# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 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

**2009**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

**A** This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

**B** This return/report is:
- [ ] the first return/report;
- [X] 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. . . . . ▶ [X]

**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
ANVIL INTERNATIONAL, LP PENSION PLAN FOR EMPLOYEES AT SELECTED LOCATIONS

**1b** Three-digit plan number (PN) ▶ 004

**1c** Effective date of plan 08/16/1999

**2a** Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
ANVIL INTERNATIONAL, LP

MUELLER WATER PRODUCTS, INC.

1200 ABERNATHY ROAD, SUITE 1200
ATLANTA, GA 30328

1200 ABERNATHY ROAD, SUITE 1200
ATLANTA, GA 30328

**2b** Employer Identification Number (EIN) 01-0868924

**2c** Sponsor's telephone number 770-206-4200

**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. | 10/11/2010 | STEVE MEAD |
| | **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 (if same as plan sponsor, enter "Same")

ANVIL INTERNATIONAL, LP
MUELLER WATER PRODUCTS, INC.
1200 ABERNATHY ROAD, SUITE 1200
ATLANTA, GA 30328

**3b** Administrator's EIN: 01-0868924

**3c** Administrator's telephone number: 770-206-4200

**4** If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

**a** Sponsor's name

**4b** EIN

**4c** PN

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 71 |
| **6** | Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**). | | |
| **a** | Active participants | **6a** | 0 |
| **b** | Retired or separated participants receiving benefits | **6b** | 0 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 0 |
| **d** | Subtotal. Add lines **6a**, **6b**, and **6c** | **6d** | 0 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | **6e** | |
| **f** | Total. Add lines **6d** and **6e** | **6f** | 0 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | |
| **h** | Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | |
| **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 Characteristic Codes in the instructions:

1B 1G

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

**9a** Plan funding arrangement (check all that apply)

| | | |
|---|---|---|
| **(1)** | | Insurance |
| **(2)** | | Code section 412(e)(3) insurance contracts |
| **(3)** | X | Trust |
| **(4)** | | General assets of the sponsor |

**9b** Plan benefit arrangement (check all that apply)

| | | |
|---|---|---|
| **(1)** | | Insurance |
| **(2)** | | Code section 412(e)(3) insurance contracts |
| **(3)** | X | Trust |
| **(4)** | | General assets of the sponsor |

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

**a Pension Schedules**

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

# 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

**2009**

**This Form is Open to Public Inspection**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

▶ **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
ANVIL INTERNATIONAL, LP PENSION PLAN FOR EMPLOYEES AT SELECTED LOCATIONS

**B** Three-digit plan number (PN) ▶ 004

**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
ANVIL INTERNATIONAL, LP

**D** Employer Identification Number (EIN)
01-0868924

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

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

## Part I Basic Information

**1** Enter the valuation date: Month 01 Day 01 Year 2009

**2** Assets:

| | | | |
|---|---|---|---|
| **a** | Market value | **2a** | 346303 |
| **b** | Actuarial value | **2b** | 380933 |

**3** Funding target/participant count breakdown

| | | | **(1)** Number of participants | **(2)** Funding Target |
|---|---|---|---|---|
| **a** | For retired participants and beneficiaries receiving payment | **3a** | 5 | 84891 |
| **b** | For terminated vested participants | **3b** | 20 | 93406 |
| **c** | For active participants: | | | |
| | **(1)** Non-vested benefits | **3c(1)** | | 40429 |
| | **(2)** Vested benefits | **3c(2)** | | 231731 |
| | **(3)** Total active | **3c(3)** | 46 | 272160 |
| **d** | Total | **3d** | 71 | 450457 |

**4** If the plan is at-risk, check the box and complete items (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 at-risk for fewer than five consecutive years and disregarding loading factor | **4b** | |

| | | | |
|---|---|---|---|
| **5** | Effective interest rate | **5** | 6.60 % |
| **6** | Target normal cost | **6** | 102243 |

**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**

| | |
|---|---|
| | 10/07/2010 |
| Signature of actuary | Date |
| MONICA D MARTIN | 08-07271 |
| Type or print name of actuary | Most recent enrollment number |
| TOWERS WATSON DELAWARE INC. | 404-365-1600 |
| Firm name | Telephone number (including area code) |
| 3500 LENOX ROAD, SUITE 900<br>ATLANTA, GA 30326 | |
| 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 (Item 13 from prior year) | 50931 | |
| 8 | Portion used to offset prior year's funding requirement (Item 35 from prior year) | 10686 | |
| 9 | Amount remaining (Item 7 minus item 8) | 40245 | 0 |
| 10 | Interest on item 9 using prior year's actual return of -27.98 % | -11260 | |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| | a Excess contributions (Item 38 from prior year) | | 69824 |
| | b Interest on (a) using prior year's effective rate of 6.25 % | | 4364 |
| | c Total available at beginning of current plan year to add to prefunding balance | | 74188 |
| | d Portion of (c) to be added to prefunding balance | | |
| 12 | Reduction in balances due to elections or deemed elections | 8417 | |
| 13 | Balance at beginning of current year (item 9 + item 10 + item 11d – item 12) | 20568 | 0 |

## Part III Funding percentages

| | | | |
|---|---|---|---|
| 14 | Funding target attainment percentage | 14 | 80.00 % |
| 15 | Adjusted funding target attainment percentage | 15 | 80.00 % |
| 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 | 92.00 % |
| 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 |
|---|---|---|---|---|---|
| 10/15/2009 | 9717 | | | | |
| 01/15/2010 | 10283 | | | | |
| 09/15/2010 | 81890 | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | Totals ► 18(b) | 101890 | 18(c) |

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 contribution from prior years. | 19a | |
| b Contributions made to avoid restrictions adjusted to valuation date | 19b | |
| c Contributions allocated toward minimum required contribution for current year adjusted to valuation date | 19c | 92294 |

20 Quarterly contributions and liquidity shortfalls:

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

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If 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: | |
|---|---|---|---|
| 5.32 % | 6.45 % | 6.69 % | ☐ N/A, full yield curve used |

**b** Applicable month (enter code) ..... **21b** 0

**22** Weighted average retirement age ..... **22** 63

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

## Part VI Miscellaneous items

**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ..... ☐ Yes ☒ No

**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ..... ☒ Yes ☐ No

**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment ..... ☒ Yes ☐ No

**27** If the plan is eligible for (and is using) 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 contribution for all prior years ..... **28**

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

**30** Remaining amount of unpaid minimum required contributions (item 28 minus item 29) ..... **30** 0

## Part VIII Minimum required contribution for current year

**31** Target normal cost, adjusted, if applicable (see instructions) ..... **31** 102243

| **32** Amortization installments: | Outstanding Balance | Installment |
|---|---|---|
| **a** Net shortfall amortization installment ..... | 63065 | 10619 |
| **b** Waiver amortization installment ..... | | |

**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 (item 31 + item 32a + item 32b – item 33) ..... **34** 112862

| | Carryover balance | Prefunding balance | Total balance |
|---|---|---|---|
| **35** Balances used to offset funding requirement ..... | 20568 | | 20568 |

**36** Additional cash requirement (item 34 minus item 35) ..... **36** 92294

**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c) ..... **37** 92294

**38** Interest-adjusted excess contributions for current year (see instructions) ..... **38** 0

**39** Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37) ..... **39** 0

**40** Unpaid minimum required contribution for all years ..... **40** 0

# 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

**2009**

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

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

**A** Name of plan
ANVIL INTERNATIONAL, LP PENSION PLAN FOR EMPLOYEES AT SELECTED LOCATIONS

**B** Three-digit plan number (PN) ▶ 004

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
ANVIL INTERNATIONAL, LP

**D** Employer Identification Number (EIN)
01-0868924

## 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: MUELLER GROUP INC. DEF BEN MASTR TR

**b** Name of sponsor of entity listed in (a): MUELLER WATER PRODUCTS, INC.

| **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) |
|---|---|---|
| 20-3547095-004 | M | 0 |

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**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 |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

# SCHEDULE I (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Financial Information—Small Plan

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

**2009**

**This Form is Open to Public Inspection**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

**A** Name of plan
ANVIL INTERNATIONAL, LP PENSION PLAN FOR EMPLOYEES AT SELECTED LOCATIONS

**B** Three-digit plan number (PN) ▶ 004

**C** Plan sponsor's name as shown on line 2a of Form 5500
ANVIL INTERNATIONAL, LP

**D** Employer Identification Number (EIN)
01-0868924

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

## Part I Small Plan Financial Information

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. 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.**

| | | | **(a)** Beginning of Year | **(b)** End of Year |
|---|---|---|---|---|
| **1** | **Plan Assets and Liabilities:** | | | |
| **a** | Total plan assets | **1a** | 350014 | 0 |
| **b** | Total plan liabilities | **1b** | 30863 | |
| **c** | Net plan assets (subtract line 1b from line 1a) | **1c** | 319151 | 0 |
| **2** | **Income, Expenses, and Transfers for this Plan Year:** | | **(a)** Amount | **(b)** Total |
| **a** | Contributions received or receivable: | | | |
| | **(1)** Employers | **2a(1)** | 101890 | |
| | **(2)** Participants | **2a(2)** | | |
| | **(3)** Others (including rollovers) | **2a(3)** | | |
| **b** | Noncash contributions | **2b** | | |
| **c** | Other income | **2c** | 15093 | |
| **d** | Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c) | **2d** | | 116983 |
| **e** | Benefits paid (including direct rollovers) | **2e** | 10792 | |
| **f** | Corrective distributions (see instructions) | **2f** | | |
| **g** | Certain deemed distributions of participant loans (see instructions) | **2g** | | |
| **h** | Administrative service providers (salaries, fees, and commissions) | **2h** | | |
| **i** | Other expenses | **2i** | | |
| **j** | Total expenses (add lines 2e, 2f, 2g, 2h, and 2i) | **2j** | | 10792 |
| **k** | Net income (loss) (subtract line 2j from line 2d) | **2k** | | 106191 |
| **l** | Transfers to (from) the plan (see instructions) | **2l** | | -425342 |

**3** **Specific Assets:** If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

| | | | **Yes** | **No** | **Amount** |
|---|---|---|---|---|---|
| **a** | Partnership/joint venture interests | **3a** | | X | |
| **b** | Employer real property | **3b** | | X | |
| **c** | Real estate (other than employer real property) | **3c** | | X | |
| **d** | Employer securities | **3d** | | X | |
| **e** | Participant loans | **3e** | | X | |

| | | Yes | No | Amount |
|---|---|---|---|---|
| 3f Loans (other than to participants) | 3f | | X | |
| g Tangible personal property | 3g | | X | |

## Part II Compliance Questions

| 4 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 | |
| b Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance. | 4b | | X | |
| c Were any leases to which the plan was a party in default or classified during the year as uncollectible? | 4c | | X | |
| d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.) | 4d | | X | |
| e Was the 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 at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest? | 4i | | X | |
| j Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | 4j | X | | |
| k Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.) | 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 | | X | |
| 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 | | X | |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If "Yes," enter the amount of any plan assets that reverted to the employer this year ..... [X] **Yes** [ ] **No** **Amount:** 0

**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) |
|---|---|---|
| MUELLER COMPANY RETIREMENT PLAN FOR HOURLY | 11-3782593 | 003 |
| | | |
| | | |

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

**2009**

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

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

**A** Name of plan
ANVIL INTERNATIONAL, LP PENSION PLAN FOR EMPLOYEES AT SELECTED LOCATIONS

**B** Three-digit plan number (PN) ▶ 004

**C** Plan sponsor's name as shown on line 2a of Form 5500
ANVIL INTERNATIONAL, LP

**D** Employer Identification Number (EIN)
01-0868924

## 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**

**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): 41-6257133 20-4606758

**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** 1

## Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 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 ..... **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 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(es). 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 items 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 items 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 items 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 items 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 items 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 items 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 items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

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

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

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

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

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

| | | | |
|---|---|---|---|
| **a** | Enter the number of employers who withdrew during the preceding plan year | **16a** | |
| **b** | If item 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 items (a) through (c)

**a** Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

**b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

**c** What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Part V
## Summary of Principal Plan Provisions
## as of January 1, 2009

**Plan Sponsor**

Anvil International, LP

**Plan**

Anvil International, LP Pension Plan for Employees at Selected Locations

**Effective Date and Most Recent Amendment**

The plan was originally effective January 1, 2000. The effective date of the most recent plan amendment is January 1, 2009.

**Plan Year**

The twelve-month period ending December 31st.

**Coverage and Participation**

Members of the Prior Plan on January 1, 2000 shall continue to be Participants of the Plan. For those who were not participants at January 1, 2000, an employee may become a participant of the Plan on the later of the date as of which he/she completes one year of Continuous Service or attains his/her 21st birthday.

**Credited Service**

For employment prior to January 1, 1974, an employee shall earn one year of Credited Service for each year of employment, computed to include complete calendar months. For employment on or after April 15, 1996, an employee shall earn one year of Credited Service for each year in which the employee completes 1,250 hours of service, plus a prorated amount for each 50 hours of service in years in which the employee completes less than 1,250 hours of service but at least 1,000 hours of service.

For periods between April 14, 1990 and April 14, 1996, the minimum number of hours for full credit was 1,500; for periods between January 1, 1974 and April 14, 1990, the minimum number of hours for full credit was 1,900. In each case, partial credit was given on a sliding scale for hours of 1,000 or more.

# SCHEDULE SB ATTACHMENTS

**Vesting Service**

One year of Vesting Service for each calendar year in which the employee completes 1,000 hours of service.

**Accrued Benefit**

Monthly benefit equal to $28.00 for each year of Credited Service, offset by the benefit accrued in the Prior Plan as of December 31, 1999.

**Normal Retirement Benefit**

Normal Retirement Date: For participants who complete an hour of service on or after January 1, 2000, end of the month in which the Participant attains age 65.

Benefit: Accrued benefit payable at Normal Retirement Date.

**Late Retirement**

Late Retirement Date: Retirement after Normal Retirement Date.

Benefit Formula: The greater of (a) the benefit determined as for Normal Retirement, based on Credited Service to actual retirement, and (b) the actuarial equivalent value of the benefit as of Normal Retirement.

**Early Retirement**

Eligibility: Age 55 and 15 years of Vesting Service.

Benefit: Determined as for Normal Retirement based on Credited Service to Early Retirement Date, reduced for each additional year that commencement precedes Normal Retirement Date so that the resulting pension benefit is the actuarial equivalent value of the Normal Retirement Benefit, using the UP-1984 Mortality Table and an interest rate of 7-1/2%.

The early retirement benefit shall be unreduced for early commencement if:

1) A participant has completed at least one hour of service on or after April 11, 1990, has attained age 60 and has completed 30 years of continuous service.

2) A participant has completed at least one hour of service on or after April 11, 1993, has attained age 58 and has completed 30 years of continuous service.

3) A participant has completed at least one hour of service on or after April 15, 2001, has attained age 55 and has completed 30 years of continuous service.

# SCHEDULE SB ATTACHMENTS

**Vested Benefits Upon Termination of Service**

Vesting: Termination for reasons other than death or retirement after completing 5 years of Continuous Service.

Benefit: Determined as for Normal Retirement, but based on Credited Service to date of termination. This benefit is payable at Normal Retirement Date, or upon an Early Retirement Date no earlier than age 55 with a reduction equal to the actuarial equivalent of the Normal Retirement Benefit for the time period that commencement precedes Normal Retirement.

**Death Benefits for Participants in Active Service or With a Deferred Vested Benefit**

Eligibility: Death in active service with entitlement to any retirement benefit, or after termination of employment with entitlement to a deferred vested pension.

Benefit: 50% of the benefit which would have been payable to deceased participants under the 50% Joint and Survivor option. Benefits begin when participants would have been age 65 or, at any time after participant would have been eligible for early retirement with reduction for early commencement, at spouse's election.

**Optional Forms of Retirement Income in Lieu of Normal Form**

1) Life Annuity

2) 50% Joint & Survivor Annuity

3) 66-2/3% Joint & Survivor Annuity

4) 75% Joint & Survivor Annuity

5) 100% Joint & Survivor Annuity

6) 5 or 10 Years Certain and Life Annuity

**Plan Participants' Contributions**

None

**Changes in Plan Provisions since Last Actuarial Valuation**

Effective January 1, 2009, the plan's actuarial equivalence definition was changed to 1975 Group Annuity Mortality Table (80% Male and 20% Female blend) with 8% interest.

# SCHEDULE SB ATTACHMENTS

**Significant Events that Occurred During the Year**

Effective December 31, 2009, the Plan was merged with six other pension plans sponsored by the controlled group.

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 26
## Schedule of Active Participant Data as of January 1, 2009

| Attained Age | Years of Credited Service | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 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 | |
| | No. | Avg. Comp. | No. | Avg. Comp. | No. | Avg. Comp. | No. | Avg. Comp. | No. | Avg. Comp. | No. | Avg. Comp. | No. | Avg. Comp. | No. | Avg. Comp. | No. | Avg. Comp. | No. | Avg. Comp. |
| Under 25 | 0 | | 2 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | |
| 25 - 29 | 0 | | 4 | | 1 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | |
| 30 - 34 | 0 | | 5 | | 3 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | |
| 35 - 39 | 0 | | 5 | | 1 | | 1 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | |
| 40 - 44 | 0 | | 2 | | 1 | | 2 | | 5 | | 1 | | 0 | | 0 | | 0 | | 0 | |
| 45 - 49 | 0 | | 0 | | 3 | | 3 | | 1 | | 0 | | 0 | | 0 | | 0 | | 0 | |
| 50 - 54 | 0 | | 1 | | 1 | | 0 | | 2 | | 0 | | 0 | | 0 | | 0 | | 0 | |
| 55 - 59 | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | |
| 60 - 64 | 0 | | 0 | | 0 | | 0 | | 2 | | 0 | | 0 | | 0 | | 0 | | 0 | |
| 65 - 69 | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | |
| 70 & Over | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | | 0 | |

Plan Name: Anvil International, LP Pension Plan for Employees at Selected Locations
EIN / PN: 01-0868924 / 004
Plan Sponsor: Anvil International, LP
Valuation Date: January 1, 2009

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Part V
## Statement of Actuarial Assumptions and Methods
## as of January 1, 2009

**Plan Sponsor**

Anvil International, LP

**EIN/PN**

01-0868924/004

**Discount Rates**

Current plan year PPA effective interest rate: 6.60%

Prior plan year PPA effective interest rate: 6.25%

3-Segment Rates (24 month average)

Applicable month: January

Transition election: No phase-in

**Assumed Cost of Living Adjustments**

0.00%

**Inclusion Date**

The valuation date coincident with or next following the date on which the employee becomes a participant.

**Administrative Expenses**

The amount included this year for plan-related expenses is $66,218.

**Mortality**

The prescribed mortality assumption under Section 430(h)(3)(A) of the Internal Revenue Code using static tables with separate mortality rates for annuitants and non-annuitants.

| | |
|---|---|
| Plan Name: | Anvil International, LP Pension Plan for Employees at Selected Locations |
| EIN / PN: | 01-0868924 / 004 |
| Plan Sponsor: | Anvil International, LP |
| Valuation Date: | January 1, 2009 |

# SCHEDULE SB ATTACHMENTS

**Disabled Mortality**

The prescribed mortality assumption under Section 430(h)(3)(A) of the Internal Revenue Code using static tables with separate mortality rates for annuitants and non-annuitants.

**Retirement**

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age and gender are shown below.

| Percentage retiring during the year | | |
|---|---|---|
| **Age** | **Males** | **Females** |
| 55 | 5.00% | 5.00% |
| 56 | 2.00% | 2.00% |
| 57 | 2.00% | 2.00% |
| 58 | 2.00% | 2.00% |
| 59 | 2.00% | 2.00% |
| 60 | 5.00% | 5.00% |
| 61 | 5.00% | 5.00% |
| 62 | 15.00% | 15.00% |
| 63 | 10.00% | 10.00% |
| 64 | 10.00% | 10.00% |
| 65 | 60.00% | 60.00% |
| 66 | 80.00% | 80.00% |
| 67 | 100.00% | 100.00% |

Upon attainment of age 55 and completion of 30 years of service prior to age 65: 25% for the first such year, 15% for the next two years, and ultimate rates thereafter. For retirements at or after age 65, the ultimate rates always apply.

# SCHEDULE SB ATTACHMENTS

**Representative Termination Rates not Due to Disability, Retirement or Mortality**

| Percentage leaving during the year | | |
|---|---|---|
| **Age** | **Males** | **Females** |
| 25 | 8.36% | 8.36% |
| 30 | 6.30% | 6.30% |
| 35 | 4.77% | 4.77% |
| 40 | 3.76% | 3.76% |
| 45 | 3.00% | 3.00% |
| 50 | 2.35% | 2.35% |
| 55 | 5.00% | 5.00% |
| 56 | 2.00% | 2.00% |
| 57 | 2.00% | 2.00% |
| 58 | 2.00% | 2.00% |
| 59 | 2.00% | 2.00% |
| 60 | 5.00% | 5.00% |
| 61 | 5.00% | 5.00% |
| 62 | 15.00% | 15.00% |
| 63 | 10.00% | 10.00% |
| 64 | 10.00% | 10.00% |

*Different rates are assumed for participants with less than three years of service.

**Form of Payment**

50% of active participants are assumed to elect a Single Life Annuity and 50% are assumed to elect a 50% Joint and Survivor benefit.

**Marriage**

For purposes of valuing the pre-retirement surviving spouse's benefit, 80% of eligible participants are assumed to be married and male spouses are assumed to be 3 years older than female spouses.

**Employees**

It was assumed that there will be no new or rehired employees.

# SCHEDULE SB ATTACHMENTS

**Asset Method**

Under this method, the valuation assets are equal to the average of three values (all determined without regard to receivable contributions), the result increased by the discounted present value of contributions expected to be made after the valuation date based on the prior plan year PPA effective interest rate. This amount is then subject to a 10% corridor around the market value of assets (including the discounted present value of receivable contributions) as of the valuation date. The three values used to develop the average value are: the market value of assets as of the current valuation date, the adjusted market value of assets as of the prior valuation date and the adjusted market value of assets as of the second prior valuation date. The adjusted market value as of a relevant valuation date is equal to the market value of assets as of the prior valuation date increased by actual plan contributions and assumed return on plan assets and decreased by actual plan disbursements after that date until the current valuation date. The assumed rate of return on plan assets for the prior plan year (pursuant to IRS Notice 2009-22) was 6.40%, which is the lesser of the anticipated rate of return on assets for the plan year, equal to 8.25%, and the applicable limitation for the plan year, equal to 6.40%. The assumed rate of return on plan assets for the second prior plan year (pursuant to IRS Notice 2009-22) was 6.09%, which is the lesser of the anticipated rate of return on assets for the plan year, equal to 8.25%, and the applicable limitation for the plan year, equal to 6.09%. The algebraically equivalent development of this method (pursuant to IRS Notice 2009-22) is shown in Section 2.4.

**Participant Data**

We used financial data submitted by the trustee as of January 1, 2009 without further audit and participant data as supplied by the plan sponsor. Customarily, this information would not be verified by a plan's actuary. We have reviewed the information for internal consistency and we have no reason to doubt its substantial accuracy.

**Tax Policy**

The actuarial valuation performed for the plan year ending December 31, 2009 is used to determine the maximum deductible contribution for the tax year ending December 31, 2009.

**Benefits not Included in Valuation**

We believe that we have reflected all significant Plan provisions in this valuation.

**PBGC Premium Funding Target**

For purposes of determining the PBGC Premium Funding Target in Section 2.2D, the Standard Premium Funding Target was determined using the assumptions described above, except the spot (non-averaged) 3-segment interest rates for December 2008 were used instead of the above interest assumption.

# SCHEDULE SB ATTACHMENTS

**Nature of Actuarial Calculations**

The results documented in this report are estimates based on data that may be imperfect and on assumptions about future events. Certain plan provisions may be approximated or deemed insignificant and therefore are not valued. Assumptions may be made about participant data or other factors. Reasonable efforts were made in this valuation to ensure that items that are significant in the context of the actuarial liabilities or costs are treated appropriately, and not excluded or included inappropriately. A range of results, different from those presented in this report could be considered reasonable. The numbers are not rounded, but this is for convenience only and should not imply precision, which is not inherent in actuarial calculations.

The assumptions selected for this valuation other than those prescribed by law, generally reflect long-term average expectations. If overall future plan experience is less favorable than assumed, the relative level of plan costs or contribution requirements determined in this valuation will likely increase in future valuations. Future actuarial measurements may differ significantly from the current measurements presented in this report due to such factors as the following: plan experience differing from that anticipated by the economic or demographic assumptions; increases or decreases expected as part of the natural operation of the methodology used for the measurements (such as the end of an amortization period); and changes in plan provisions or applicable law. It is beyond the scope of this actuarial valuation to analyze the potential range of future pension contributions, but we can do so upon request.

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 32
## Schedule of Amortization Bases
## as of January 1, 2009

| | Type of Base | Date Established | Remaining Amortization Period (Years) | Outstanding Balance | Amortization Payment |
|---|---|---|---|---|---|
| 1 | Shortfall | 01/01/2009 | 7 | 63,065 | 10,619 |
| Total | | | | 63,065 | 10,619 |

Plan Name: Anvil International, LP Pension Plan for Employees at Selected Locations
EIN / PN: 01-0868924 / 004
Plan Sponsor: Anvil International, LP
Valuation Date: January 1, 2009

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 25
## Change in Method
## as of January 1, 2009

The following changes in methods were made as part of this valuation:

- The discount rate was changed from the November 3-segment rates to the January 3-segment rates. This change is being made as elected by the plan sponsor and is deemed to be automatically approved by the IRS pursuant to guidance in IRS March 31, 2009 Newsletter.

- Based upon an election by the plan sponsor, the asset valuation method changed from the market value of assets to the method described in IRS Notice 2009-22 which reflects changes made by the Worker, Retiree, and Employer Recovery Act of 2008 (WRERA). Changes in the asset method for plan years beginning in 2009 to any permissible asset method are deemed to be automatically approved by the IRS.

- There has been a change in both the enrolled actuary and in the business organization providing actuarial services to the plan. The percentage changes in funding target and target normal cost due to the change in the enrolled actuary are each less than 5% (disregarding the effects of any changes that are automatically approved under final IRC 430 regulations). Therefore the change in funding method due to a change in the enrolled actuary receives automatic approval under IRS Announcement 2010-3.

- The assumption for plan-related expenses was changed from $0 in 2008 to $66,218 in 2009. The Worker, Retiree, and Employer Recovery Act of 2008 (WRERA) includes a technical corrections provision requiring target normal cost to include the amount of plan-related expenses expected to be paid from plan assets during the year.

# SCHEDULE SB ATTACHMENTS

## Statement by Enrolled Actuary

| | |
|---|---|
| **Plan Sponsor** | Anvil International, LP |
| **EIN/PN** | 01-0868924/004 |
| **Plan Name** | Anvil International, LP Pension Plan for Employees at Selected Locations |
| **Valuation Date** | January 1, 2009 |
| **Enrolled Actuary** | Monica D. Martin |
| **Enrollment Number** | 08-07271 |

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, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 22
## Description of Weighted Average Retirement Age
## as of January 1, 2009

See Schedule SB, Part V Statement of Actuarial Assumptions and Methods for retirement rates. The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

| (A) | (B) | (C) | (D) | (E) |
|---|---|---|---|---|
| Age | Retirement Rate | Weight | (B)*(C) | (A)*(D) |
| 55 | 0.0500 | 1.0000 | 0.0500 | 2.7500 |
| 56 | 0.0200 | 0.9500 | 0.0190 | 1.0640 |
| 57 | 0.0200 | 0.9310 | 0.0186 | 1.0613 |
| 58 | 0.0200 | 0.9124 | 0.0182 | 1.0584 |
| 59 | 0.0200 | 0.8941 | 0.0179 | 1.0551 |
| 60 | 0.0500 | 0.8762 | 0.0438 | 2.6287 |
| 61 | 0.0500 | 0.8324 | 0.0416 | 2.5389 |
| 62 | 0.1500 | 0.7908 | 0.1186 | 7.3546 |
| 63 | 0.1000 | 0.6722 | 0.0672 | 4.2348 |
| 64 | 0.1000 | 0.6050 | 0.0605 | 3.8718 |
| 65 | 0.6000 | 0.5445 | 0.3267 | 21.2346 |
| 66 | 0.8000 | 0.2178 | 0.1742 | 11.4993 |
| 67 | 1.0000 | 0.0436 | 0.0436 | 2.9184 |
| Average Age | | | | 63.2700 |
| Rounded for Schedule SB Item 22 | | | | 63 |

Plan Name: Anvil International, LP Pension Plan for Employees at Selected Locations
EIN / PN: 01-0868924 / 004
Plan Sponsor: Anvil International, LP
Valuation Date: January 1, 2009

# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

## Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 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

**2009**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

**A** This return/report is for:
- [ ] a multiemployer plan;
- [X] a single-employer plan;
- [ ] a multiple-employer plan; or
- [ ] a DFE (specify) _____

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

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

**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
ANVIL INTERNATIONAL, LP PENSION PLAN FOR EMPLOYEES AT SELECTED LOCATIONS

**1b** Three-digit plan number (PN) ▶ 004

**1c** Effective date of plan 08/16/1999

**2a** Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
ANVIL INTERNATIONAL, LP

MUELLER WATER PRODUCTS, INC.
1200 ABERNATHY ROAD, SUITE 1200

ATLANTA GA 30328
1200 ABERNATHY ROAD, SUITE 1200

ATLANTA GA 30328

**2b** Employer Identification Number (EIN) 01-0868924

**2c** Sponsor's telephone number (770) 206-4200

**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 | Signature of plan administrator | Date: 10-11-10 | Enter name of individual signing as plan administrator: STEVE MEAD |
| SIGN HERE | Signature of employer/plan sponsor | Date: 10-11-10 | Enter name of individual signing as employer or plan sponsor: STEVE MEAD |
| SIGN HERE | Signature of DFE | Date | Enter name of individual signing as DFE |

| 3a Plan administrator's name and address (If same as plan sponsor, enter "Same") | 3b Administrator's EIN |
|---|---|
| SAME | 3c Administrator's telephone number |

| 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: | 4b EIN |
|---|---|
| a Sponsor's name | 4c PN |

| | | |
|---|---|---|
| 5 Total number of participants at the beginning of the plan year | 5 | 71 |
| 6 Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**). | | |
| a Active participants | 6a | 0 |
| b Retired or separated participants receiving benefits | 6b | 0 |
| c Other retired or separated participants entitled to future benefits | 6c | 0 |
| d Subtotal. Add lines **6a, 6b,** and **6c** | 6d | 0 |
| e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | 6e | |
| f Total. Add lines **6d** and **6e** | 6f | 0 |
| g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | 6g | |
| h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | 6h | |
| 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 Characteristic Codes in the instructions:
1B 1G

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

| 9a Plan funding arrangement (check all that apply) | 9b Plan benefit arrangement (check all that apply) |
|---|---|
| (1) [ ] Insurance | (1) [ ] 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) [ ] **H** (Financial Information)
(2) [X] **I** (Financial Information - Small Plan)
(3) [ ] ____ **A** (Insurance Information)
(4) [ ] **C** (Service Provider Information)
(5) [X] **D** (DFE/Participating Plan Information)
(6) [ ] **G** (Financial Transaction Schedules)

| SCHEDULE SB (Form 5500) | Single-Employer Defined Benefit Plan Actuarial Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury Internal Revenue Service<br>Department of Labor Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br>▶ File as an attachment to Form 5500 or 5500-SF. | 2009<br>This Form is Open to Public Inspection |

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

▶ **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: ANVIL INTERNATIONAL, LP PENSION PLAN FOR EMPLOYEE

**B** Three-digit plan number (PN) ▶ 004

**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF: ANVIL INTERNATIONAL, LP

**D** Employer Identification Number (EIN): 01-0868924

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

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

## Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2009

| | | | | |
|---|---|---|---|---|
| 2 | Assets: | | | |
| a | Market value | | 2a | 346303 |
| b | Actuarial value | | 2b | 380933 |
| 3 | Funding target/participant count breakdown | | (1) Number of participants | (2) Funding Target |
| a | For retired participants and beneficiaries receiving payment | 3a | 5 | 84891 |
| b | For terminated vested participants | 3b | 20 | 93406 |
| c | For active participants: | | | |
| | (1) Non-vested benefits | 3c(1) | | 40429 |
| | (2) Vested benefits | 3c(2) | | 231731 |
| | (3) Total active | 3c(3) | 46 | 272160 |
| d | Total | 3d | 71 | 450457 |
| 4 | If the plan is at-risk, check the box and complete items (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 at-risk for fewer than five consecutive years and disregarding loading factor | | 4b | |
| 5 | Effective interest rate | | 5 | 6.60 % |
| 6 | Target normal cost | | 6 | 102243 |

**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: Monica D. Martin MDM — Signature of actuary

10/7/2010 — Date

MONICA D MARTIN — Type or print name of actuary

0807271 — Most recent enrollment number

TOWERS WATSON DELAWARE INC. — Firm name

404-365-1600 — Telephone number (including area code)

3500 LENOX ROAD, SUITE 900
ATLANTA GA 30326 — 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 (Item 13 from prior year) | 50931 | |
| 8 | Portion used to offset prior year's funding requirement (Item 35 from prior year) | 10686 | |
| 9 | Amount remaining (Item 7 minus item 8) | 40245 | 0 |
| 10 | Interest on item 9 using prior year's actual return of -27.98 % | -11260 | |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| | a Excess contributions (Item 38 from prior year) | | 69824 |
| | b Interest on (a) using prior year's effective rate of 6.25 % | | 4364 |
| | c Total available at beginning of current plan year to add to prefunding balance | | 74188 |
| | d Portion of (c) to be added to prefunding balance | | |
| 12 | Reduction in balances due to elections or deemed elections | 8417 | |
| 13 | Balance at beginning of current year (item 9 + item 10 + item 11d - item 12) | 20568 | 0 |

## Part III Funding percentages

| | | | |
|---|---|---|---|
| 14 | Funding target attainment percentage | 14 | 80.00 % |
| 15 | Adjusted funding target attainment percentage | 15 | 80.00 % |
| 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 | 92.00 % |
| 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 |
|---|---|---|---|---|---|
| 10/15/2009 | 9717 | | | | |
| 01/15/2010 | 10283 | | | | |
| 09/15/2010 | 81890 | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | Totals ▶ | 18(b) 101890 | 18(c) |

| | | | |
|---|---|---|---|
| 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 contribution from prior years | 19a | |
| | b Contributions made to avoid benefit restrictions adjusted to valuation date | 19b | |
| | c Contributions allocated toward minimum required contribution for current year adjusted to valuation date | 19c | 92294 |

| | | | |
|---|---|---|---|
| 20 | Quarterly contributions and liquidity shortfalls: | | |
| | a Did the plan have a "funding shortfall" for the prior year? | [X] Yes | [ ] No |
| | b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? | [X] Yes | [ ] No |
| | c If 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 |
|---|---|---|---|
| 5.32 % | 6.45 % | 6.69 % | |

b Applicable month (enter code) 21b 0

22 Weighted average retirement age 22 63

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

## Part VI Miscellaneous items

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

27 If the plan is eligible for (and is using) 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 contribution for all prior years | 28 | |
| 29 | Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a) | 29 | |
| 30 | Remaining amount of unpaid minimum required contributions (item 28 minus item 29) | 30 | 0 |

## Part VIII Minimum required contribution for current year

| | | | |
|---|---|---|---|
| 31 | Target normal cost, adjusted, if applicable (see instructions) | 31 | 102243 |

32 Amortization installments:

| | Outstanding Balance | Installment |
|---|---|---|
| a Net shortfall amortization installment | 63065 | 10619 |
| b Waiver amortization installment | | |

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 (item 31 + item 32a + item 32b - item 33) 34 112862

| | Carryover balance | Prefunding balance | Total balance |
|---|---|---|---|
| 35 Balances used to offset funding requirement | 20568 | | 20568 |

| | | | |
|---|---|---|---|
| 36 | Additional cash requirement (item 34 minus item 35) | 36 | 92294 |
| 37 | Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c) | 37 | 92294 |
| 38 | Interest-adjusted excess contributions for current year (see instructions) | 38 | 0 |
| 39 | Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37) | 39 | 0 |
| 40 | Unpaid minimum required contribution for all years | 40 | 0 |