**	

Specify nature of costs.

Part IV Provision of Information

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

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

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

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

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

A Name of plan
CIRCOR INTERNATIONAL INC RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
CIRCOR INTERNATIONAL INC

D Employer Identification Number (EIN)
04-3477276

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2020

2 Assets:

a Market value	**2a**	208707600
b Actuarial value	**2b**	194862582

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	316	11654463	11903474
b For terminated vested participants	852	26090527	26090527
c For active participants	3948	152927549	152927549
d Total	5116	190672539	190921550

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.17 %
6 Target normal cost	**6**	2150000

Statement by Enrolled Actuary

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

SIGN HERE

	10/11/2021
Signature of actuary	Date
JAMES D. BURKE	20-06899
Type or print name of actuary	Most recent enrollment number
CBIZ RETIREMENT PLAN SERVICES	215-587-0700
Firm name	Telephone number (including area code)
1845 WALNUT ST. 10TH FLOOR PHILADELPHIA, PA 19103	
Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	40136	7595622
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	40136	2425768
9	Amount remaining (line 7 minus line 8)	0	5169854
10	Interest on line 9 using prior year's actual return of 25.50 %	0	1318313
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
b(1)	Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.32 %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	6488167

Part III Funding Percentages

14	Funding target attainment percentage	14	98.66 %
15	Adjusted funding target attainment percentage	15	102.06 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	97.55 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

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

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
3.64 %	5.21 %	5.94 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	63

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	**31a**	2150000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	2547135	507014
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	2657014

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	2657014	2657014

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2020** **This Form is Open to Public Inspection.**

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
CIRCOR INTERNATIONAL INC RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CIRCOR INTERNATIONAL INC

D Employer Identification Number (EIN)
04-3477276

Part I Service Provider Information (see instructions)

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).. . . . . [X] Yes [ ] No

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

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

TRANSAMERICA RETIREMENT SOLUTIONS

13-3689044

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

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

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

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

FIDELITY INVESTMENTS

ONE SPARTAN WAT, TS3S
MERRIMACK, NH 03054

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13 15 50 51	NONE	851291	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CBIZ, INC.

31-1582098

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 17 50 70	NONE	323160	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MOODY, FAMIGILETTI & ANDRONICO, LLP

04-3077056

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	30400	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

TRANSAMERICA

39-0989781

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2020

This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
CIRCOR INTERNATIONAL INC RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
CIRCOR INTERNATIONAL INC

D Employer Identification Number (EIN)
04-3477276

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

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM SMALL/MID CAP CORE

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-4659714-029	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM SMALL CAP CORE

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-4659714-008	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: SPARTAN 500 INDEX POOL

b Name of sponsor of entity listed in (a): GEODE CAPITAL MANAGEMENT TRUST COMPANY, LLC

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
82-6293122-001	C	68648074

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM SELECT INTERNATIONAL SMALL CAP

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-4659714-036	C	4543800

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM SELECT CANADA EQUITY

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-4659714-101	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM SELECT EMERGING MARKETS EQUITY

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-4659714-100	C	0

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
20-4659714-005	C	0

a Name of MTIA, CCT, PSA, or 103-12 IE:	FIAM HIGH YIELD BOND		
b Name of sponsor of entity listed in (a):	FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY		
c EIN-PN 20-4659714-013	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	9504284
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		
c EIN-PN 20-4659714-022	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	2292100
a Name of MTIA, CCT, PSA, or 103-12 IE:	FIAM LONG DURATION		
b Name of sponsor of entity listed in (a):	FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY		
c EIN-PN 20-4659714-053	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	14634454
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		
c EIN-PN 20-4659714-103	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	39821101
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		
c EIN-PN 20-4659714-145	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	19777
a Name of MTIA, CCT, PSA, or 103-12 IE:	FIAM INSTITUTIONAL CASH COMMINGLED		
b Name of sponsor of entity listed in (a):	FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY		
c EIN-PN 20-4659714-055	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	20924
a Name of MTIA, CCT, PSA, or 103-12 IE:	SPARTAN DEVELOPED INTERNATIONAL IND		
b Name of sponsor of entity listed in (a):	FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY		
c EIN-PN 82-6293122-006	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	31971115
a Name of MTIA, CCT, PSA, or 103-12 IE:	SPARTAN EMERGING MARKETS INDEX POOL		
b Name of sponsor of entity listed in (a):	FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY		
c EIN-PN 82-6293122-007	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	17055432
a Name of MTIA, CCT, PSA, or 103-12 IE:	SPARTAN REAL ESTATE INDEX POOL CL A		
b Name of sponsor of entity listed in (a):	FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY		
c EIN-PN 82-6293122-012	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	9030551
a Name of MTIA, CCT, PSA, or 103-12 IE:	SPARTAN EXTENDED MARKET INDEX POOL		
b Name of sponsor of entity listed in (a):	FIDELITY INSTITUTIONAL ASSET MANAGEMENT TRUST COMPANY		
c EIN-PN 82-6293122-010	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	7795382

a Name of MTIA, CCT, PSA, or 103-12 IE: SPARTAN SMALL CAP INDEX POOL A

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

c EIN-PN 82-6293122-009	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7743026

a Name of MTIA, CCT, PSA, or 103-12 IE: FIAM LONG US TREASURY STRIPS

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

c EIN-PN 20-4659714-120	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4557463

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II **Information on Participating Plans (to be completed by DFEs)**
(Complete as many entries as needed to report all participating plans)

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
CIRCOR INTERNATIONAL INC RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CIRCOR INTERNATIONAL INC

D Employer Identification Number (EIN)
04-3477276

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	733	6
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2075267	655820
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	177790062	217637483
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	28035541	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	805997	807115
(15) Other	1c(15)		

			(a) Beginning of Year	**(b)** End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	208707600	219100424
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	0	0
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	208707600	219100424

Part II Income and Expense Statement

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

	Income		**(a)** Amount	**(b)** Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)	200	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		200
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	3952	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		3952
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	3227560	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		3227560
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		27461324
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		30693036
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	17122902	
(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)		17122902
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)	1833708	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	1343602	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		3177310
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		20300212
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		10392824
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) [ ] Unmodified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) [X] DOL Regulation 2520.103-8 **(2)** [ ] DOL Regulation 2520.103-12(d) **(3)** [ ] neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

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

(1) Name: MOODY, FAMIGILIETTI & 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:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	

			Yes	No	Amount
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.)	**4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e	Was this plan covered by a fidelity bond?	**4e**	X		10000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)	**4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	**4n**			

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 Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) ☒ Yes ☐ No ☐ Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4325604.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under 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).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2020

This Form is Open to Public Inspection.

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

A Name of plan
CIRCOR INTERNATIONAL INC RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CIRCOR INTERNATIONAL INC

D Employer Identification Number (EIN)
04-3477276

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 13-3689044 39-0989781

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 4

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

Part III Amendments

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

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 deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

a The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: ☐ last contributing employer ☐ alternative ☐ reasonable approximation (see instructions for required attachment)	**14a**	
b The plan year immediately preceding the current plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14b**	
c The second preceding plan year. ☐ Check the box if the number reported is a change from what was previously reported (see instructions for required attachment)	**14c**	

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: 53.0 % Investment-Grade Debt: 30.0 % High-Yield Debt: 3.0 % Real Estate: 3.0 % Other: 11.0 %

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):

20 **PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

a Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero? ☐ Yes ☒ No

b If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:

☐ Yes.

☐ No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.

☐ No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.

☐ No. Other. Provide explanation _____

MFA COMPANIES

CIRCOR INTERNATIONAL, INC. RETIREMENT PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2020 AND 2019

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, 2020 and 2019, and the related statement of changes in net assets available for plan benefits for the year ended December 31, 2020, 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 10, which was certified by Fidelity Management Trust Company and Transamerica Life Insurance Company, the trustee and custodian of the Plan, respectively, 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, 2020 and 2019, 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, 2020 and reportable transactions for the year ended December 31, 2020 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

Moody, Famiglietti & Andronico, LLP
Tewksbury, Massachusetts
October 14, 2021

December 31	**2020**	2019
Assets		
Investments at Fair Value:		
Common Collective Trusts	**$ 217,637,483**	$ 177,790,062
Cash - Interest Bearing	**655,820**	2,075,267
Mutual Funds	**-**	28,035,541
Contract with Insurance Entity, at Contract Value	**807,115**	805,997
Total Investments	**219,100,418**	208,706,867
Receivables:		
Other Receivables	**6**	733
Net Assets Available for Plan Benefits	**$ 219,100,424**	$ 208,707,600

Year Ended December 31		**2020**
Additions to Net Assets:		
Investment Income:		
Net Appreciation in Fair Value of Investments	$	30,689,084
Interest and Dividends		3,952
Total Investment Income		30,693,036
Total Additions		30,693,036
Deductions from Net Assets:		
Benefits Paid to Participants		17,122,902
Administrative Expenses		3,177,310
Total Deductions		20,300,212
Net Increase in Net Assets Available for Plan Benefits		10,392,824
Net Assets Available for Plan Benefits, Beginning of Year		208,707,600
Net Assets Available for Plan Benefits, End of Year	$	219,100,424

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 CIRCOR International, Inc. Retirement Plan Committee determines the appropriateness of the Plan's investment offerings and monitors investment performance. The CIRCOR International, Inc. Retirement Plan Committee reports to the Plan Administrator.

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, 2020, the Plan Sponsor did not make contributions to the Plan as the Plan Sponsor's 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, except for the Plan's contract with insurance entity, which is reported at contract value (see Note 4). 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. Contract value represents deposits made to the contract, plus earnings at guaranteed crediting rates, less withdrawals and administrative expenses charged by the contract issuer.

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

Payment of Benefits: Benefits are recorded when paid.

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

2. Significant Accounting Policies (Continued):

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 14, 2021, 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.

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, 2020 and 2019.

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 and custodian, 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 trust less its liabilities. This practical expedient is not used when it is determined to be probable that the trust 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.

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, 2020 and 2019:

	Assets at Fair Value as of December 31, 2020			
	Total	Level 1	Level 2	Level 3
Investments:				
Cash - Interest Bearing	$ 655,820	$ 655,820	$ -	$ -
Total Assets in the Fair Value Hierarchy	655,820	$ 655,820	$ -	$ -
Investments Measured at Net Asset Value	217,637,483			
Investments at Fair Value	$ 218,293,303			

	Assets at Fair Value as of December 31, 2019			
	Total	Level 1	Level 2	Level 3
Investments:				
Cash - Interest Bearing	$ 2,075,267	$ 2,075,267	$ -	$ -
Mutual Funds	28,035,541	28,035,541	-	-
Total Assets in the Fair Value Hierarchy	30,110,808	$ 30,110,808	$ -	$ -
Investments Measured at Net Asset Value	177,790,062			
Investments at Fair Value	$ 207,900,870			

The following table summarizes investments measured at fair value based on NAV used as a practical expedient as of December 31, 2020 and 2019:

Financial Asset	Fair Value as of December 31, 2020	Unfunded Commitments	Redemption Frequency (If Currently Eligible)	Redemption Notice Period
Common Collective Trusts	$ 217,637,483	None	N/A	15 Days

Financial Asset	Fair Value as of December 31, 2019	Unfunded Commitments	Redemption Frequency (If Currently Eligible)	Redemption Notice Period
Common Collective Trusts	$ 177,790,062	None	N/A	15 Days

4. Contract with Insurance Entity:

As part of the Colfax Transferred Assets, the Plan was transferred a guaranteed investment contract with Transamerica Life Insurance Company (Transamerica). Amounts contributed to the contract are merged with the general assets of Transamerica and earn a guaranteed crediting rate, as defined, which is established on an annual basis by Transamerica. The guaranteed crediting rate as of December 31, 2020 is 3%, as defined. Application of the contract asset charge and any discontinuance charges or service fees, as defined, are deducted from the account and would reduce the Plan's return. Payment obligations and the fulfillment of any guarantees specified in the guaranteed investment contract are insurance claims supported by the assets in the investment. If such assets are not sufficient, payment is supported by the full faith and credit of Transamerica. In the event of termination of the contract, Transamerica may impose a hold for up to 270 days if the most recently announced upcoming credited rate has increased or has not changed. Additionally, under limited circumstances, Transamerica may impose up to a 12-month delay period on a withdrawal request from the Plan Sponsor.

5. Party-in-Interest Transactions:

Certain Plan investments are managed by Fidelity Management Trust Company and Transamerica Life Insurance Company, trustee and custodian of the Plan respectively, and therefore, these transactions qualify as party-in-interest transactions. Fees incurred by the Plan for the investment management services are included in net appreciation in fair value of investments, as they are paid through revenue sharing, rather than direct payment, in the accompanying statement of changes in net assets available for plan benefits for the year ended December 31, 2020. During the year ended December 31, 2020, the Plan made direct payments to Fidelity Investments Institutional, CBIZ, Inc., and Moody, Famiglietti & Andronico, LLP, the recordkeeper, third party administrator, and auditor, respectively, as well as the Pension Benefit Guarantee Corporation in the aggregate amount of $3,177,310, which were not covered by revenue sharing. The Plan Sponsor pays directly any other fees related to the Plan's operations.

6. 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, 2020.

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, 2020 and 2019 and for the year ended December 31, 2020.

7. 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.

8. 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.

9. Risks and Uncertainties:

Investments: 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 the Plan's assets 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.

COVID-19: On January 30, 2020, the World Health Organization (WHO) announced an international public health emergency related to the COVID-19 outbreak. In March 2020, the WHO classified the COVID-19 outbreak as a pandemic, based on the rapid increase in exposure globally. This pandemic has adversely affected global economic activity and greatly contributed to significant instability in financial markets. As a result, the Plan's investment portfolio has incurred significant volatility in fair value during the year ended December 31, 2020.

10. Information Certified by the Trustee And Custodian:

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 and Transamerica Life Insurance Company, trustee and custodian of the Plan, respectively, 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, 2020 and 2019, the investment income (loss) and the investment-related transactions of the Plan for the year ended December 31, 2020, and the information contained in the accompanying supplemental schedules of assets (held at end of year) as of December 31, 2020 and reportable transactions for the year ended December 31, 2020. All of the investments were certified at fair value, with the exception of the contract with insurance entity, which was certified at contract value.

11. 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, 2020 and 2019 and changes in accumulated plan benefits for the year ended December 31, 2020. 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, 2021 and 2020. Had the valuations been performed as of December 31, 2020 and 2019 there would be no material differences.

The significant assumptions used in the actuarial valuation as of December 31, 2020 and 2019 are as follows:

	2020	2019
Investment Return**	4.50% as of December 31, 2020	5.50% as of December 31, 2019
Mortality Table**	Pri-2012 Total Dataset Tables projected with Scale MP-2020 as of December 31, 2020	Pri-2012 Total Dataset Tables projected with Scale MP-2019 as of December 31, 2019
Normal Retirement Age	The average expected retirement age ranged from 55 to 65 for active participants, based upon Plan provisions, as of December 31, 2020	The average expected retirement age ranged from 55 to 65 for active participants, based upon Plan provisions, as of December 31, 2019
Asset Valuation Method	Fair Market Value	Fair Market Value
Actuarial Cost Method	Present Value of Total Accumulated Benefits as of December 31, 2020	Present Value of Total Accumulated Benefits as of December 31, 2019

**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, 2020 in the increase due to changes in actuarial assumptions.

11. Actuarial Valuation and Assumptions (Continued):

The actuarial present value of accumulated plan benefits as of December 31, 2020 and 2019 was as follows:

	2020	2019
Actuarial Present Value of Accumulated Plan Benefits:		
Vested Benefits:		
Active Participants	$ 10,647,382	$ 11,486,513
Participants Currently Receiving Payments	149,692,204	146,689,861
Participants Receiving Deferred Payments	27,285,293	25,846,282
	187,624,879	184,022,656
Nonvested Benefits	51,354	258,910
Actuarial Present Value of Accumulated Plan Benefits	$ 187,676,233	$ 184,281,566

Changes in accumulated plan benefits during the year ended December 31, 2020 were as follows:

Actuarial Present Value of Accumulated Plan Benefits, Beginning of the Year	$ 184,281,566
Increase Due to Changes in Actuarial Assumptions	12,651,956
Benefits Accrued and Actuarial Expense	(1,798,993)
Interest Accumulated	9,664,606
Benefits Paid	(17,122,902)
Actuarial Present Value of Accumulated Plan Benefits, End of Year	$ 187,676,233

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.

As of December 31, 2020

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
		Interest-Bearing Cash:		
*	Fidelity	Cash - Interest Bearing	$ 655,820	$ 655,820
		Collective Trust:		
*	Fidelity	Spartan 500 Index Pool Class A	47,385,287	68,648,074
*	Fidelity	FIAM Long Corporate A or Better Commingled Pool Class A	47,385,287	39,821,101
*	Fidelity	Spartan Developed International Index Pool	26,857,269	31,971,115
*	Fidelity	Spartan Emerging Markets Index Pool A	13,249,789	17,055,432
*	Fidelity	FIAM Long Duration Commingled Pool Class A	10,358,503	14,634,454
*	Fidelity	FIAM High Yield Bond Commingled Pool Class A	9,214,836	9,504,284
*	Fidelity	Spartan Real Estate Index Pool - Class A	8,957,094	9,030,551
*	Fidelity	Spartan Extended Market Index Pool	5,424,667	7,795,382
*	Fidelity	Spartan Small Cap Index Pool A	5,631,578	7,743,026
*	Fidelity	FIAM Long U.S. Treasury Strips	4,677,602	4,557,463
*	Fidelity	FIAM Select International Small Capitalization Commingled Pool	3,596,377	4,543,800
*	Fidelity	FIAM Emerging Markets Debt Commingled Pool Class A	2,055,493	2,292,100
*	Fidelity	FIAM Inst. Cash Comm Pool	20,924	20,924
*	Fidelity	FIAM Global Low Volatility Equity Cap Class A	15,655	19,777
		Contract with Insurance Entity:		
*	Transamerica	Guaranteed Investment Contract	807,115	807,115
		Total Investments		$ 219,100,418

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

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

Reportable transactions for the year ended December 31, 2020 are summarized as follows:

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Assets	(h) Current Value of Assets on Transaction Date	(i) Net Gain (Loss)
*Fidelity Management Trust Company	FIAM Long Corporate A or Better Commingled Pool Class A							
	Purchases	$ 14,430,691	$ -	$ -	$ -	$ -	$ 14,430,691	$ -
	Sales	$ -	$ 2,199,615	$ -	$ -	$ 1,701,195	$ 2,199,615	$ 498,420
*Fidelity Management Trust Company	FIAM REIT Commingled Pool Class A							
	Purchases	$ 31,892,517	$ -	$ -	$ -	$ -	$ 31,892,517	$ -
	Sales	$ -	$ 6,368,341	$ -	$ -	$ 6,264,248	$ 6,368,341	$ 104,093
*Fidelity Management Trust Company	Spartan Emerging Markets Index Pool A							
	Purchases	$ 13,856,063	$ -	$ -	$ -	$ -	$ 13,856,063	$ -
	Sales	$ -	$ 1,257,616	$ -	$ -	$ 1,175,239	$ 1,257,616	$ 82,377
*Fidelity Management Trust Company	FIAM Long Duration Commingled Pool Class A							
	Purchases	$ 1,619,049	$ -	$ -	$ -	$ -	$ 1,619,049	$ -
	Sales	$ -	$ 30,795,522	$ -	$ -	$ 22,980,015	$ 30,795,522	$ 7,815,507
*Fidelity Management Trust Company	FIAM Select Emerging Markets Equity Commingled Pool							
	Sales	$ -	$ 11,230,389	$ -	$ -	$ 11,402,857	$ 11,230,389	$ (172,468)
*Fidelity Management Trust Company	Fidelity International Index Fund							
	Sales	$ -	$ 25,235,902	$ -	$ -	$ 27,831,426	$ 25,235,902	$ (2,595,524)
*Fidelity Management Trust Company	Spartan 500 Index Pool Class A							
	Purchases	$ 3,971,820	$ -	$ -	$ -	$ -	$ 3,971,820	$ -
	Sales	$ -	$ 15,915,501	$ -	$ -	$ 12,717,706	$ 15,915,501	$ 3,197,795
*Fidelity Management Trust Company	FIAM High Yield Bond Commingled Pool Class A							
	Purchases	$ 9,903,370	$ -	$ -	$ -	$ -	$ 9,903,370	$ -
	Sales	$ -	$ 960,442	$ -	$ -	$ 883,407	$ 960,442	$ 77,035

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

1 Highwood Drive, Tewksbury, MA 01876

www.themfacompanies.com

SCHEDULE SB ATTACHMENT
Line 26 - Schedule of Active Participant Data

Plan Name: CIRCOR International, Inc. Retirement Plan
EIN/PN: 04-3477276/001
Valuation Date: January 1, 2020

Age	Years of Credited Service										Total
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & Over	
Under 25	-	-	-	-	-	-	-	-	-	-	-
25 to 29	-	-	-	-	-	-	-	-	-	-	-
30 to 34	-	-	-	-	-	-	-	-	-	-	-
35 to 39	-	2	2	2	-	-	-	-	-	-	6
40 to 44	-	6	7	1	1	-	-	-	-	-	15
45 to 49	-	5	5	8	3	1	-	-	-	-	22
50 to 54	-	2	15	15	2	5	-	-	-	-	39
55 to 59	-	7	21	19	26	12	2	-	-	-	87
60 to 64	-	8	16	13	26	31	4	4	-	-	102
65 to 69	-	1	5	6	3	11	4	6	2	-	38
70 & Over	-	-	3	2	-	-	-	2	-	-	7
Total	-	31	74	66	61	60	10	12	2	-	316

SUMMARY OF ASSUMPTIONS

Funding Discount Rates

IRS-Prescribed Three-Segment Rates, for the fourth month prior to the valuation date (September).

	Non-Stabilized	Limited to 25-Year Corridor
Segment 1:	2.79%	3.64%
Segment 2:	3.92%	5.21%
Segment 3:	4.38%	5.94%

The "Limited to 25 Year Corridor" rates are adjusted by the applicable maximum and applicable minimum percentages of the 25-year average segment rates, as set forth in the Highway and Transportation Funding Act of 2014 ('HATFA-14') for use in Minimum Required Contribution calculations. The IRS Maximum Deductible Limit Calculations use the rates from the "Non-Stabilized" column above.

Effective Interest Rate

The Effective Interest Rate (EIR) for the current Plan Year is 5.17%. For the prior Plan Year, the EIR was 5.32%.

The EIR is the single rate of interest which, if used to determine the Funding Target, would result in the same Funding Target determined using the Plan Sponsor's above-elected discount rates. The EIR is used to discount contributions for minimum funding requirements and to accumulate excess contributions to the end of the year.

Funding Expected Return on Assets

The Expected Return on Assets (EROA) used in the calculation of the Actuarial Value of Assets is the lesser of (a) or (b), below:

(a) The Plan Sponsor's expected long-term rate of return on assets based on policy trust allocations; or

(b) The third segment rate in the IRS-prescribed three-segment rate assumption, based on the elections made by the Plan Sponsor for minimum funding purposes.

The results are as follows:

Plan Year	Assumption (a)	Seg. III (b)	EROA (smaller of (a) or (b))
2019	6.25%	6.11%	6.11%
2018	7.00%	6.29%	6.29%

Funding Administrative Expenses

Administrative expenses of $2,150,000 were estimated to be paid from the trust in the current Plan Year and were included in the Normal Cost.

Funding Mortality

§430(h) Static Separate Annuitant/Non-Annuitant Mortality Tables for the Current Plan Year.

Withdrawal Rates

Legacy Watts Hourly, Watts Salaried, and Tomco

Withdrawal rates vary by service, age and gender. Sample ultimate rates, after 3 years of service, are 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%	1.2%
55+	1.5%	0.1%

Legacy Power Transmission, Salaried, and Warren Pumps

Withdrawal rates vary with age and service. Sample ultimate rates, after 3 years of service, are as follows:

Age	Withdrawal Rates
25	13.2%
30	10.4%
35	8.1%
40	6.3%
45	5.2%
50	3.9%
55	2.2%
60+	0.0%

The current assumption has been selected based on observations of recent terminations, the actuary's experience with plans of a similar size, plan design, workforce composition, and discussions with the Plan Sponsor.

Disability Incidence

Legacy Watts Hourly, Watts Salaried, and Tomco

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

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

Legacy Power Transmission and Salaried

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

Age	Rates
30	0.071%
35	0.099%
40	0.162%
45	0.270%
50	0.493%
55	0.914%
60	1.470%
65	2.077%

Legacy Warren Pumps

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

Age	Rates
30	0.112%
35	0.129%
40	0.164%
45	0.221%
50	0.347%
55	0.712%
60	1.264%
65	0.000%

The current assumption has been selected based on observations of recent disablements, the actuary's experience with plans of a similar size, plan design, workforce composition, and discussions with the Plan Sponsor.

Retirement Rates

Active Participants

Legacy Watts Hourly, Watts Salaried, and Tomco

Retirement rates which vary by age were assumed as follows:

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

Legacy Power Tramission and Salaried

Retirement rates which vary by age were assumed as follows:

Age	Rates
55-56	7.0%
57	6.5%
58	5.0%
59	6.0%
60	7.0%
61	7.5%
62	20.0%
63	14.0%
64	15.0%
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.

The current assumption has been selected based on observations of recent retirements, the actuary's experience with plans of a similar size, plan design, workforce composition, and discussions with the Plan Sponsor.

Spousal Assumptions

80% of males and 80% of females are assumed to be married.

Females are assumed to be 3 years younger than males.

Form of Payment	Legacy Watts Hourly, Watts Salaried, and Tomco 100% of participants are asssumed to elect the normal form of annuity. Legacy Power Transmission, Salaried, and Warren Pumps 100% of participants are asssumed to elect a single life annuity.
Changes in non-required funding assumptions since the prior valuation	None.

SUMMARY OF METHODS

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 benefits 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 expected within five years of the valuation date are discounted using the first segment rate, payments expected at least five but within 20 years of the valuation date are discounted using the second segment rate, and payments expected 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.
Asset Method	Fair Value of Assets.
Funding Actuarial Value of Assets Method	The Actuarial Value of Assets is determined by averaging three market values: the market values as of the current year valuation date, and the two market values at each of the prior two years' valuation dates. The two prior year market values are adjusted for any benefit payments, expenses, contributions, and expected returns that occurred between their respective valuation dates and the current year valuation date. The Actuarial Value of Assets is adjusted to be no greater than 110% and no less than 90% of the market value of assets as of the current year valuation date. Accrued contributions are discounted back to the valuation date at the prior year's effective interest rate.
Changes in methods since the prior valuation	None.

Reportable transactions for the year ended December 31, 2020 are summarized as follows:

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Assets	(h) Current Value of Assets on Transaction Date	(i) Net Gain (Loss)
*Fidelity Management Trust Company	FIAM Long Corporate A or Better Commingled Pool Class A							
	Purchases	$ 14,430,691	$ -	$ -	$ -	$ -	$ 14,430,691	$ -
	Sales	$ -	$ 2,199,615	$ -	$ -	$ 1,701,195	$ 2,199,615	$ 498,420
*Fidelity Management Trust Company	FIAM REIT Commingled Pool Class A							
	Purchases	$ 31,892,517	$ -	$ -	$ -	$ -	$ 31,892,517	$ -
	Sales	$ -	$ 6,368,341	$ -	$ -	$ 6,264,248	$ 6,368,341	$ 104,093
*Fidelity Management Trust Company	Spartan Emerging Markets Index Pool A							
	Purchases	$ 13,856,063	$ -	$ -	$ -	$ -	$ 13,856,063	$ -
	Sales	$ -	$ 1,257,616	$ -	$ -	$ 1,175,239	$ 1,257,616	$ 82,377
*Fidelity Management Trust Company	FIAM Long Duration Commingled Pool Class A							
	Purchases	$ 1,619,049	$ -	$ -	$ -	$ -	$ 1,619,049	$ -
	Sales	$ -	$ 30,795,522	$ -	$ -	$ 22,980,015	$ 30,795,522	$ 7,815,507
*Fidelity Management Trust Company	FIAM Select Emerging Markets Equity Commingled Pool							
	Sales	$ -	$ 11,230,389	$ -	$ -	$ 11,402,857	$ 11,230,389	$ (172,468)
*Fidelity Management Trust Company	Fidelity International Index Fund							
	Sales	$ -	$ 25,235,902	$ -	$ -	$ 27,831,426	$ 25,235,902	$ (2,595,524)
*Fidelity Management Trust Company	Spartan 500 Index Pool Class A							
	Purchases	$ 3,971,820	$ -	$ -	$ -	$ -	$ 3,971,820	$ -
	Sales	$ -	$ 15,915,501	$ -	$ -	$ 12,717,706	$ 15,915,501	$ 3,197,795
*Fidelity Management Trust Company	FIAM High Yield Bond Commingled Pool Class A							
	Purchases	$ 9,903,370	$ -	$ -	$ -	$ -	$ 9,903,370	$ -
	Sales	$ -	$ 960,442	$ -	$ -	$ 883,407	$ 960,442	$ 77,035

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

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2020

This Form is Open to Public Inspection

For calendar plan year 2020 or fiscal plan year beginning 01/01/2020 and ending 12/31/2020

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

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

A Name of plan
CIRCOR INTERNATIONAL INC RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
CIRCOR INTERNATIONAL INC

D Employer Identification Number (EIN)
04-3477276

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2020

2 Assets:

a Market value	**2a**	208,707,600
b Actuarial value	**2b**	194,862,582

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	316	11,654,463	11,903,474
b For terminated vested participants	852	26,090,527	26,090,527
c For active participants	3,948	152,927,549	152,927,549
d Total	5,116	190,672,539	190,921,550

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	5.17%
6 Target normal cost	**6**	2,150,000

Statement by Enrolled Actuary

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

SIGN HERE

jdb
James D Burke
Signature of actuary

10/11/2021
Date

James D. Burke
Type or print name of actuary

2006899
Most recent enrollment number

CBIZ Retirement Plan Services
Firm name

215-587-0700
Telephone number (including area code)

1845 Walnut St.
10th Floor
Philadelphia PA 19103
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	40,136	7,595,622
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	40,136	2,425,768
9	Amount remaining (line 7 minus line 8)	0	5,169,854
10	Interest on line 9 using prior year's actual return of 25.50%	0	1,318,313
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 5.32%		0
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	6,488,167

Part III Funding Percentages

14	Funding target attainment percentage	**14**	98.66%
15	Adjusted funding target attainment percentage	**15**	102.06%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	**16**	97.55%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	**17**	%

Part IV Contributions and Liquidity Shortfalls

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

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

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	**19a**	0
	b Contributions made to avoid restrictions adjusted to valuation date	**19b**	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	**19c**	0

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
3.64 %	5.21 %	5.94%	

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	63

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	**31a**	2,150,000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	2,547,135	507,014
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	2,657,014

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	2,657,014	2,657,014

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	0

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

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

Legacy CIRCOR Retirement Table:

Age	Count	Ret. Rate	# Ret	Weighted	# Active
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	220

CIRCOR Fluid Handling Retirement Table:

Age	Count	Ret. Rate	# Ret	Weighted	# Active
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	80

Constant Retirement Age Assumptions:

Age	Average	# Active
65	65.000	16

Weighted Average Retirement Age: **62.991** **316**

SUMMARY OF PRINCIPAL PLAN PROVISIONS

Salaried Employees

Freeze Date	June 30, 2006
Covered Employees	As of October 18, 1999, a spin-off 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	1,000 Hours of Service.
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 60 consecutive monthly salaries out of the last 120 months.
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.

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) 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) 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) 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.

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 Retirement Pension	**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 Retirement Pension	**Eligibility:** Completion of five years of service. **Benefit:** 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.

Hourly Employees

Freeze Date

June 30, 2006

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 Year beginning before January 1, 2002:

Hours of Service	Service
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. Benefit Service after June 30, 2006 is excluded.

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		
On or After	**But Before**	**Benefit Rule**
October 18, 1999	January 1, 2002	$13.50
January 1, 2002		$15.00

10 Industrial 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

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. **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:** 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.

Tomco Employees

Freeze Date	December 31, 2003
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 salary years out of the last ten years, divided by 12.
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. **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:** 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.

Legacy Power Transmission

Freeze Date

January 31, 1999

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 salary years out of the last ten years, divided by 12.

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.

Period of Service	Base	Excess
Tier 1, first 25 years	0.85% of FAS	0.65% of FAS above Covered Comp.
Tier 2, next 10 years	0.40% of FAS	0.40% of FAS 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 10 years of service. **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 5 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:** 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.

Florence Distribution Center

Freeze Date	January 31, 1999
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 10 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 5 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:** 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:** 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.

Fincor Division

Freeze Date	January 31, 1999
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 5 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:** 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.

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

Freeze Date	February 27, 1998
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

Termination Period	Benefit Multiplier
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.
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 5 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:** 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. **Optional Form:** Actuarially equivalent 75% joint and survivor annuity if married on date benefits commence

Warner Electric in Wichita Falls, Texas

Freeze Date

November 30, 2004

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:

Hours of Service in Plan Year	Month of Credited Service
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
1,810 and over	12

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.

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

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 5 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:** 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. **Optional Form:** if married, 75% joint and survivor annuity

Supplemental Benefit

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

Employee	Normal Ret. Date	Amount of Supplement
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 Peterson	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.

Warner Electric in Roscoe and South Beloit, IL

Freeze Date

November 30, 2004

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:

Age	Early Retirement Factor
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.

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 5 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) 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.

2) Active Vested and Terminated Vested Employees: Monthly Survivor Benefit shall be equal to 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.

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 re-determined to be the normal retirement benefit.

Forms of Payment

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

Optional Forms: if married, a 75% or 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

Freeze Date	November 30, 2004
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: 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.

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:

Age	Monthly Amount per year of Credited Service
55	$14.83
56	$17.45
57	$20.57
58	$24.09
59	$27.48
60-62	$31.75

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.

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 5 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 for at least one year 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 the benefit the member would have received had he/she quit employment the day before death and elected a 60% joint and survivor option to commence at the earliest possible retirement date. 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	None.
Forms of Payment	**Normal Form:** Life annuity; or if married, a 60% joint and survivor annuity. **Optional Form:** if married, a 75% 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

Freeze Date	November 30, 2004
Eligibility	Immediate.
Credited Service	Credited Service shall be credited for the period beginning on Employment Commencement Date and ending on the earlier of the Plan Freeze Date or Employment Severance Date. Credited Service shall be computed in completed full years and fractions of years treating each full calendar month of Credited Service as 1/12th year of Credited Service and aggregating partial calendar months of Credited Service, treating each full 30 days of Credited Service as 1/12th year of Credited Service.

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. **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 Early Retirement	**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.
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 5 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:** 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 Benefits	**Eligibility:** Completion of 15 years of service **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. **Optional Form:** if married, 75% or 100% joint and survivor annuity
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.

Legacy Salaried

Legacy Plan Name	Retirement Plan for Salaried U.S. Employees of Imo Industries and Affiliates
Freeze Date	January 31, 1999
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.

Period of Service	Base	Excess
Tier 1, first 25 years	1.15% of FAS	0.65% of FAS above Covered Comp.
Tier 2, next 10 years	0.40% of FAS	0.40% of FAS 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.

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 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 and married at death. **Benefit:** 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

Freeze Date	January 31, 1999
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.
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 is $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.

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 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 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.
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)

Freeze Date

January 31, 1999

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

Termination Period	Benefit Multiplier
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 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:** 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:** Life annuity, if single; Actuarially equivalent 50% joint and survivor annuity if married. **Optional Form:** 75% joint and survivor annuity if married

Legacy Warren Pumps

Freeze Date	January 31, 2000
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 prorate 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. Participants may commence their benefits while actively employed at age 65.

Early Retirement Pension

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

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

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

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.

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 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 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 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:** 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. Optional Forms: 5, 10, or 15 year Certain and Continuous annuity; or, if married, an actuarially equivalent 75% or 100% joint and survivor annuity.

As of December 31, 2020

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
		Interest-Bearing Cash:		
*	Fidelity	Cash - Interest Bearing	$ 655,820	$ 655,820
		Collective Trust:		
*	Fidelity	Spartan 500 Index Pool Class A	47,385,287	68,648,074
*	Fidelity	FIAM Long Corporate A or Better Commingled Pool Class A	47,385,287	39,821,101
*	Fidelity	Spartan Developed International Index Pool	26,857,269	31,971,115
*	Fidelity	Spartan Emerging Markets Index Pool A	13,249,789	17,055,432
*	Fidelity	FIAM Long Duration Commingled Pool Class A	10,358,503	14,634,454
*	Fidelity	FIAM High Yield Bond Commingled Pool Class A	9,214,836	9,504,284
*	Fidelity	Spartan Real Estate Index Pool - Class A	8,957,094	9,030,551
*	Fidelity	Spartan Extended Market Index Pool	5,424,667	7,795,382
*	Fidelity	Spartan Small Cap Index Pool A	5,631,578	7,743,026
*	Fidelity	FIAM Long U.S. Treasury Strips	4,677,602	4,557,463
*	Fidelity	FIAM Select International Small Capitalization Commingled Pool	3,596,377	4,543,800
*	Fidelity	FIAM Emerging Markets Debt Commingled Pool Class A	2,055,493	2,292,100
*	Fidelity	FIAM Inst. Cash Comm Pool	20,924	20,924
*	Fidelity	FIAM Global Low Volatility Equity Cap Class A	15,655	19,777
		Contract with Insurance Entity:		
*	Transamerica	Guaranteed Investment Contract	807,115	807,115
		Total Investments		$ 219,100,418

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

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

SCHEDULE SB ATTACHMENT
Line 32 - Amortization Bases Used in the Valuation

Plan Name: CIRCOR International, Inc. Retirement Plan
EIN/PN: 04-3477276/001
Valuation Date: January 1, 2020

Original Valuation	Remaining Years	Amortization Type	Outstanding Balance	Current Year Amortization
1/1/2020	7.00	7 year	(1,752,727)	(283,890)
1/1/2019	6.00	7 year	4,299,862	790,904