Form 5500-SF

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form 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).

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

OMB Nos. 1210-0110
1210-0089

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A This return/report is for: [X] single-employer plan [ ] multiple-employer plan (not multiemployer) [ ] one-participant plan

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
NORDCO INC. HOURLY EMPLOYEES' RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 05/04/1987

2a Plan sponsor's name and address (employer, if for single-employer plan)
NORDCO INC.

245 WEST FOREST HILL AVENUE
OAK CREEK, WI 53154

2b Employer Identification Number (EIN) 39-1569204

2c Plan sponsor's telephone number 414-766-2340

2d Business code (see instructions) 333900

3a Plan administrator's name and address (if same as Plan sponsor, enter "Same")
NORDCO INC. 245 WEST FOREST HILL AVENUE
OAK CREEK, WI 53154

3b Administrator's EIN 39-1569204

3c Administrator's telephone number 414-766-2340

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. Sponsor's name

4b EIN

4c PN

5a Total number of participants at the beginning of the plan year	**5a**	60
b Total number of participants at the end of the plan year	**5b**	56
c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	**5c**	

6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) [X] Yes [ ] No

b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) [X] Yes [ ] No

If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.

Part III Financial Information

7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
a Total plan assets	7a	1420126	1557745
b Total plan liabilities	7b	0	0
c Net plan assets (subtract line 7b from line 7a)	7c	1420126	1557745

8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from: **(1)** Employers	8a(1)	138514	
(2) Participants	8a(2)		
(3) Others (including rollovers)	8a(3)		
b Other income (loss)	8b	212348	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		350862
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	191941	
e Certain deemed and/or corrective distributions (see instructions)	8e		
f Administrative service providers (salaries, fees, commissions)	8f	21302	
g Other expenses	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		213243
i Net income (loss) (subtract line 8h from line 8c)	8i		137619
j Transfers to (from) the plan (see instructions)	8j		

Part IV Plan Characteristics

9a 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:

Part V Compliance Questions

10 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? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X	
c Was the plan covered by a fidelity bond?	10c	X		500000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X	
f Has the plan failed to provide any benefit when due under the plan?	10f		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500)) [X] Yes [ ] No

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? [ ] Yes [X] No

(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)

a 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 letter ruling granting the waiver. Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year	12b	
c Enter the amount contributed by the employer to the plan for this plan year	12c	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d	

e Will the minimum funding amount reported on line 12d be met by the funding deadline? [ ] Yes [ ] No [ ] N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted during the plan year or any prior year? [ ] Yes [X] No

If "Yes," enter the amount of any plan assets that reverted to the employer this year 13a

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? [ ] Yes [X] No

c 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.	09/09/2011	NANCY A. ZABOROWSKI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with incorrect/unrecognized electronic signature.	09/09/2011	DANIEL GRIESBACH
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

▶ **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
NORDCO INC. HOURLY EMPLOYEES' RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
39-1569204

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 2010

2 Assets:

a	Market value	**2a**	1419504
b	Actuarial value	**2b**	1476574

3 Funding target/participant count breakdown

			(1) Number of participants	**(2)** Funding Target
a	For retired participants and beneficiaries receiving payment	**3a**	40	1999601
b	For terminated vested participants	**3b**	3	16932
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		1027
	(2) Vested benefits	**3c(2)**		157615
	(3) Total active	**3c(3)**	17	158642
d	Total	**3d**	60	2175175

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**	6.58 %
6	Target normal cost	**6**	6478

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

	07/21/2011
Signature of actuary	Date
PAMELA K. PORTER	11-05561
Type or print name of actuary	Most recent enrollment number
AON CONSULTING	312-381-4885
Firm name	Telephone number (including area code)
200 E. RANDOLPH ST. CHICAGO, IL 60601	
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)	0	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8)	0	0
10	Interest on item 9 using prior year's actual return of 25.06 %		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Excess contributions (Item 38 from prior year)		0
	b Interest on (a) using prior year's effective rate of 8.28 %		0
	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	Reduction in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12)	0	0

Part III Funding percentages

14	Funding target attainment percentage	14	67.88 %
15	Adjusted funding target attainment percentage	15	67.88 %
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	68.86 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	67.88 %

Part IV Contributions and liquidity shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/06/2010	25180				
07/12/2010	25180				
10/12/2010	25180				
01/15/2011	25180				
07/15/2011	37794				
			Totals ► 18(b)	138514	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 contribution 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	130920

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

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.03 %	6.73 %	6.82 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	65

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**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)	**29**	0
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**	6478
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	611594		124442
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**	0
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33)		**34**	130920

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement			0

36 Additional cash requirement (item 34 minus item 35)	**36**	130920
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	**37**	130920
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

Plan Sponsor: Nordco, Inc.
Plan Name: Nordco, Inc. Hourly Employees' Pension Plan
EIN: 39-1569204
Plan Number: 002

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Cost Method

Funding: Unit Credit.

FAS 87: Unit Credit.

Asset Method

Funding: The actuarial value of assets is based on smoothing as defined in IRS Notice 2009-22. This result is limited to no less than 90% and no greater than 110% of the fair market value of plan assets as of the valuation date.

FAS 87: The Market-Related Value of Assets is equal to the Fair Value.

Dates of Calculations

Funding: The Valuation Date is January 1, 2010.

FAS 87: The Measurement Date is January 1, 2010.

Employees Included in the Calculations

Hourly employees covered by a collective bargaining unit represented by a union under a collective bargaining agreement with the Company will enter on their date of employment with the Company.

Source of Data

Data is as of the valuation date and is supplied to us by the Employer. Although we believe these to be accurate and complete, the data has not been audited by us.

Plan Sponsor: Nordco, Inc.
Plan Name: Nordco, Inc. Hourly Employees' Pension Plan
EIN: 39-1569204
Plan Number: 002

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (Cont.)

Interest and Other Rate Assumptions

Below is a summary of interest and inflation rates used for the January 1, 2010 valuation.

Interest Rates	Assumption
(1) Funding	
(a) First Segment	5.03%
(b) Second Segment	6.73%
(c) Third Segment	6.82%
(2) FAS 35	8.00%
(3) FAS 87	
(a) Discount Rate	5.53%
(b) Long Term Rate of Return	8.00%

Plan Sponsor: Nordco, Inc.
Plan Name: Nordco, Inc. Hourly Employees' Pension Plan
EIN: 39-1569204
Plan Number: 002

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (Cont.)

Decrement Assumptions

Below is a summary of decrements used in this valuation.

Mortality Decrements	Description
(1) Funding and FAS 35	
(a) Actives	2010 IRS Mandated Mortality Table for Annuitant/Non Annuitant Males and Females
(b) Inactives	2010 IRS Mandated Mortality Table for Annuitant/Non Annuitant Males and Females
(2) FAS 87	1994 Group Annuity Mortality Table

—Disability—			—Termination—		
Decrement Age	Male Rates	Female Rates	Decrement Age	Male Rates	Female Rates
25	0.000790	0.000790	25	0.077242	0.077242
40	0.001180	0.001180	40	0.061129	0.061129
55	0.006630	0.006630	55	0.013713	0.013713
65	0.000000	0.000000	65	0.000000	0.000000

Retirement Assumption

Age65; Age 62 with 30 years of service.

Plan Sponsor: Nordco, Inc.
Plan Name: Nordco, Inc. Hourly Employees' Pension Plan
EIN: 39-1569204
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Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (Cont.)

Expenses

The normal cost for funding purposes includes actual expenses for 2009.

Form of Benefit Payment

All participants are assumed to elect the Normal Form.

For deaths in service it is assumed that (a) 95% of male employees will be married at death, (b) 95% of female employees will be married at death, and (c) husbands will be 4 years older than their wives.

Benefit and Compensation Limits

Projected benefits are limited to the IRC Section 415(b) limit that was in effect as of the beginning of the plan year.

Changes in Valuation Assumptions

The following changes in actuarial assumptions or methods have been made since the prior valuation:

1. The funding liability interest rate was changed from the IRS approved full yield curve based on the look-back month of October 2008 to the September 2009 segment rates.

2. The mortality table was changed from the 2009 IRS Mandated Mortality Table for Annuitant / Non-Annuitant Males and Females to the 2010 IRS Mandated Mortality Table for Annuitant / Non-Annuitant Males and Females.

Plan Sponsor: Nordco, Inc.
Plan Name: Nordco, Inc. Hourly Employees' Pension Plan
EIN: 39-1569204
Plan Number: 002

Schedule SB, Part V - Summary of Plan Provisions

The following summary describes principal plan provisions assumed in calculating the cost of your pension plan.

General Information

Original Effective Date:	May 4, 1987
Plan Year:	January 1st to December 31st
Employer Fiscal Year	January 1st to December 31st
Employer ID Number:	39-1569204
Plan Number:	002
Plan Administrator's ID Number:	39-1569204

Eligibility

Hourly employees covered by a collective bargaining unit represented by a union under a collective bargaining agreement with the Company will enter on their date of employment with the Company. No new entrants will be permitted to enter the plan after July 2003.

Plan Sponsor: Nordco, Inc.
Plan Name: Nordco, Inc. Hourly Employees' Pension Plan
EIN: 39-1569204
Plan Number: 002

Schedule SB, Part V - Summary of Plan Provisions (cont.)

Service

Vesting Service - A participant shall accrue one year of service for each accrual period in which he has 1,000 or more hours of work.
Credited Service - A participant shall receive one year of credited service for each year in which he is credited with 2,080 hours of work. If a participant does not receive a year of credited service, he will receive a partial year equal to a fraction of a year of credited service, the numerator of which is the actual number of hours of work credited (but not less than 1,000 hours except during the participant's last accrual period) and the denominator of which is 2,080.

Credited service for those employee's hired after April 1, 1997 was frozen effective July 2003.

Accrual period - Accrual period means the twelve month consecutive period commencing on the participant's date of employment and each anniversary thereof.

Retirement Dates

Normal Retirement Date- Later of age 65 and the completion of five years of vesting service.

Early Retirement Date- Earlier of age 60 and 10 years of vesting service or age 55 with 30 years of vesting service.

Disability Retirement Date- Upon disability and completion of 10 years of vesting service.

Plan Sponsor: Nordco, Inc.
Plan Name: Nordco, Inc. Hourly Employees' Pension Plan
EIN: 39-1569204
Plan Number: 002

Schedule SB, Part V - Summary of Plan Provisions (cont.)

Normal Retirement Benefit

The excess of (a) over (b);

(a) The monthly benefit equal to years of credited service multiplied by the appropriate benefit level as shown in the table below:

Benefit Level	Retirement Date on or After
$22.50	April 1, 1996
$23.50	April 1, 1997
$24.00	April 1, 1998
$24.50	April 1, 1999
$25.50	April 1, 2000
$26.50	April 1, 2001
$32.00	April 1, 2003

(b) The monthly amount payable to the participant under the prior plan sponsored by Rexnord, Inc. (The monthly benefit equal to $17.00 multiplied by years of credited service up to May 4, 1987).

Benefit accruals for those participants hired after April 1, 1997 were frozen July 2003.

Accrued Benefit

The Accrued Benefit at any time prior to a participant's Normal Retirement Date shall be the Normal Retirement Benefit calculated using average compensation and Credited Service as of the accrual date.

Early Retirement Benefit

The Normal Retirement Benefit, computed as of the early retirement date but reduced by 1/2% per month for each month that commencement precedes the first day of the month coincident with or next following his 62nd birthday. No reduction is made for commencement dates after age 55 and 30 years of vesting service.

Schedule SB, Part V - Summary of Plan Provisions (cont.)

Disability Retirement Benefit

The Normal Retirement Benefit, computed as of the disability date using a minimum of 20 years of credited service. Benefits commence immediately with no reduction.

Lump Sum Initial Retirement Benefit

Each participant who is eligible to receive a normal or early retirement benefit and who was an active or laid-off employee on May 1, 1984 shall receive, in lieu of the first three monthly retirement benefit payments, a lump sum equal to 13 weeks of vacation pay and shall be paid on the date he otherwise would have received his first monthly retirement benefit.

Death Benefit

The monthly benefit commencing the month after the participant's death, equal to the greater of (a), (b), and (c) below:

(a) The benefit provided under the Qualified Joint and Survivor Annuity as if the participant had retired on his date of death.

(b) $200

(c) 40% of the monthly accrued benefit which the participant would have been entitled to receive based on the benefit rate in effect and credited service on the date of his death assuming he had attained age 65 on that date. If the spouse's age is more than five years less than the participant's, the benefit will be actuarially reduced.

The month after the participant would have attained his earliest retirement age, the benefit shall recommence to be paid to the spouse based on credited service accrued as of the date of death and assuming the participant had survived to his earliest retirement age.

Plan Sponsor: Nordco, Inc.
Plan Name: Nordco, Inc. Hourly Employees' Pension Plan
EIN: 39-1569204
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Schedule SB, Part V - Summary of Plan Provisions (cont.)

Severance Benefit

Upon the termination of employment after 5 or more Years of Service a participant shall have a vested interest in his Accrued Benefit which will be payable at Normal Retirement Date. The percentage vested shall be:

Years of Service	Vested Percent
Fewer than 5	0%
5 or more	100%

In the event that a participant has met the service requirements for Early Retirement at the date of termination, he may elect to receive his vested interest at age 55. Such benefit will be reduced as described under Early Retirement Benefit.

Normal Form of Payment

The Normal Form of Payment is an annuity paid in monthly installments for life.

Optional Methods of Settlement

All Optional Methods of Settlement are actuarially equivalent to the Normal Form of Payment. If a married participant does not elect the Normal Form of Payment or does not elect one of the Optional Methods of Settlement described below, then the participant's Retirement Benefit shall automatically be paid under the first option listed below. The options are:

- A reduced benefit to be paid during the participant's lifetime with one-half of the reduced benefit to be continued to his spouse for her lifetime after his death.
- A reduced benefit to be paid during the participant's lifetime with 3/4th of the reduced benefit to be continued to his spouse for her lifetime after his death.
- A reduced benefit to be paid during the participant's lifetime with the same reduced benefit to be continued to his spouse for her lifetime after his death.
- A reduced benefit to be paid for 120-Months Certain and thereafter for life.

Plan Sponsor: Nordco, Inc.
Plan Name: Nordco, Inc. Hourly Employees' Pension Plan
EIN: 39-1569204
Plan Number: 002

Schedule SB, Part V - Summary of Plan Provisions (cont.)

Amendment or Termination of Plan

The Employer reserves the right to amend or terminate the Plan at any time. Generally, the Pension Benefit Guaranty Corporation reserves the right to terminate the Plan if the Employer fails to meet the minimum funding standards or is unable to pay benefits when due.
If the Plan is terminated, the Plan assets will be distributed among the Plan participants based upon a priority allocation procedure, and the Employer shall be liable for any unfunded vested benefits to the extent required by law.

Parties to the Plan

The following Companies are parties to the Plan:

This is a single Plan covering the employees of these Companies subject to the eligibility rules outlined above. Trust Fund assets are available to pay plan benefits for participants employed by any one of these Companies.

Additional Information

The above description is a summary only; for additional details, reference should be made to the formal Plan document.

Plan Sponsor: Nordco, Inc.
Plan Name: Nordco, Inc. Hourly Employees' Pension Plan
EIN: 39-1569204
Plan Number: 002

Schedule SB, Line 24 – Change in Actuarial Assumptions

An expense load equal to the prior year's administrative expenses paid out of plan assets has been added to the target normal cost.

Plan Sponsor: Nordco, Inc.
Plan Name: Nordco, Inc. Hourly Employees' Pension Plan
EIN: 39-1569204
Plan Number: 002

Schedule SB, line 25 - Change in Method

1. The funding liability interest rate was changed from the IRS approved Full Yield Curve based on the look-back month of October 2008 to the IRS mandated three-segment interest rates based on the look-back month of September 2009

Plan Sponsor: Nordco, Inc.
Plan Name: Nordco, Inc. Hourly Employees' Pension Plan
EIN: 39-1569204
Plan Number: 002

Schedule SB, line 26 - Schedule of Active Participant Data

	Years of Service as of 01/01/2010										
Age	Under 1	01-04	05-09	10-14	15-19	20-24	25-29	30-34	35-39	40+	Total
Under 25	0 -	0 -	0 -	0 -	0 -	0 -	0 -	0 -	0 -	0 -	0 -
25 - 29	0 -	0 -	0 -	0 -	0 -	0 -	0 -	0 -	0 -	0 -	0 -
30 - 34	0 -	0 -	1 -	0 -	0 -	0 -	0 -	0 -	0 -	0 -	1 -
35 - 39	0 -	0 -	1 -	1 -	0 -	0 -	0 -	0 -	0 -	0 -	2 -
40 - 44	0 -	0 -	1 -	1 -	0 -	0 -	0 -	0 -	0 -	0 -	2 -
45 - 49	0 -	0 -	2 -	0 -	1 -	0 -	0 -	0 -	0 -	0 -	3 -
50 - 54	0 -	0 -	1 -	4 -	0 -	0 -	0 -	0 -	0 -	0 -	5 -
55 - 59	0 -	0 -	0 -	4 -	0 -	0 -	0 -	0 -	0 -	0 -	4 -
60 - 64	0 -	0 -	0 -	0 -	0 -	0 -	0 -	0 -	0 -	0 -	0 -
65 - 69	0 -	0 -	0 -	0 -	0 -	0 -	0 -	0 -	0 -	0 -	0 -
70 & Up	0 -	0 -	0 -	0 -	0 -	0 -	0 -	0 -	0 -	0 -	0 -
Totals	0 -	0 -	6 -	10 -	1 -	0 -	0 -	0 -	0 -	0 -	17 -

Plan Sponsor: Nordco, Inc.
Plan Name: Nordco, Inc. Hourly Employees' Pension Plan
EIN: 39-1569204
Plan Number: 002

Schedule SB, line 32 - Schedule of Amortization Bases

Date Established	Period Remaining	Current Year Present Value Factor[1]	Balance		Annual Payment
			Original	Remaining	
01/01/2008	5	4.543481	$509,723	$387,354	$85,255
01/01/2009	6	5.265531	$71,468	$67,020	$12,728
01/01/2010	7	5.942052	$157,220	$157,220	$26,459
Total				$611,594	$124,442

[1] Calculated using the segment interest rates for the current Plan Year.

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

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning _____ and ending _____

▶ **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

Nordco Inc. Hourly Employees' Pension Plan

B Three-digit plan number (PN) ▶ 002

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

Nordco Inc.

D Employer Identification Number (EIN)

39-1569204

E Type of plan: ☐ Single ☒ Multiple-A ☐ Multiple-B

F Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500

Part I Basic Information

1 Enter the valuation date: Month 1 Day 1 Year 2010

2	Assets:			
a	Market value	**2a**		1,419,504
b	Actuarial value	**2b**		1,476,574
3	Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a	For retired participants and beneficiaries receiving payment	**3a**	40	1,999,601
b	For terminated vested participants	**3b**	3	16,932
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		1,027
	(2) Vested benefits	**3c(2)**		157,615
	(3) Total active	**3c(3)**	17	158,642
d	Total	**3d**	60	2,175,175
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**		6.58 %
6	Target normal cost	**6**		6,478

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

Pamela K. Porter /P.P.

Signature of actuary

07/21/2011

Date

Pamela K. Porter

Type or print name of actuary

11-05561

Most recent enrollment number

Aon Consulting, Inc.

Firm name

(312)381-4885

Telephone number (including area code)

200 E. Randolph St.

Chicago IL 60601

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)	0	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8)	0	0
10	Interest on item 9 using prior year's actual return of 25.06%		
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		0
b	Interest on (a) using prior year's effective rate of 8.28 %		0
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		0
12	Reduction in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	0	0

Part III Funding percentages

14	Funding target attainment percentage	14	67.88 %
15	Adjusted funding target attainment percentage	15	67.88 %
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	68.86 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	67.88 %

Part IV Contributions and liquidity shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/06/2010	25,180				
07/12/2010	25,180				
10/12/2010	25,180				
01/15/2011	25,180				
07/15/2011	37,794				
			Totals ▶ 18(b)	138,514	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 contribution 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	130,920

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

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.03 %	6.73 %	6.82 %	☐ N/A, full yield curve used

b Applicable month (enter code) — **21b**: 4

22 Weighted average retirement age — **22**: 65

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**: 0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a) — **29**: 0

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**: 6,478

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	611,594	124,442
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**: 0

34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33) — **34**: 130,920

35 Balances used to offset funding requirement

Carryover balance	Prefunding balance	Total balance
0	0	0

36 Additional cash requirement (item 34 minus item 35) — **36**: 130,920

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c) — **37**: 130,920

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