

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
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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:	☒ 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:	☒ Form 5558 ☐ automatic extension ☐ DFVC program ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan MOEN OF PENNSYLVANIA,INC. HOURLY EMPLOYEES PENSION PLAN	1b Three-digit plan number (PN) ▶ 011
	1c Effective date of plan 01/01/1975
2a Plan sponsor's name and address (employer, if for single-employer plan) MOEN INCORPORATED 25300 AL MOEN DRIVE NORTH OLMSTED, OH 44070-8022	2b Employer Identification Number (EIN) 36-0548230
	2c Plan sponsor's telephone number 440-962-2000
	2d Business code (see instructions) 332510
3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") MOEN INCORPORATED 25300 AL MOEN DRIVE NORTH OLMSTED, OH 44070-8022	3b Administrator's EIN 36-0548230
	3c Administrator's telephone number 440-962-2000
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 61
b Total number of participants at the end of the plan year	5b 0
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.)	☒ 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.).....	☒ 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	1269403	0
b Total plan liabilities	7b	1464	0
c Net plan assets (subtract line 7b from line 7a).....	7c	1267939	0
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
a Contributions received or receivable from:			
(1) Employers	8a(1)		
(2) Participants	8a(2)		
(3) Others (including rollovers).....	8a(3)		
b Other income (loss).....	8b	174867	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		174867
d Benefits paid (including direct rollovers and insurance premiums to provide benefits).....	8d	53817	
e Certain deemed and/or corrective distributions (see instructions)....	8e		
f Administrative service providers (salaries, fees, commissions).....	8f	80425	
g Other expenses.....	8g		
h Total expenses (add lines 8d, 8e, 8f, and 8g).....	8h		134242
i Net income (loss) (subtract line 8h from line 8c).....	8i		40625
j Transfers to (from) the plan (see instructions).....	8j	-1308564	

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 3H

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)		X	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		X	
c	Was the plan covered by a fidelity bond?	X		40000000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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.)		X	
f	Has the plan failed to provide any benefit when due under the plan?		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		X	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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			

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))..... ☒ 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 ☒ 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 ☒ 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 ☐ 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)
MOEN INCORPORATED PENSION PLAN	36-0548230	001

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.	10/15/2011	LAUREN TASHMA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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
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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 <u>MOEN OF PENNSYLVANIA,INC. HOURLY EMPLOYEES PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>011</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>MOEN INCORPORATED</u>	D Employer Identification Number (EIN) <u>36-0548230</u>
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 <u>01</u> Day <u>01</u> Year <u>2010</u>	
2 Assets:	
a Market value	2a <u>1270022</u>
b Actuarial value	2b <u>1271759</u>
3 Funding target/participant count breakdown	
	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment	3a <u>21</u> <u>534585</u>
b For terminated vested participants	3b <u>15</u> <u>140213</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>18819</u>
(2) Vested benefits	3c(2) <u>659510</u>
(3) Total active	3c(3) <u>25</u> <u>678329</u>
d Total	3d <u>61</u> <u>1353127</u>
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 <u>6.61</u> %
6 Target normal cost	6 <u>125198</u>

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	<u>09/29/2011</u>
Signature of actuary <u>MARK J. FRIEDMAN</u>	Date <u>11-05924</u>
Type or print name of actuary <u>HEWITT ASSOCIATES LLC</u>	Most recent enrollment number <u>847-295-5000</u>
Firm name <u>100 HALF DAY ROAD</u> <u>LINCOLNSHIRE, IL 60069</u>	Telephone number (including area code)
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 ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2010
v.092308.1

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)	253638	77412
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	24496	0
9	Amount remaining (Item 7 minus item 8).....	229142	77412
10	Interest on item 9 using prior year's actual return of <u>22.53</u> %	51626	17441
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		46529
b	Interest on (a) using prior year's effective rate of <u>8.17</u> %		7319
c	Total available at beginning of current plan year to add to prefunding balance		53848
d	Portion of (c) to be added to prefunding balance.....		0
12	Reduction in balances due to elections or deemed elections.....	186364	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	94404	94853

Part III		Funding percentages	
14	Funding target attainment percentage.....	14	80.00 %
15	Adjusted funding target attainment percentage.....	15	80.00 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	103.45 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV		Contributions and liquidity shortfalls	
18 Contributions made to the plan for the plan year by employer(s) and employees:			
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
		Totals ▶	18(b) 0
		18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required 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 0
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No	
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ 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
0	0
(3) 3rd	(4) 4th
0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.60 %	2nd segment: 6.65 %	3rd segment: 6.76 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 62
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	125198
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	216500	36183
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	161381
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	94404	66977
36 Additional cash requirement (item 34 minus item 35).....	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	0
38 Interest-adjusted excess contributions for current year (see instructions).....	38	0
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment 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 Pennsylvania Hourly Employees Pension Plan	B Three-digit plan number (PN) ▶ 011
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Moen Incorporated	D Employer Identification Number (EIN) 36-0548230
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 <u>1</u> Day <u>1</u> Year <u>2010</u>		
2 Assets:		
a Market value.....	2a	1,270,022
b Actuarial value.....	2b	1,271,759
3 Funding target/participant count breakdown	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment.....	3a 21	534,585
b For terminated vested participants.....	3b 15	140,213
c For active participants:		
(1) Non-vested benefits.....	3c(1)	18,819
(2) Vested benefits.....	3c(2)	659,510
(3) Total active.....	3c(3) 25	678,329
d Total.....	3d 61	1,353,127
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	6.61 %
6 Target normal cost.....	6	125,198

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**

Mark J. Friedman MF

Signature of actuary

Mark J. Friedman

Type or print name of actuary

Hewitt Associates LLC

Firm name

100 Half Day Road

Lincolnshire

IL 60069

Address of the firm

09/29/2011

Date

11-05924

Most recent enrollment number

(847) 295-5000

Telephone number (including area code)

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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2010
v.092308.1

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)	253,638	77,412
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	24,496	0
9 Amount remaining (Item 7 minus item 8)	229,142	77,412
10 Interest on item 9 using prior year's actual return of <u>22.53</u> %	51,626	17,441
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		46,529
b Interest on (a) using prior year's effective rate of <u>8.17</u> %		7,319
c Total available at beginning of current plan year to add to prefunding balance		53,848
d Portion of (c) to be added to prefunding balance		0
12 Reduction in balances due to elections or deemed elections	186,364	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	94,404	94,853

Part III Funding percentages

14 Funding target attainment percentage	14	80.00 %
15 Adjusted funding target attainment percentage	15	80.00 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	103.45 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

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

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

a Contributions allocated toward unpaid minimum required 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	0

20 Quarterly contributions and liquidity shortfalls:

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

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions used to determine funding target and target normal cost			
21 Discount rate:			
a Segment rates:	1st segment: 4.60 %	2nd segment: 6.65 %	3rd segment: 6.76 % ☐ N/A, full yield curve used
b Applicable month (enter code)			21b 0
22 Weighted average retirement age			22 62
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		125,198
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	216,500		36,183
b Waiver amortization installment	0		0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)	34		161,381
	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	94,404	66,977	161,381
36 Additional cash requirement (item 34 minus item 35)	36		0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	37		0
38 Interest-adjusted excess contributions for current year (see instructions)	38		0
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	39		0
40 Unpaid minimum required contribution for all years	40		0

Schedule SB Attachment (Form 5500)—2010 Plan Year
Pennsylvania Hourly Employees Pension Plan
EIN: 36-0548230 PN: 011

Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
57.5	20.00%	1.0000	11.50
58.5	5.00%	0.8000	2.34
59.5	5.00%	0.7600	2.26
60.5	10.00%	0.7220	4.37
61.5	5.00%	0.6498	2.00
62.5	20.00%	0.6173	7.72
63.5	10.00%	0.4938	3.14
64.5	10.00%	0.4445	2.87
65	100.00%	0.4000	26.00
Weighted Average			62.20

Schedule SB Attachment (Form 5500)—2010 Plan Year
 Pennsylvania Hourly Employees Pension Plan
 EIN: 36-0548230 PN: 011

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

Interest Rates	Based on segment rates with no lookback (as of January 2010).
1st Segment Rate	4.60%.
2nd Segment Rate	6.65%.
3rd Segment Rate	6.76%.
Optional Payment Form Election Percentage	100% elect the normal form of payment of a life annuity.
Optional Payment Form Conversion Interest Rate	N/A.
Optional Payment Form Conversion Mortality	N/A.
Retirement Age	
Active Participants	See Table 1.
Terminated Vested Participants	Age 57 for participants with at least 10 years of service. Age 65 for participants with less than 10 years of service.
Mortality Rates	
Healthy and Disabled	2010 Static Mortality Table for Annuitants and Non-Annuitants Per §1.430(h)(3)-1(e).
Withdrawal Rates	See Table 2.
Disability Rates	See Table 3.
Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$195,000.

Schedule SB Attachment (Form 5500)—2010 Plan Year
Pennsylvania Hourly Employees Pension Plan
EIN: 36-0548230 PN: 011

Valuation of Plan Assets

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Expected Return on Assets

2008 Plan Year

6.43%.

2009 Plan Year

6.69%.

Trust Expenses Included in Target Normal Cost

\$100,267. The expenses included in the target normal cost reflect the prior year's administrative and investment expenses.

Actuarial Method

Standard Unit Credit Cost Method.

Valuation Date

January 1, 2010.

Schedule SB Attachment (Form 5500)—2010 Plan Year
Pennsylvania Hourly Employees Pension Plan
EIN: 36-0548230 PN: 011

Table 1

Retirement Rates

Age	Rate
57	20.00%
58	5.00%
59	5.00%
60	10.00%
61	5.00%
62	20.00%
63	10.00%
64	10.00%
65+	100.00%

Schedule SB Attachment (Form 5500)—2010 Plan Year
 Pennsylvania Hourly Employees Pension Plan
 EIN: 36-0548230 PN: 011

Table 2—Page 1 of 2

Withdrawal Rates

Age	Years of Service					
	0	1	2	3	4	5+
18	14.40%	14.40%	14.40%	14.40%	14.40%	14.40%
19	14.40%	14.40%	14.40%	14.40%	14.40%	14.40%
20	14.40%	14.40%	14.40%	14.40%	14.40%	14.40%
21	14.40%	14.40%	14.40%	14.40%	14.40%	14.40%
22	13.50%	13.50%	13.50%	13.50%	13.50%	13.50%
23	12.90%	12.90%	12.90%	12.90%	12.90%	12.90%
24	12.00%	12.00%	12.00%	12.00%	12.00%	12.00%
25	11.40%	11.40%	11.40%	11.40%	11.40%	11.40%
26	10.80%	10.80%	10.80%	10.80%	10.80%	10.80%
27	9.90%	9.90%	9.90%	9.90%	9.90%	9.90%
28	9.30%	9.30%	9.30%	9.30%	9.30%	9.30%
29	8.70%	8.70%	8.70%	8.70%	8.70%	8.70%
30	8.70%	8.40%	8.40%	8.40%	8.40%	8.40%
31	8.70%	8.40%	7.80%	7.80%	7.80%	7.80%
32	8.70%	8.40%	7.80%	7.50%	7.20%	7.20%
33	8.70%	8.40%	7.80%	7.50%	7.20%	6.60%
34	8.70%	8.40%	7.80%	7.50%	7.20%	6.30%
35	8.70%	8.40%	7.80%	7.50%	7.20%	5.70%
36	8.70%	8.40%	7.80%	7.50%	7.20%	5.40%
37	8.70%	8.40%	7.80%	7.50%	7.20%	5.10%
38	8.70%	8.40%	7.80%	7.50%	7.20%	4.80%
39	8.70%	8.40%	7.80%	7.50%	7.20%	4.50%
40	8.70%	8.40%	7.80%	7.50%	7.20%	4.20%
41	8.70%	8.40%	7.80%	7.50%	7.20%	3.90%
42	8.70%	8.40%	7.80%	7.50%	7.20%	3.60%
43	8.70%	8.40%	7.80%	7.50%	7.20%	3.60%
44	8.70%	8.40%	7.80%	7.50%	7.20%	3.30%
45	8.70%	8.40%	7.80%	7.50%	7.20%	3.30%
46	8.70%	8.40%	7.80%	7.50%	7.20%	3.00%
47	8.70%	8.40%	7.80%	7.50%	7.20%	3.00%

Schedule SB Attachment (Form 5500)—2010 Plan Year
 Pennsylvania Hourly Employees Pension Plan
 EIN: 36-0548230 PN: 011

Table 2—Page 2 of 2

Withdrawal Rates

Age	Years of Service					
	0	1	2	3	4	5+
48	8.70%	8.40%	7.80%	7.50%	7.20%	3.00%
49	8.70%	8.40%	7.80%	7.50%	7.20%	3.00%
50	8.70%	8.40%	7.80%	7.50%	7.20%	3.00%
51	8.70%	8.40%	7.80%	7.50%	7.20%	3.00%
52	8.70%	8.40%	7.80%	7.50%	7.20%	3.00%
53	8.70%	8.40%	7.80%	7.50%	7.20%	3.00%
54	8.70%	8.40%	7.80%	7.50%	7.20%	3.00%
55	8.70%	8.40%	7.80%	7.50%	7.20%	3.00%
56	8.70%	8.40%	7.80%	7.50%	7.20%	3.00%
57+	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

Schedule SB Attachment (Form 5500)—2010 Plan Year
 Pennsylvania Hourly Employees Pension Plan
 EIN: 36-0548230 PN: 011

Table 3

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.030%	0.030%	45	0.192%	0.192%
16	0.030%	0.030%	46	0.216%	0.216%
17	0.030%	0.030%	47	0.246%	0.246%
18	0.030%	0.030%	48	0.282%	0.282%
19	0.030%	0.030%	49	0.312%	0.312%
20	0.030%	0.030%	50	0.358%	0.358%
21	0.030%	0.030%	51	0.410%	0.410%
22	0.030%	0.030%	52	0.472%	0.472%
23	0.030%	0.030%	53	0.534%	0.534%
24	0.030%	0.030%	54	0.602%	0.602%
25	0.030%	0.030%	55	0.670%	0.670%
26	0.030%	0.030%	56	0.738%	0.738%
27	0.030%	0.030%	57	0.812%	0.812%
28	0.034%	0.034%	58	0.890%	0.890%
29	0.034%	0.034%	59	0.970%	0.970%
30	0.034%	0.034%	60	1.050%	1.050%
31	0.038%	0.038%	61	1.140%	1.140%
32	0.038%	0.038%	62	1.232%	1.232%
33	0.042%	0.042%	63	1.326%	1.326%
34	0.042%	0.042%	64	1.420%	1.420%
35	0.052%	0.052%	65+	0.000%	0.000%
36	0.056%	0.056%			
37	0.066%	0.066%			
38	0.076%	0.076%			
39	0.090%	0.090%			
40	0.100%	0.100%			
41	0.114%	0.114%			
42	0.128%	0.128%			
43	0.148%	0.148%			
44	0.172%	0.172%			

Schedule SB Attachment (Form 5500)—2010 Plan Year
Pennsylvania Hourly Employees Pension Plan
EIN: 36-0548230 PN: 011

Schedule SB, Part V—Summary of Plan Provisions

Effective Date	Initially effective January 1, 1984. Restated as of January 1, 1999. Amended through March 28, 2005.																												
Eligibility for Participation	Any employee, regardless of age, who is covered under the bargaining agreement will enter the plan after completion one hour of service.																												
Normal Retirement Eligibility	Age 65 and five years as a plan participant.																												
Benefit	Monthly benefit for each year of credited service calculated according to the benefit schedule as follows: <table><tr><th>Monthly Benefit Multiplier</th><th>Effective Date</th></tr><tr><td>\$9.25</td><td>04/01/1994</td></tr><tr><td>\$9.50</td><td>04/01/1995</td></tr><tr><td>\$10.00</td><td>04/01/1996</td></tr><tr><td>\$10.50</td><td>04/01/1997</td></tr><tr><td>\$11.00</td><td>04/01/1998</td></tr><tr><td>\$12.00</td><td>04/01/1999</td></tr><tr><td>\$13.00</td><td>04/01/2000</td></tr><tr><td>\$14.00</td><td>04/01/2001</td></tr><tr><td>\$14.75</td><td>04/01/2003</td></tr><tr><td>\$15.50</td><td>04/01/2004</td></tr><tr><td>\$16.25</td><td>04/01/2005</td></tr><tr><td>\$17.00</td><td>04/01/2006</td></tr><tr><td>\$17.25</td><td>04/01/2008</td></tr></table>	Monthly Benefit Multiplier	Effective Date	\$9.25	04/01/1994	\$9.50	04/01/1995	\$10.00	04/01/1996	\$10.50	04/01/1997	\$11.00	04/01/1998	\$12.00	04/01/1999	\$13.00	04/01/2000	\$14.00	04/01/2001	\$14.75	04/01/2003	\$15.50	04/01/2004	\$16.25	04/01/2005	\$17.00	04/01/2006	\$17.25	04/01/2008
Monthly Benefit Multiplier	Effective Date																												
\$9.25	04/01/1994																												
\$9.50	04/01/1995																												
\$10.00	04/01/1996																												
\$10.50	04/01/1997																												
\$11.00	04/01/1998																												
\$12.00	04/01/1999																												
\$13.00	04/01/2000																												
\$14.00	04/01/2001																												
\$14.75	04/01/2003																												
\$15.50	04/01/2004																												
\$16.25	04/01/2005																												
\$17.00	04/01/2006																												
\$17.25	04/01/2008																												
Early Retirement Eligibility	Age 57 and 10 years of vesting service.																												
Benefit	Accrued normal retirement benefit reduced by 5/8% for each month the participant is less than 62 years of age, payable at early retirement date.																												
Disability Retirement Eligibility	Totally and permanently disabled, with at least 10 years of vesting service prior to age 65.																												
Benefit	Accrued normal retirement benefit, payable at date of disability.																												

Schedule SB Attachment (Form 5500)—2010 Plan Year
Pennsylvania Hourly Employees Pension Plan
EIN: 36-0548230 PN: 011

Terminated Vested Benefit

Eligibility

Five years of vesting service.

Benefit

Accrued normal retirement benefit. For commencement prior to Normal Retirement Date, benefit is reduced 5/8% for each month commencement precedes Normal Retirement Date.

Preretirement Surviving Spouse Benefit

Eligibility

Active or deferred vested participants with five years of vesting service who have been married for at least one year.

Benefit

50% of the accrued normal retirement benefit payable at the date the participant would have been age 57 and completed 10 years of vesting service (or age at death if later), reduced 5/8% for each month the participant was less than 62 years of age.

Normal Form of Payment

For unmarried participants: life annuity. For married participants: the actuarial equivalent qualified joint and survivor annuity.

Optional Forms of Payment

50%, 75%, or 100% Joint and Survivor Annuity. Actuarial equivalence for this purpose is based on a 6.00% interest rate and the RP-2000 Combined Healthy Mortality Table, blended 50% male and 50% female with no age setbacks.

Voluntary Lump Sum Cash-out (\$1,001–\$5,000).

Definitions

Credited Service

One full year for each calendar year in which the employee completed at least 1,800 hours of service. Credited service is granted to the nearest one twelfth (1/12) if the employee worked less than 1,800 hours in any calendar year.

Vesting Service

One full year for each calendar year in which the employee completed at least 1,000 hours of service. Vesting service is granted to the nearest one twelfth (1/12) if the employee worked less than 1,000 but more than 500 hours in any calendar year.

Schedule SB Attachment (Form 5500)—2010 Plan Year
Pennsylvania Hourly Employees Pension Plan
EIN: 36-0548230 PN: 011

Changes in Plan Provisions Since the Prior Year

The funding valuation does not reflect any plan changes.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Schedule SB Attachment (Form 5500)—2010 Plan Year
Pennsylvania Hourly Employees Pension Plan
EIN: 36-0548230 PN: 011

Schedule SB, line 25—Change in Funding Method

The funding valuation reflects the following method change:

- A change in the interest rate basis from the full yield curve with a two-month lookback (as of October 2008) to segment rates with no lookback (4.60%, 6.65%, and 6.76% as of January 2010).

This change has automatic approval under final regulations, Notice 2009-22 or other IRS guidance.

Schedule SB Attachment (Form 5500)—2010 Plan Year
 Pennsylvania Hourly Employees Pension Plan
 EIN: 36-0548230 PN: 011

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2010

Attained Age	Number of Participants									
	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34			1	1						
35-39					1					
40-44			1		1	1				
45-49				1		1	2			
50-54			3			1		4		
55-59							1	1	5	
60-64										
65-69										
70+										

N-25

Schedule SB Attachment (Form 5500)—2010 Plan Year
Pennsylvania Hourly Employees Pension Plan
EIN: 36-0548230 PN: 011

Schedule SB, line 32—Schedule of Amortization Bases

Type Of Base	Present Value of Installments	Valuation Date Established	Remaining Years in Amortization Period	Amortization Amount
Shortfall	\$ 216,500	January 1, 2010	7	\$ 36,183

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 <div style="border: 1px solid black; padding: 5px; text-align: center; font-weight: bold;">2010</div> This Form is Open to Public Inspection
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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:	☒ 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:	☒ Form 5558 ☐ automatic extension ☐ DFVC program ☐ special extension (enter description)	

Part II Basic Plan Information—enter all requested information			
1a	Name of plan MOEN OF PENNSYLVANIA, INC. HOURLY EMPLOYEES PENSION PLAN	1b	Three-digit plan number (PN) 011
		1c	Effective date of plan 01/01/1975
2a	Plan sponsor's name and address (employer, if for single-employer plan) MOEN INCORPORATED 25300 AL MOEN DRIVE NORTH OLMSTED OH 44070-8022	2b	Employer Identification Number (EIN) 36-0548230
		2c	Plan sponsor's telephone number (440) 962-2000
		2d	Business code (see instructions) 332510
3a	Plan administrator's name and address (if same as Plan sponsor, enter "Same") SAME	3b	Administrator's EIN
		3c	Administrator's telephone number (440) 962-2000
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	61
b	Total number of participants at the end of the plan year.....	5b	0
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.).....	☒ 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.).....	☒ 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.....	1,269,403	0
b	Total plan liabilities.....	1,464	0
c	Net plan assets (subtract line 7b from line 7a).....	1,267,939	0
8	Income, Expenses, and Transfers for this Plan Year	(a) Amount	(b) Total
a	Contributions received or receivable from:		
	(1) Employers.....	8a(1)	
	(2) Participants.....	8a(2)	
	(3) Others (including rollovers).....	8a(3)	
b	Other income (loss).....	174,867	
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b).....		174,867
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits).....	53,817	
e	Certain deemed and/or corrective distributions (see instructions).....	8e	
f	Administrative service providers (salaries, fees, commissions).....	80,425	
g	Other expenses.....	8g	
h	Total expenses (add lines 8d, 8e, 8f, and 8g).....		134,242
i	Net income (loss) (subtract line 8h from line 8c).....		40,625
j	Transfers to (from) the plan (see instructions).....	(1,308,564)	

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 3H

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**

	Yes	No	Amount
10 During the plan year:			
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (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	40,000,000
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		
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)) ☒ 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 ☒ 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 ☒ No

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

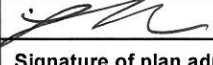
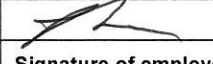
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?..... ☒ Yes ☐ No

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)
MOEN INCORPORATED PENSION PLAN	36-0548230	001

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		10/13/11	LAUREN TASHMA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE		10/13/11	LAUREN TASHMA
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor