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

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:
- [ ] 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;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
PIPING TECHNOLOGY & PRODUCTS, INC. 401(K) SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 07/01/2000

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
PIPING TECHNOLOGY & PRODUCTS, INC.

3701 HOLMES ROAD
P.O. BOX 34506
HOUSTON, TX 77051

2b Employer Identification Number (EIN)
74-1986666

2c Sponsor's telephone number
713-731-0030

2d Business code (see instructions)
332300

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.	09/23/2011	DURGA AGRAWAL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/23/2011	DURGA AGRAWAL
	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")

PIPING TECHNOLOGY & PRODUCTS, INC.

3701 HOLMES ROAD
P.O. BOX 34506
HOUSTON, TX 77051

3b Administrator's EIN: 74-1986666

3c Administrator's telephone number: 713-731-0030

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**	404
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**	447
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	18
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	465
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	465
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	142
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	67
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:

2E 2F 2H 2J 2K 3D

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)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

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

A Name of plan
PIPING TECHNOLOGY & PRODUCTS, INC. 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
PIPING TECHNOLOGY & PRODUCTS, INC.

D Employer Identification Number (EIN)
74-1986666

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	40849	46445
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	29963	30701
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	4108	3412
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	459816	440445
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	4972035	5886943
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	5506771	6407946
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i	0	
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	5506771	6407946

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	30701	
	(B) Participants	2a(1)(B)	340500	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		371201
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)	241	
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		241
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	61697	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		61697
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	1228173	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1688722	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-460549

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	1136159	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		1136159
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		3705
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1112454
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	201900	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		201900
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	9379	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		9379
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		211279
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		901175
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [X] Unqualified (2) [ ] Qualified (3) [ ] Disclaimer (4) [ ] Adverse

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

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

(1) Name: ADAMSON, HOOD & CO., P.C. (2) EIN: 42-1613548

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. (2) [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		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			

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 ☐ **Yes** ☒ **No** **Amount:**

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)

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

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

A Name of plan
PIPING TECHNOLOGY & PRODUCTS, INC. 401(K) SAVINGS PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
PIPING TECHNOLOGY & PRODUCTS, INC.

D Employer Identification Number (EIN)
74-1986666

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): 75-3182674

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**

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):

PIPING TECHNOLOGY & PRODUCTS, INC.
401(K) SAVINGS PLAN

AS OF DECEMBER 31, 2010 and 2009

PIPING TECHNOLOGY & PRODUCTS, INC.
401 (K) SAVINGS PLAN

INDEX

	Page
AUDITORS' REPORT	
FINANCIAL STATEMENTS	1
STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS AS OF DECEMBER 31, 2010 AND 2009	2
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS FOR THE TWELVE MONTHS ENDED DECEMBER 31, 2010 AND 2009	3
NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2010 AND 2009	4-8
SCHEDULES OF ASSETS HELD FOR INVESTMENT AS OF DECEMBER 31, 2010 AND 2009	9-10

ADAMSON, HOOD & COMPANY
CERTIFIED PUBLIC ACCOUNTANTS
10500 N.W. FRWY., Suite 224
HOUSTON, TEXAS 77092
Tel. (713) 956-6266 Fax. (713) 681-1101

To the Plan Administrative Committee of the
Piping Technology & Products, Inc.
401 (k) Savings Plan

We have audited the accompanying statements of net assets available for plan benefits of the Piping Technology & Products, Inc., 401(k) Savings Plan (the Plan) as of December 31, 2010 and 2009, and the related statements of changes in net assets for the twelve-month period then ended. These financial statements and the supplemental schedules referred to below are the responsibility of the Plan administrator. Our responsibility is to express an opinion on these financial statements and schedules based on our audit thereof.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets of the Plan as of December 31, 2010 and 2009, and the changes in its net assets for the twelve-month period then ended in conformity with accounting principles generally accepted in the United States of America.

Our audit was made for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedules of assets held for investment is presented for the purpose of additional analysis and is not a required part of the basic financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The supplemental schedules have been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, are fairly stated, in all material respects in relation to the basic financial statements taken as a whole.

Adamson Hood & Company P.C.

July 27, 2011

Houston, Texas

PIPING TECHNOLOGY & PRODUCTS, INC.
401 (k) SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
AS OF DECEMBER 31, 2010 AND 2009
(Note 1)

ASSETS:

Investments in:	2010	2009
Cash and cash equivalents	$ 46,445	$ 52,365
Corporate debt instruments	3,411	4,108
Corporate common stock	440,445	459,816
Mutual funds	5,886,187	4,972,035
Employee contribution receivable	0	0
Employer contribution receivable	30,701	29,963
Total assets	6,407,189	5,518,287
LIABILITIES:		
Amounts payable to terminated participants	0	11,516
Total liabilities	0	11,516
NET ASSETS AVAILABLE FOR PLAN BENEFITS (Note 4)	$ 6,407,189	$ 5,506,771

The accompanying notes to the financial statements are an integral part of these financial statements.

PIPING TECHNOLOGY & PRODUCTS, INC.
401 (k) SAVINGS PLAN

STATEMENTS OF CHANGES IN NET ASSETS
AVAILABLE FOR PLAN BENEFITS
FOR THE TWELVE MONTHS ENDED DECEMBER 31, 2010 AND 2009
(Note 1)

	2010	2009
INVESTMENT INCOME:		
NET CAPITAL GAIN (LOSS)	$ (456,844)	$ 2,908
DIVIDENDS	60,940	56,458
INTEREST AND OTHER	241	355
Total investment income	(395,663)	59,721
NET APPRECIATION IN INVESTMENTS	1,136,158	1,348,153
COMPANY CONTRIBUTIONS	30,701	33,484
EMPLOYEE CONTRIBUTIONS	340,500	337,619
DISTRIBUTIONS AND WITHDRAWALS	(201,900)	(234,621)
ADMINISTRATIVE EXPENSES	(9,378)	(10,391)
Net (decrease) increase	900,418	1,533,965
NET ASSETS AVAILABLE FOR PLAN BENEFITS (Note 4):		
Beginning of year	5,506,771	3,972,806
End of year	$ 6,407,189	$ 5,506,771

The accompanying notes to the financial statements are an integral part of these financial statements.

PIPING TECHNOLOGY & PRODUCTS, INC.
401(k) SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2010 and 2009

1. GENERAL AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

General

The Piping Technology & Products, Inc. 401(k) Savings Plan (the Plan) is a defined contribution plan, which includes all employees of Piping Technology & Products, Inc. (the Company). The Plan is intended to comply with the Internal Revenue Code and the regulations hereunder, as amended, and is subject to the applicable provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). The financial statements of the Plan are presented on the accrual basis of accounting.

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the use of estimates and assumptions and/or reliance upon the opinions of experts that affect the reported amounts of assets and liabilities at the date of the financial statements. These statements are prepared in accordance with these accounting principles; however, actual results may differ.

Income

Plan income consists of dividends, interest, realized and unrealized gains and losses, employee contributions and Company contributions.

Expenses

Administrative expenses consist of legal, fiduciary and accounting fees.

Federal Income Taxes

The trust established under the Plan is qualified under the Internal Revenue Code as exempt from federal income taxes.

Valuation of Investments

Investments are stated at current market value as of the period-end. The current market value of the investments, as of December 31, 2010 and 2009, was determined by the Plan's trustees based on information received from the mutual funds in which they invest plan assets.

PIPING TECHNOLOGY & PRODUCTS, INC.
401(k) SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2010 and 2009

Cash

The Plan considers all short-term investments with maturity of three months or less to be cash equivalents. Cash equivalents amounted to $46,445 at December 31, 2010, and $52,365 at December 31, 2009. Although the Plan's money market mutual fund investments are considered investment grade (AAA), such investments are not insured by the FDIC, a bank, or other depository institutions.

2. SUMMARY OF THE PLAN:

Change in Fiscal Year

On March 13, 2008 the trustees of the Plan adopted a resolution to change the Plan Year to the 12 month period beginning January 1st and ending on December 31st of each year. This change had no material effect on the net assets of the Plan.

Eligibility and Contributions

An employee who is 21 years old becomes eligible to participate in the Plan on January 1 or July 1 of any calendar year if prior to January 1 or July 1 of that calendar year the employee has been employed for 12 months and the employee had completed 1,000 hours of service with the Company. Certain Company contributions to the Plan are at the Company's discretion. The discretionary contributions are allocated to participant accounts based on a ratio derived by dividing each participant's compensation by total compensation of all participants. However, the non-discretionary Company matching contributions are allocated based on a ratio derived by dividing each participant's contribution by total employee contributions and applying that ratio to total company matching contributions.

Plan earnings are allocated to participant's accounts based on a ratio derived by dividing each participant's compensation by the total compensation of all participants.

Forfeitures (which are the non-vested portion of former participants) are allocated to participant accounts based on a ratio derived by dividing each participant's compensation by total compensation of all participants.

PIPING TECHNOLOGY & PRODUCTS, INC.
401(k) SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2010 and 2009

Vesting and Distributions

All of the benefits provided by the Plan are paid by the trustee out of Plan assets (the trust fund). The term "trust fund" refers to all contributions of the employer and participants held by the trustee under the trust agreement, together with all income, profits or increments thereon. Benefits are payable in the event that a participant shall cease to be an employee. Participants of the Plan are 100 percent vested at all times as it relates to that participant's contributions. Current participants of the Plan are entitled to the vested portion of their accounts represented by Company contributions according to the vesting schedule below:

Years of Service (1,000 Hours or More)	Non - forfeitable Percentage
2 years	20%
3 years	40%
4 years	60%
5 years	80%
6 years	100%

In the event of termination of service because of retirement, participants are entitled to distributions of their vested balance in the form of one lump-sum payment. Upon disability or death of a participant, the entire amount of the participant's account shall be distributed to the participant or beneficiary in the form of one lump-sum payment. If a participant ceases to be an employee for reasons other than retirement, death or disability, the vested portion of the participant's account shall be distributed in the form of one lump-sum payment.

Valuation of Participants' Accounts

Valuation of the assets of the Plan shall be made as of the last business day of December of each fiscal year. The Plan income or loss is allocated as of each valuation date to the participants based on a participant's compensation as a percentage of all participants' compensation for the year. Employer contributions and forfeitures are allocated to the participants based on a participant's salary and wages as a percentage of total salaries and wages for the year.

PIPING TECHNOLOGY & PRODUCTS, INC.
401(k) SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2010 and 2009

Trustee and Administration

The trustees of the Plan are Durga Agrawal and Rakesh Agrawal, the President and Vice President of Piping Technology & Products, Inc. The trustees have been appointed to manage the Plan with all the powers necessary, proper and convenient for the preservation, management and direction of the Plan. The trustees execute transactions, receive all income earned by and make all disbursements from the Plan and revalue the participants' accounts as of the valuation date.

3. LIQUIDATION AND DISTRIBUTION OF PARTICIPANTS' EQUITY UPON TERMINATION:

Although it has not expressed any intent to terminate the Plan, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the terms of the ERISA.

In the event of termination of the Plan, the properties of the plan shall be reduced to cash as soon as may be expeditious. Any administrative costs or expenses incurred incident to the final liquidation shall be paid by the Plan. Upon reduction of the Plan assets to cash, the accounts of the participants shall be revalued, whereupon each participant is entitled to receive the entire amount of cash as reflected in the participant's account.

4. NET ASSETS AVAILABLE FOR PLAN BENEFITS:

At December 31, 2010 and 2009, the net assets available for Plan benefits did not exceed the amount of net assets allocated to the accounts of the participants.

5. REPORTABLE AND PARTY-IN-INTEREST TRANSACTIONS:

There were no reportable or party-in-interest transactions during the Plan years ended December 31, 2010 and 2009.

6. The following investments represent 5% or more of net assets available for benefits at December 31, 2010 and 2009.

Identity of Issue	Asset Description	2010	2009
Fidelity Balance FBALX	Mutual Funds	$ n/a	$ 391,652
Janus Overseas JAOSX	Mutual Funds	365,012	306,009
Putnam Stabel Value	Mutual Funds	431,776	n/a
Fidelity Leveraged Co. Stock FI	Mutual Funds	n/a	415,865
First American Stable Asset Adv	Mutual Funds	n/a	375,732
Janus Contrarian JSVAX	Mutual Funds	n/a	326,526

SUPPLEMENTAL INFORMATION

PIPING TECHNOLOGY & PRODUCTS, INC.
401 (k) SAVINGS PLAN

SCHEDULES OF ASSETS HELD FOR INVESTMENT
AS OF DECEMBER 31, 2010

CASH AND CASH EQUIVALENTS:	
Chase Checking Accounts	$ 46,445
TOTAL CASH EQUIVALENTS	46,445

MUTUAL FUNDS:	
Fidelity Canada FICDX	110,630
Fidelity Low Priced Stock FLPSX	11,062
Fidelity Contrafund FCNTX	2,576
Fidelity Select Materials Portfolio FSDPX	44,145
Fidelity Leveraged Company Stock FLVCX	16,791
Gabelli Small Cap Growth GABSX	45,106
Oak Mark Global Fund OAKGX	199,275
Janus Contrarian JSVAX	19,771
Janus Overseas JAOSX	150,927
Parnassus Equity Income Portfolio PRBLX	28,998
Royce Value Plus Service RYVPX	64,785
Yacktman Fund YACKX	11,950
Fidelity Balanced	83,057
Rivernorth Core Opportunity RNCOX	44,611
US Global Resources PSPFX	19,449
Simon PPTY GRP INC SPG	72,727
Fidelity Cash Reserves FDRXX	57,326
Fidelity Candad FICDX	289,397
Fidelity Contrafund FCNTX	2,615
Fidelity Low Priced Stock FLPSX	165,930
Fidelity Leveraged Company Stock FLVCX	277,397
Fidelity Select Materials Portfolio FSDPX	25,226
Gabelli Small Cap Growth GABSX	56,383
Oak Mark Global Fund OAKGX	243,887
Janus Contrarian JSVAX	136,917
Janus Overseas JAOSX	365,012
Marisco 21st Century	44,915
Parnassus Equity Income Portfolio PRBLX	227,840
Royce Value Plus Service RYVPX	121,474
Yacktman Fund YACKX	165,331
Fidelity Balanced FBALX	315,938
Rivernorth Core Opportunity RNCOX	133,833
US Global Resources PSPFX	14,908
Simon PPTY GRP INC SPG	103,967
Fidelity Cash Reserves FDRXX	18,033
Invesco Charter	312,824
Invesco Global Growth	238,526
Invesco US Government A	92,487
Invesco Large Cap Growth	313,054
American Funds AMCAP R3	75,055
American Funds American Balanced R3	82,218
American Funds Capital Income Builder R3	81,679
American Funds Capital World Gr&Inc. R3	157,379
Putnam Stabel Value	431,776
Oppenheimer Commodity STR Tot Ret N	143,810
Oppenheimer Main Street Select N	58,424
Oppenheimer Small & Mid Cap Value N	70,963
Oppenheimer Global Strategic Income N	135,803
TOTAL MUTUAL FUNDS	5,886,187

CORPORATE DEBT INSTRUMENTS/ BONDS	
Federal Home Loan Mtg.	1,137
Federal Home Loan Mtg.	2,274
TOTAL CORPORATE DEBT INSTRUMENTS/ BONDS	3,411

STOCKS:	
Bank of America	9,165
Texas Instruments	65,000
Accenture LTD Bermuda CL A	145,470
Donnelly RR & Sons	52,410
Hewlett Packard	168,400
TOTAL STOCKS	440,445

TOTAL	$ 6,376,488

The accompanying notes to the financial statements are an integral part of this schedule.

PIPING TECHNOLOGY & PRODUCTS, INC.
401 (k) SAVINGS PLAN

SCHEDULES OF ASSETS HELD FOR INVESTMENT
AS OF DECEMBER 31, 2009

CASH AND CASH EQUIVALENTS:		
Chase Checking Accounts	$	52,365
TOTAL CASH EQUIVALENTS		52,365
MUTUAL FUNDS:		
Fidelity Canada FICDX		90,800
Fidelity Diversified International FDIVX		1,883
Fidelity Contrafund FCNTX		2,203
Fidelity Balanced		110,987
Fidelity Leveraged Company Stock FLVCX		22,394
Columbia Value & Rest UMBIX		10,949
Janus Contrarian JSVAX		43,667
Janus Overseas JAOSX		126,530
Kinetics Paradigm Fund WWNPX		173,424
Royce Value Plus Service RYVPX		89,634
US Global Resources PSPFX		47,400
Simon PPTY GRP INC SPG		58,334
Fidelity Cash Reserves FDRXX		75,932
Fidelity Canada FICDX		237,523
Fidelity Diversified International FDIVX		1,859
Fidelity Contrafund FCNTX		2,236
Fidelity Balanced FBALX		391,652
Fidelity Leveraged Company Stock FLVCX		415,865
Columbia Value & Rest UMBIX		151,493
Janus Contrarian JSVAX		326,526
Janus Overseas JAOSX		306,009
Kinetics Paradigm Fund WWNPX		212,249
Marsico 21st Century MXXIX		38,395
Royce Value Plus Service RYVPX		145,870
US Global Resources PSPFX		29,835
Simon PPTY GRP INC SPG		83,391
Fidelity Cash Reserve FDRXX		1,718
AIM Charter CHTRX		272,589
AIM Global Growth AGGAX		212,989
AIM Intermediate Govt AGOVX		101,002
AIM Large Capital Growth LCGAX		257,926
American Funds AMCAP R3		48,607
American Funds American Balanced R3		52,298
American Funds Capital Income Builder R3		56,184
American Funds Capital World G & I R3		137,170
First American Stable Asset Adv		375,732
Oppenheimer Commodity TTL Return N		108,404
Oppenheimer Main Street Oportunity N		43,349
Oppenheimer Small & Mid Cap Value N		45,448
Oppenheimer Strategic Income N		61,579
TOTAL MUTUAL FUNDS		4,972,035
CORPORATE DEBT INSTRUMENTS/BONDS:		
Fed. Home Loan Mtg.		1,369
Fed. Home Loan Mtg.		2,739
TOTAL CORPORATE DEBT INSTRUMENTS/BONDS		4,108
STOCKS:		
Merrill Lynch & Co		10,346
Texas Instruments		52,120
Accenture LTD Bermuda		124,500
Donnelly RR & Sons		66,810
Hewlett Packard		206,040
TOTAL STOCKS		459,816
TOTAL	**$**	5,488,324

The accompanying notes to the financial statements are an integral part of this schedule.

Form **5558**
(Rev. January 2011)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File Certain Employee Plan Returns

▶ **For Privacy Act and Paperwork Reduction Act Notice, see instructions on page 3.**

OMB No. 1545-0212

File With IRS Only

Part I Identification

A Name of filer, plan administrator, or plan sponsor (see instructions)
Piping Technology & Products, Inc.
Number, street, and room or suite no. (If a P.O. box, see instructions)
3701 Holmes Road
City or town, state, and ZIP code
Houston TX 77051

B **Filer's identifying number (see instructions)**
Employer identification number (EIN)
74-1986666
Social security number (SSN) (see instructions)

C Plan name	Plan number	Plan year ending-- MM	DD	YYYY
1 Piping Technology & Products, Inc. 401(k) Savings Plan	0 0 3	12	31	2010
2				
3				

Part II Extension of Time to File Form 5500 series, and/or Form 8955-SSA

1 I request an extension of time until 10 / 17 / 2011 to file Form 5500 series (see Instructions).

Note. A signature IS NOT required if you are requesting an extension to file Form 5500 series.

2 I request an extension of time until _____ to file Form 8955-SSA (see instructions).

The application **is automatically approved** to the date shown on line 1 and/or line 2 (above) if: **(a)** the Form 5558 is filed on or before the normal due date of Form 5500 series, and/or Form 8955-SSA for which this extension is requested, and **(b)** the date on line 1 and/or line 2 (above) is not later than the 15th day of the third month after the normal due date.

Note. A signature IS required if you are requesting an extension to file Form 8955-SSA.

Part III Extension of Time to File Form 5330 *(see instructions)*

3 I request an extension of time until _____ to file Form 5330.
You may be approved for up to a 6 month extension to file Form 5330, after the normal due date of Form 5330.

a Enter the Code section(s) imposing the tax . . . . . ▶ **a**

b Enter the payment amount attached . . . . . ▶ **b**

c For excise taxes under section 4980 or 4980F of the Code, enter the revision/amendment date . . . ▶ **c**

4 **State in detail why you need the extension:**

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature ▶ **Date** ▶

Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2010** **This Form is Open to Public Inspection**

Part I Annual Report Identification Information

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

A This return/report is for: ☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) _____

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

C If the plan is a collectively-bargained plan, check here . . . . . ► ☐

D Check box if filing under: ☐ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II Basic Plan Information --- enter all requested information.

1a Name of plan
Piping Technology & Products, Inc. 401(k) Savings Plan

1b Three-digit plan number (PN) ► 003

1c Effective date of plan 07/01/2000

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
Piping Technology & Products, Inc.

3701 Holmes Road
P.O. Box 34506
US Houston TX 77051

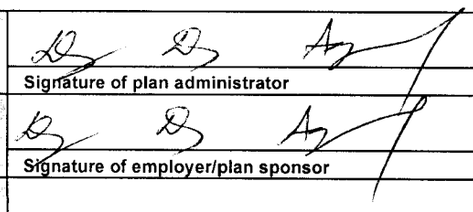
2b Employer Identification Number (EIN) 74-1986666

2c Sponsor's telephone number (713) 731-0030

2d Business code (see instructions) 332300

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		6-17-11	Durga Agrawal
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		6-17-11	Durga Agrawal
	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") Same	**3b** Administrator's EIN	
	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: **a** Sponsor's name	**4b** EIN	
	4c PN	

5 Total number of participants at the beginning of the plan year	**5**	404
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**	447
b Retired or separated participants receiving benefits	**6b**	0
c Other retired or separated participants entitled to future benefits	**6c**	18
d Subtotal. Add lines **6a, 6b** and **6c**	**6d**	465
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f Total. Add lines **6d** and **6e**	**6f**	465
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	142
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	67
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer 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:

2E 2F 2H 2J 2K 3D

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	**b** General Schedules
(1) [X] **R** (Retirement Plan Information)	(1) [X] **H** (Financial Information)
(2) [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) [ ] **I** (Financial Information - Small Plan)
(3) [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) [ ] **A** (Insurance Information)
	(4) [ ] **C** (Service Provider Information)
	(5) [ ] **D** (DFE/Participating Plan Information)
	(6) [ ] **G** (Financial Transaction Information)

SCHEDULE H (Form 5500)	**Financial Information**	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service	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).	**2010**
Department of Labor Employee Benefits Security Administration		**This Form is Open to Public Inspection.**
Pension Benefit Guaranty Corporation	▶ **File as an attachment to Form 5500.**	

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

A Name of plan	**B** Three-digit plan number (PN) ▶	003
Piping Technology & Products, Inc. 401(k) Savings Plan		
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
Piping Technology & Products, Inc.	74-1986666	

Part I **Asset and Liability Statement**

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	40,849	46,445
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	29,963	30,701
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	4,108	3,412
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	459,816	440,445
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	4,972,035	5,886,943
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	5,506,771	6,407,946
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i	0	
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	5,506,771	6,407,946

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	30,701	
(B) Participants	2a(1)(B)	340,500	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		371,201
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)	241	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		241
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	61,697	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A), (B),** and **(C)**	2b(2)(D)		61,697
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	1,228,173	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1,688,722	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		(460,549)

			(a) Amount	(b) Total
2b	(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	1,136,159	
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		1,136,159
	(6) Net investment gain (loss) from common/collective trusts	2b(6)		
	(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
	(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
	(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
	(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		3,705
c	Other income	2c		
d	Total income. Add all **income** amounts in column (b) and enter total	2d		1,112,454
	Expenses			
e	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	201,900	
	(2) To insurance carriers for the provision of benefits	2e(2)		
	(3) Other	2e(3)		
	(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		201,900
f	Corrective distributions (see instructions)	2f		
g	Certain deemed distributions of participant loans (see instructions)	2g		
h	Interest expense	2h		
i	Administrative expenses: (1) Professional fees	2i(1)		
	(2) Contract administrator fees	2i(2)	9,379	
	(3) Investment advisory and management fees	2i(3)		
	(4) Other	2i(4)		
	(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		9,379
j	Total expenses. Add all **expense** amounts in column (b) and enter total	2j		211,279
	Net Income and Reconciliation			
k	Net income (loss) (subtract line 2j from line 2d)	2k		901,175
l	Transfers of assets			
	(1) To this plan	2l(1)		
	(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):
(1) ☐ Unqualified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

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

c Enter the name and EIN of the accountant (or accounting firm) below:
(1) Name: Adamson, Hood & Co., P.C. (2) EIN: 42-1613548

d The opinion of an independent qualified public accountant is **not attached** because:
(1) ☐ This form is filed for a CCT, PSA or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer **"Yes"** for any prior year faliures 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 participant's account balance. (Attach Schedule G (Form 5500) Part I if **"Yes"** is checked.)	**4b**		x	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if **"Yes"** is checked)	**4c**		x	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if **"Yes"** is checked.)	**4d**		x	
e Was this plan covered by a fidelity bond?	**4e**	x		500,000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		x	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		x	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		x	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if **"Yes"** is checked, and see instructions for format requirements)	**4i**	x		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if **"Yes"** is checked and see instructions for format requirements.)	**4j**		x	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		x	
l Has the plan failed to provide any benefit when due under the plan?	**4l**		x	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**		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**			

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 ☐ **Yes** ☒ **No** **Amount:**

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)

Schedule H, line 4i
Schedule of Assets (Held At End of Year)

For the plan year beginning 01/01/2010 and ending 12/31/2010

Name of plan

Piping Technology & Products, Inc. 401(k) Savings Plan

Employer Identification Number

74-1986666

Three-digit plan number ▶ 003

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Invesco US Government A	Mutual Fund		92,487
	Invesco Large Cap Growth	Mutual Fund		313,054
	American Funds AMCAP R3	Mutual Fund		75,055
	American Funds Amer Bal R3	Mutual Fund		82,218
	American Funds Cap Inc Bld R31	Mutual Fund		81,679
	Amer Funds Cap World GR&IncR3	Mutual Fund		157,379
	Putnam Stabel Value	Bank Fund		431,776
	Oppen. Commodity STR	Mutual Fund		143,810
	Oppen. Main ST Select N	Mutual Fund		58,424
	Oppen. Sm & Mid Cap Value N	Mutual Fund		70,963
	Oppen. Global Strategic Inc N	Mutual Fund		135,803
	Invesco Charter	Mutual Fund		312,824
	Invesco Global Growth	Mutual Fund		238,526
	Fedi Home Ln Mtg CRrp Ser194-E	Multi Class7% Matures 9/14/21	3,371	1,137
	Fidelity Canada FICDX	Mutual Fund	106,697	110,630
	Fidelity Contrafund FCNTX	Mutual Fund	0	2,576
	Fidelity Low Priced Stock FLPS	Mutual Fund	10,000	11,062
	Fidelity Leveraged Co Stock FL	Mutual Fund	4,532	16,791
	Fidelity Select Mat.Portfolio	Mutual Fund	35,000	44,145
	Gabelli Sm Cap Growth GABSX	Mutual Fund	40,000	45,106
	Oak Mark Global Fund OAKGX	Mutual Fund	184,888	199,275
	Janus Contrarian JSVAX	Mutual Fund	21,138	19,771
	Janus Overseas JAOSX	Mutual Fund	141,000	150,927
	Parnassus Equity Inc Portfolio	Mutual Fund	28,000	28,998
	Royce Val Plus Service RYVPX	Mutual Fund	53,641	64,784
	Yacktman Fund YACKX	Mutual Fund	11,285	11,950
	Fidelity Balanced	Mutual Fund	47,692	83,057
	Rivernorth Core Opp.RNCOX	Mutual Fund	40,000	44,611
	US Global Resources PSPFX	Mutual Fund	9,780	19,449
	Simon PPTY GRP INC SPG	Mutual Fund	53,558	72,727
	Fidelity Cash Reserves FDRXX	Mutual Fund	57,327	57,327
	Accenture LTD Bermuda CL A	Stock	71,228	145,470
	Donnelley RR & Sons	Stock	105,758	52,410
	Hewlet Packard HPQ	Stock	78,000	168,400
	Bank of America BAC	STock	45,208	9,165
	Texas Instruments Inc TXN	Stock	69,024	65,000
	Fedi Hom Ln Mtg Ser 194 CL 194	Multiclass MTG 7% Mat. 9-15-21	5,871	2,274
	Fidelity Canada FICDX	Mutual Fund	281,331	289,397
	Fidelity Contrafund FCNTX	Mutual Fund	0	2,615

Schedule H, line 4i
Schedule of Assets (Held At End of Year)

For the plan year beginning 01/01/2010 and ending 12/31/2010

Name of plan

Piping Technology & Products, Inc. 401(k) Savings Plan

Employer Identification Number

74-1986666

Three-digit plan number ▶ 003

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Fidelity Low Priced Stock	Mutual Fund	150,000	165,930
	Fidelity Leveraged Co Stock	Mutual Fund	204,019	277,397
	Fidelity Select Materials	Mutual Fund	20,000	25,226
	Gabelli Sm Cap Growth GABSX	Mutual Fund	50,000	56,383
	Oak Mark Global Fund OAKSX	Mutual Fund	226,280	243,887
	Janus Contrarian JSVAX	Mutual Fund	134,225	136,917
	Janus Overseas JAOSX	Mutual Fund	341,000	365,011
	Marsico 21st Cent. MXXIX	Mutual Fund	53,000	44,915
	Parnassus Equity Inc Portfolio	Mutual Fund	22,000	227,840
	Royce Value Plus Sercie RYVPX	Mutual Fund	101,134	121,474
	Yacktman Fund YAXKX	Mutual Fund	156,131	165,331
	Fidelity Balanced FBALX	Mutual Fund	243,233	315,938
	Rivernorth Core Opp. RNCOX	Mutual Fund	120,000	133,833
	US Global Resources PSPFX	Mutual Fund	10,539	14,908
	Simon PPTY GRP INC SPG	Mutual Fund	76,508	103,967
	Fidelity Cash Reserves	Mutual Fund	18,033	18,033

SCHEDULE R (Form 5500)	Retirement Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an Attachment to Form 5500.	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

A Name of plan	B Three-digit plan number (PN) ►	
Piping Technology & Products, Inc. 401(k) Savings Plan		003

C Plan sponsor's name as shown on line 2a of Form 5500	D Employer Identification Number (EIN)
Piping Technology & Products, Inc.	74-1986666

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): 75-3182674

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

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

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

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

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

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

6 a Enter the minimum required contribution for this plan year 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 boxe(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 ESOPhas 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):

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the partipant 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 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-yeild 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 H, line 4i
Schedule of Assets (Held At End of Year)

For the plan year beginning 01/01/2010 and ending 12/31/2010

Name of plan

Piping Technology & Products, Inc. 401(k) Savings Plan

Employer Identification Number

74-1986666

Three-digit plan number ► 003

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Invesco US Government A	Mutual Fund		92,487
	Invesco Large Cap Growth	Mutual Fund		313,054
	American Funds AMCAP R3	Mutual Fund		75,055
	American Funds Amer Bal R3	Mutual Fund		82,218
	American Funds Cap Inc Bld R31	Mutual Fund		81,679
	Amer Funds Cap World GR&IncR3	Mutual Fund		157,379
	Putnam Stabel Value	Bank Fund		431,776
	Oppen. Commodity STR	Mutual Fund		143,810
	Oppen. Main ST Select N	Mutual Fund		58,424
	Oppen. Sm & Mid Cap Value N	Mutual Fund		70,963
	Oppen. Global Strategic Inc N	Mutual Fund		135,803
	Invesco Charter	Mutual Fund		312,824
	Invesco Global Growth	Mutual Fund		238,526
	Fedi Home Ln Mtg CRrp Ser194-E	Multi Class7% Matures 9/14/21	3,371	1,137
	Fidelity Canada FICDX	Mutual Fund	106,697	110,630
	Fidelity Contrafund FCNTX	Mutual Fund	0	2,576
	Fidelity Low Priced Stock FLPS	Mutual Fund	10,000	11,062
	Fidelity Leveraged Co Stock FL	Mutual Fund	4,532	16,791
	Fidelity Select Mat.Portfolio	Mutual Fund	35,000	44,145
	Gabelli Sm Cap Growth GABSX	Mutual Fund	40,000	45,106
	Oak Mark Global Fund OAKGX	Mutual Fund	184,888	199,275
	Janus Contrarian JSVAX	Mutual Fund	21,138	19,771
	Janus Overseas JAOSX	Mutual Fund	141,000	150,927
	Parnassus Equity Inc Portfolio	Mutual Fund	28,000	28,998
	Royce Val Plus Service RYVPX	Mutual Fund	53,641	64,784
	Yacktman Fund YACKX	Mutual Fund	11,285	11,950
	Fidelity Balanced	Mutual Fund	47,692	83,057
	Rivernorth Core Opp.RNCOX	Mutual Fund	40,000	44,611
	US Global Resources PSPFX	Mutual Fund	9,780	19,449
	Simon PPTY GRP INC SPG	Mutual Fund	53,558	72,727
	Fidelity Cash Reserves FDRXX	Mutual Fund	57,327	57,327
	Accenture LTD Bermuda CL A	Stock	71,228	145,470
	Donnelley RR & Sons	Stock	105,758	52,410
	Hewlet Packard HPQ	Stock	78,000	168,400
	Bank of America BAC	STock	45,208	9,165
	Texas Instruments Inc TXN	Stock	69,024	65,000
	Fedi Hom Ln Mtg Ser 194 CL 194	Multiclass MTG 7% Mat. 9-15-21	5,871	2,274
	Fidelity Canada FICDX	Mutual Fund	281,331	289,397
	Fidelity Contrafund FCNTX	Mutual Fund	0	2,615

Schedule H, line 4i
Schedule of Assets (Held At End of Year)

For the plan year beginning 01/01/2010 and ending 12/31/2010

Name of plan

Piping Technology & Products, Inc. 401(k) Savings Plan

Employer Identification Number

74-1986666

Three-digit plan number ► 003

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Invesco US Government A	Mutual Fund		92,487
	Invesco Large Cap Growth	Mutual Fund		313,054
	American Funds AMCAP R3	Mutual Fund		75,055
	American Funds Amer Bal R3	Mutual Fund		82,218
	American Funds Cap Inc Bld R31	Mutual Fund		81,679
	Amer Funds Cap World GR&IncR3	Mutual Fund		157,379
	Putnam Stabel Value	Bank Fund		431,776
	Oppen. Commodity STR	Mutual Fund		143,810
	Oppen. Main ST Select N	Mutual Fund		58,424
	Oppen. Sm & Mid Cap Value N	Mutual Fund		70,963
	Oppen. Global Strategic Inc N	Mutual Fund		135,803
	Invesco Charter	Mutual Fund		312,824
	Invesco Global Growth	Mutual Fund		238,526
	Fedi Home Ln Mtg CRrp Ser194-E	Multi Class7% Matures 9/14/21	3,371	1,137
	Fidelity Canada FICDX	Mutual Fund	106,697	110,630
	Fidelity Contrafund FCNTX	Mutual Fund	0	2,576
	Fidelity Low Priced Stock FLPS	Mutual Fund	10,000	11,062
	Fidelity Leveraged Co Stock FL	Mutual Fund	4,532	16,791
	Fidelity Select Mat.Portfolio	Mutual Fund	35,000	44,145
	Gabelli Sm Cap Growth GABSX	Mutual Fund	40,000	45,106
	Oak Mark Global Fund OAKGX	Mutual Fund	184,888	199,275
	Janus Contrarian JSVAX	Mutual Fund	21,138	19,771
	Janus Overseas JAOSX	Mutual Fund	141,000	150,927
	Parnassus Equity Inc Portfolio	Mutual Fund	28,000	28,998
	Royce Val Plus Service RYVPX	Mutual Fund	53,641	64,784
	Yacktman Fund YACKX	Mutual Fund	11,285	11,950
	Fidelity Balanced	Mutual Fund	47,692	83,057
	Rivernorth Core Opp.RNCOX	Mutual Fund	40,000	44,611
	US Global Resources PSPFX	Mutual Fund	9,780	19,449
	Simon PPTY GRP INC SPG	Mutual Fund	53,558	72,727
	Fidelity Cash Reserves FDRXX	Mutual Fund	57,327	57,327
	Accenture LTD Bermuda CL A	Stock	71,228	145,470
	Donnelley RR & Sons	Stock	105,758	52,410
	Hewlet Packard HPQ	Stock	78,000	168,400
	Bank of America BAC	STock	45,208	9,165
	Texas Instruments Inc TXN	Stock	69,024	65,000
	Fedi Hom Ln Mtg Ser 194 CL 194	Multiclass MTG 7% Mat. 9-15-21	5,871	2,274
	Fidelity Canada FICDX	Mutual Fund	281,331	289,397
	Fidelity Contrafund FCNTX	Mutual Fund	0	2,615

Schedule H, line 4i
Schedule of Assets (Held At End of Year)

For the plan year beginning 01/01/2010 and ending 12/31/2010

Name of plan

Piping Technology & Products, Inc. 401(k) Savings Plan

Employer Identification Number

74-1986666

Three-digit plan number ► 003

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Fidelity Low Priced Stock	Mutual Fund	150,000	165,930
	Fidelity Leveraged Co Stock	Mutual Fund	204,019	277,397
	Fidelity Select Materials	Mutual Fund	20,000	25,226
	Gabelli Sm Cap Growth GABSX	Mutual Fund	50,000	56,383
	Oak Mark Global Fund OAKSX	Mutual Fund	226,280	243,887
	Janus Contrarian JSVAX	Mutual Fund	134,225	136,917
	Janus Overseas JAOSX	Mutual Fund	341,000	365,011
	Marsico 21st Cent. MXXIX	Mutual Fund	53,000	44,915
	Parnassus Equity Inc Portfolio	Mutual Fund	22,000	227,840
	Royce Value Plus Sercie RYVPX	Mutual Fund	101,134	121,474
	Yacktman Fund YAXKX	Mutual Fund	156,131	165,331
	Fidelity Balanced FBALX	Mutual Fund	243,233	315,938
	Rivernorth Core Opp. RNCOX	Mutual Fund	120,000	133,833
	US Global Resources PSPFX	Mutual Fund	10,539	14,908
	Simon PPTY GRP INC SPG	Mutual Fund	76,508	103,967
	Fidelity Cash Reserves	Mutual Fund	18,033	18,033

Schedule H, line 4i
Schedule of Assets (Held At End of Year)

For the plan year beginning 01/01/2010 and ending 12/31/2010

Name of plan

Piping Technology & Products, Inc. 401(k) Savings Plan

Employer Identification Number

74-1986666

Three-digit plan number ► 003

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	Fidelity Low Priced Stock	Mutual Fund	150,000	165,930
	Fidelity Leveraged Co Stock	Mutual Fund	204,019	277,397
	Fidelity Select Materials	Mutual Fund	20,000	25,226
	Gabelli Sm Cap Growth GABSX	Mutual Fund	50,000	56,383
	Oak Mark Global Fund OAKSX	Mutual Fund	226,280	243,887
	Janus Contrarian JSVAX	Mutual Fund	134,225	136,917
	Janus Overseas JAOSX	Mutual Fund	341,000	365,011
	Marsico 21st Cent. MXXIX	Mutual Fund	53,000	44,915
	Parnassus Equity Inc Portfolio	Mutual Fund	22,000	227,840
	Royce Value Plus Sercie RYVPX	Mutual Fund	101,134	121,474
	Yacktman Fund YAXKX	Mutual Fund	156,131	165,331
	Fidelity Balanced FBALX	Mutual Fund	243,233	315,938
	Rivernorth Core Opp. RNCOX	Mutual Fund	120,000	133,833
	US Global Resources PSPFX	Mutual Fund	10,539	14,908
	Simon PPTY GRP INC SPG	Mutual Fund	76,508	103,967
	Fidelity Cash Reserves	Mutual Fund	18,033	18,033

Schedule H, line 4i
Schedule of Assets (Held At End of Year)

For the plan year beginning 01/01/2010 and ending 12/31/2010

Name of plan

Piping Technology & Products, Inc. 401(k) Savings Plan

Employer Identification Number

74-1986666

Three-digit plan number ► 003

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value

Schedule H, line 4i
Schedule of Assets (Held At End of Year)

For the plan year beginning 01/01/2010 and ending 12/31/2010

Name of plan

Piping Technology & Products, Inc. 401(k) Savings Plan

Employer Identification Number

74-1986666

Three-digit plan number ► 003

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value