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 sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
PEABODY ENGINEERING CORPORATION RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 03/01/1992

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)
HAMWORTHY PEABODY COMBUSTION INC.

70 SHELTON TECHNOLOGY CENTER
SHELTON, CT 06484-6406

70 SHELTON TECHNOLOGY CENTER
SHELTON, CT 06484-6406

2b Employer Identification Number (EIN) 13-1154870

2c Sponsor's telephone number 203-922-1199

2d Business code (see instructions) 333200

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
HAMWORTHY PEABODY COMBUSTION INC. 70 SHELTON TECHNOLOGY CENTER
SHELTON, CT 06484-6406

3b Administrator's EIN 13-1154870

3c Administrator's telephone number 203-922-1199

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

5a Total number of participants at the beginning of the plan year	**5a**	71
b Total number of participants at the end of the plan year	**5b**	63
c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	**5c**	

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

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

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

Part III Financial Information

		(a) Beginning of Year	(b) End of Year
7 Plan Assets and Liabilities			
a Total plan assets	7a	1710388	1644582
b Total plan liabilities	7b	0	0
c Net plan assets (subtract line 7b from line 7a)	7c	1710388	1644582

		(a) Amount	(b) Total
8 Income, Expenses, and Transfers for this Plan Year			
a Contributions received or receivable from: **(1)** Employers	8a(1)	163000	
(2) Participants	8a(2)	0	
(3) Others (including rollovers)	8a(3)	0	
b Other income (loss)	8b	-166813	
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		-3813
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	61362	
e Certain deemed and/or corrective distributions (see instructions)	8e	0	
f Administrative service providers (salaries, fees, commissions)	8f	631	
g Other expenses	8g	0	
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		61993
i Net income (loss) (subtract line 8h from line 8c)	8i		-65806
j Transfers to (from) the plan (see instructions)	8j	0	

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:
1A 1G 1I

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

Part V Compliance Questions

10 During the plan year:		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	**10a**		X	
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	**10b**		X	
c Was the plan covered by a fidelity bond?	**10c**	X		500000
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**10d**		X	
e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	**10e**		X	
f Has the plan failed to provide any benefit when due under the plan?	**10f**		X	
g Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	**10g**		X	
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**10h**		X	
i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	**10i**			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500)) ☒ 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 in any plan 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)

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.	10/10/2012	CASEY CHAMBERS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/10/2012	CASEY CHAMBERS
	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

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

▶ **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
PEABODY ENGINEERING CORPORATION RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
13-1154870

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

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2011

2 Assets:

a	Market value	**2a**	1710388
b	Actuarial value	**2b**	1710388

3 Funding target/participant count breakdown:

			(1) Number of participants	**(2)** Funding Target
a	For retired participants and beneficiaries receiving payment	**3a**	8	437251
b	For terminated vested participants	**3b**	49	900033
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		0
	(2) Vested benefits	**3c(2)**		419888
	(3) Total active	**3c(3)**	14	419888
d	Total	**3d**	71	1757172

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

a	Funding target disregarding prescribed at-risk assumptions	**4a**	
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	

5	Effective interest rate	**5**	6.02 %
6	Target normal cost	**6**	0

Statement by Enrolled Actuary

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

SIGN HERE

	10/08/2012
Signature of actuary	Date
JEFFREY D. POLAND	11-00361
Type or print name of actuary	Most recent enrollment number
THE PENSION SERVICE, INC.	203-234-2229
Firm name	Telephone number (including area code)
127 WASHINGTON AVENUE 1ST FLOOR, WEST WING NORTH HAVEN, CT 06473	
Address of the firm	

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

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 6.80%	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38 from prior year)		160638
b	Interest on (a) using prior year's effective rate of 6.54 % except as otherwise provided (see instructions)		10506
c	Total available at beginning of current plan year to add to prefunding balance		171144
d	Portion of (c) to be added to prefunding balance		127644
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	127644

Part III Funding percentages

14	Funding target attainment percentage	14	90.07 %
15	Adjusted funding target attainment percentage	15	90.07 %
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	90.94 %
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
04/12/2012	163000	0			
			Totals ► 18(b)	163000	18(c)

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	151261

20 Quarterly contributions and liquidity shortfalls:

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

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

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
3.37%	6.04%	6.49 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	2
22 Weighted average retirement age	**22**	65

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

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

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

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

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	174428	55375
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	55375

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	63983	63983

36 Additional cash requirement (line 34 minus line 35)	**36**	-8608
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	151261

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

a Total (excess, if any, of line 37 over line 36)	**38a**	151261
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	63983
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	

Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)

41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

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

42 Amount of acceleration adjustment	**42**	
43 Excess installment acceleration amount to be carried over to future plan years	**43**	

Schedule SB, line 26 - Schedule of Active Participant Data

YEARS OF CREDITED SERVICE

Attained Age	Under 1		1 To 4		5 To 9		10 To 14		15 To 19		20 To 24		25 To 29		30 To 34		35 To 39		40 & Up	
	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp	No.	Avg. Comp
Under 25	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
25 to 29	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
30 to 34	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
35 to 39	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0
40 to 44	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0
45 to 49	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
50 to 54	0	0	0	0	0	0	2	0	0	0	0	0	1	0	0	0	0	0	0	0
55 to 59	0	0	0	0	0	0	1	0	0	0	0	0	0	0	1	0	0	0	0	0
60 to 64	0	0	0	0	2	0	0	0	1	0	2	0	0	0	0	0	0	0	0	0
65 to 69	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
70 & Up	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Name of plan: PEABODY ENGINEERING CORPORATION RETIREMENT PLAN
Plan sponsor's name: HAMWORTHY PEABODY COMBUSTION INC.

Plan number: 001
EIN: 13-1154870

Schedule SB, Part V - Summary of Plan Provisions

Benefits

Pension Formula:	Benefit formula
Type of Formula:	Flat benefit
Effective Date:	01/01/2006

Flat benefit non-integrated type:	Percent
Total percent of salary:	0.00%
Dollar amount:	None
Reduction based on:	Service
Benefit reduction for years less than:	0

Averaging

Projection method:	Current Compensation	**Apply exclusion to accrued benefit:**	No
Based on:	Final Average	**Annualize short compensation years:**	No
Highest:	0	**Annualize short plan years:**	No
In the last:	0	**Include compensations based**	
Excluding:	0	**on years of:**	Accrual

Accrual

Frozen: Yes

Definition of years: Hours worked **Fractions based on:** N/A

Accrual credit:

Continuing	Died	Disabled	Retired	Terminated
0	0	0	0	0

Precision: N/A

Limit current credit to: N/A

Years based on:	Service	**Cap/floor years:**	0
Maximum past accrual years:	0.0000	**Cap or floor:**	Floor
Method:	Fractional	**Accrual % per year:**	0.00%
		Apply 415 before accrual:	No

Schedule SB, Part V - Summary of Plan Provisions

Eligibility Requirements

Age (yrs) :	0
Age (months) :	0
Wait (months) :	12
Two year eligibility :	No

Service/Participation Requirements

Definition of years:	Hours worked
Continuing hours:	0
Excluded classes:	

Earnings

Total compensation excluding : 403(b)
Cafeteria
Other
Prior to participation
415 prior to participation

Retirement	Normal	Early	Subsidized Early	Disability	Death
Age:	65				
Service:	0				
Participation:	0				
Defined:	1st of month following				

Benefit Reduction / Mortality table & setback

Male:	Actuarial Equivalence	Actuarial Equivalence	None	0
Female:	Actuarial Equivalence	Actuarial Equivalence	None	0
Rates - Male:	None	None	None	
Rates - Female:	None	None	None	

Use Social Security Retirement Age:	No	**REACT Benefits Percentage:**	50.00%
Vesting Schedule:	Immediate	**Pre-retirement death benefit**	
Vesting Definition:	Elapsed time - full month	**Percentage of accrued benefit:**	0.00%
		Death Benefit Payment method:	PVAB

	Annuity	Percent	Years
Normal:	Life only	0.00%	0
QJSA:	Joint and contingent	50.00%	0

Significant Changes in Plan Provisions Since Last Valuation

Name of Plan:	PEABODY ENGINEERING CORPORATION RETIREMENT PLAN
Plan Sponsor's EIN:	13-1154870
Plan Number:	001

Schedule SB, Part V - Statement of Actuarial Assumptions

Target Assumptions:

Male Nonannuitant:	2011 Nonannuitant Male
Female Nonannuitant:	2011 Nonannuitant Female
Male Annuitant:	2011 Annuitant Male
Female Annuitant:	2011 Annuitant Female
Applicable months from valuation month:	2
Probability of lump sum:	0.00%
Use pre-retirement mortality:	Yes

	1st	2nd	3rd
Segment rates:	3.37	6.04	6.49
High Quality Bond rates:	N/A	N/A	N/A
Final rates:	3.37	6.04	6.49
Override:	0.00	0.00	0.00

Salary Scale

Male:	0.00%
Female:	0.00%

Withdrawal

Male:	None
Female:	None

Withdrawal-Select

Male:	None
Female:	None

Early Retirement Rates

Male:	None
Female:	None

Subsidized Early Retirement Rates

Male:	None
Female:	None

Options:

Use optional combined mortality table for small plans:	Yes
Use discount rate transition:	No
Lump sums use proposed regulations:	Yes

Actuarial Equivalent Floor

Stability period:	plan year
Lookback months:	2
Nonannuitant:	None
Annuitant:	2011 Applicable

	1st	2nd	3rd
Current:	2.16	4.77	6.05
Override:	0.00	0.00	0.00

Late Retirement Rates

Male:	None
Female:	None

		Setback
Marriage Probability		
Male:	0.00%	0
Female:	0.00%	
Expense loading:	0.00%	

Disability Rates

Male:	None
Female:	None

	Mortality	Setback
Male:	None	0
Female:	None	0

Name of Plan: PEABODY ENGINEERING COI
Plan Sponsor's EIN: 13-1154870
Plan Number: 001

Schedule SB, line 32 - Schedule of Amortization Bases

Charges/Credits

Type of Base		Effective Date	Interest Rate	Initial Amount	Initial Amort	Current Balance	Rem Amort	Payment
Shortfall		01/01/2008	3.37 / 6.04	420,928	7.00	269,596	4.00	70,786
Shortfall		01/01/2009	3.37 / 6.04	117,852	7.00	92,972	5.00	19,847
Shortfall		01/01/2010	3.37 / 6.04	-286,389	7.00	-217,092	6.00	-39,978
Shortfall		01/01/2011	3.37 / 6.04	28,952	7.00	28,952	7.00	4,720
Totals	Shortfall					174,428		55,375

Name of Plan: Peabody Engineering Corporation Retirement Plan
Plan Sponsor's EIN: 13-1154870
Plan Number: 001

Peabody Engineering Corporation Retirement Plan
Schedule DB, Part IV, Line 19 - Discounted Employer Contributions
13-115487006-0469765; PN 001

Contributions for:	1/1/2011	
Prior year minimum required contribution	50,655	
Current year minimum required contribution	34,564	
Required annual payment minimum (90% * 3, 2)	31,108	
Quarterly contributions required if had funding shortfall	FALSE	**Enter either TRUE or FALSE**
Effective interest rate	6.02%	
Required quarterly contribution	0	
Due dates		
4/15/2011	0	**Enter Quarterly due dates**
7/15/2011	0	
10/15/2011	0	
1/15/2012	0	

Actual Contributions

Date	Amount	Adjusted for interest	Unpaid Quarterlies 4/15/2011	7/15/2011	10/15/2011	1/15/2012
4/12/2012	163,000.00	151,261.14	0.00	0.00	0.00	0.00
		0.00	0.00	0.00	0.00	0.00
		0.00	0.00	0.00	0.00	0.00
		0.00	0.00	0.00	0.00	0.00
		0.00	0.00	0.00	0.00	0.00
		0.00	0.00	0.00	0.00	0.00
		0.00	0.00	0.00	0.00	0.00
		0.00	0.00	0.00	0.00	0.00
		0.00	0.00	0.00	0.00	0.00
		0.00	0.00	0.00	0.00	0.00
		0.00	0.00	0.00	0.00	0.00
		0.00	0.00	0.00	0.00	0.00
		0.00	0.00	0.00	0.00	0.00
Total	163,000.00	151,261.14				
Remaining current year minimum (unadjusted for interest)		-116,697.14				

Peabody Engineering Corporation Retirement Plan
EIN: 13-1154870, PN: 001

Schedule SB, line 22, – Description of Weighted Average Retirement Age:

Normal Retirement Age – 65

All participants are assumed to retire at the Normal Retirement Age of 65

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

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

▶ 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	B Three-digit plan number (PN) ▶	
Peabody Engineering Corporation Retirement Plan		001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF	D Employer Identification Number (EIN)
Hamworthy Peabody Combustion Inc.	13-1154870

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

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2011

2	Assets:			
a	Market value	2a		1,710,388
b	Actuarial value	2b		1,710,388
3	Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a	For retired participants and beneficiaries receiving payment	3a	8	437,251
b	For terminated vested participants	3b	49	900,033
c	For active participants:			
(1)	Non-vested benefits	3c(1)		0
(2)	Vested benefits	3c(2)		419,888
(3)	Total active	3c(3)	14	419,888
d	Total	3d	71	1,757,172
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5		6.02
6	Target normal cost	6		0

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 opion, 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

Signature of actuary — Date: 10/08/2012

Jeffrey D. Poland — Type or print name of actuary

11-00361 — Most recent enrollment number

The Pension Service, Inc. — Firm name

(203) 234-2229 — Telephone number (including area code)

127 Washington Avenue
1st Floor, West Wing
US North Haven CT 06473
Address of the firm

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

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected to use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 6.80%	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38 from prior year)		160,638
b	Interest on (a) using prior year's effective rate of 6.54 % except as otherwise provided (see instructions)		10,506
c	Total available at beginning of current plan year to add to prefunding balance		171,144
d	Portion of (c) to be added to prefunding balance		127,644
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	127,644

Part III Funding percentages

14	Funding target attainment percentage	14	90.07 %
15	Adjusted funding target attainment percentage	15	90.07 %
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	90.94 %
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
04/12/2012	163,000	0			
			Totals ► 18(b)	163,000	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	151,261

20 Quarterly contributions and liquidity shortfall(s):

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

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

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
3.37 %	6.04 %	6.49 %	

b Applicable month (enter code) **21b** 2

22 Weighted average retirement age **22** 65

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

Part VI Miscellaneous items

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

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

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

27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment **27**

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years **28** 0

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

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

Part VIII Minimum required contribution for current year

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

a Target normal cost (line 6) **31a** 0

b Excess assets, if applicable, but not greater than 31a **31b** 0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	174,428	55,375
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month_____ Day_____ Year _____) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) **34** 55,375

	Carryover balance	Prefunding Balance	Total balance
35 Balances elected to use to offset funding requirement	0	63,983	63,983

36 Additional cash requirement (line 34 minus line 35) **36** 0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 151,261

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

a Total (excess, if any, of line 37 over line 36) **38a** 151,261

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b** 63,983

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

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

Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)

41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:

a Schedule elected . . . . . ☐ 2 plus 7 years ☐ 15 years

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

42 Amount of acceleration adjustment **42**

43 Excess installment acceleration amount to be carried over to future plan years **43**

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

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

▶ 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	B Three-digit plan number (PN) ▶	
Peabody Engineering Corporation Retirement Plan		001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF	D Employer Identification Number (EIN)
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42 Amount of acceleration adjustment **42**

43 Excess installment acceleration amount to be carried over to future plan years **43**

Peabody Engineering Corporation Retirement Plan
EIN: 13-1154870
PN: 001

Schedule SB, Line 36 – Additional Cash Requirement

The amount of prefunding balance initially elected (Line 35) exceeds the required minimum on Line 34. The excess amount was not revoked by means of a timely election. This excess is the negative amount shown on Line 36, which cannot be overridden in the IRS system.

HAMWORTHY
Peabody
COMBUSTION

Certified System
ISO 9001

October 12, 2011

Jeffrey D. Poland, MAAA, MSPA
Vice President, Actuarial & Consulting Services
The Pension Service, Inc.
127 Washington Avenue, P.O. Box 478
North Haven, CT 06473

Dear Jeff,

Election to Use Funding Balance to Offset Minimum Required Contributions

Under the provisions of Internal Revenue Code (IRC) section 430 and the Employee Retirement Income Security Act (ERISA) section 303, I hereby elect to use funding balance to offset minimum required contributions, as shown in item 5 below. This amount will be divided among the Funding Standard Carryover Balance and the Prefunding Balance according to final regulations and based on all past and future elections regarding funding balances with respect to the 2010-2012 plan years.

1. Plan	Peabody Engineering Corporation Retirement Plan
2. Plan sponsor	Hamworthy Peabody Combustion, Inc.
3. 2011 Plan Year	Beginning January 1, 2011 and Ending December 31, 2011
4. Amount of funding balance as of beginning of 2011 Plan Year	$146,799
5. Amount of 2011 funding balance hereby elected to be used to offset 2011 minimum required contributions (amount on beginning-of-2011 basis)	$63,983

I understand that this election is irrevocable and unconditional, except to the extent that total elections to use 2011 funding balance exceed the total 2011 minimum required contributions and a timely revocation with regard to the excess amount (PFB first) can still be made. The amount shown in item 5 above, rolled forward with interest to the date of this election, is intended to offset any contributions required for the 2011 plan year, including quarterly contributions due April 15, 2011, July 15, 2011, October 15, 2011, and January 15, 2012.

Hamworthy Peabody Combustion Inc.
70 Shelton Technology Center, Shelton, Connecticut 06484-6406 USA Tel: 203 922 1199 Fax: 203 922 8866

I understand that this election could be fully or partially invalidated to the extent a mandatory forfeiture of 2011 funding balances must occur in order to avoid the imposition of benefit restrictions under IRC § 436 and ERISA § 206(g). I understand that in such a circumstance, it may be possible to make additional contributions for the prior plan year in order to avoid the mandatory forfeiture. I understand that if it is no longer possible to make such contributions, or if the plan sponsor chooses not to make such contributions, the plan may fail to have met the funding requirements (e.g., a required quarterly contribution) for which the above election is intended.

I understand that this election will have an effect on valuation results for 2012 and later years and may therefore have an effect on minimum contribution requirements, the operation of benefit restrictions (if any) under IRC Section 436, and the plan's funded status disclosed to participants in annual funding notices. We have discussed and understand these implications, are prepared to address them as needed, and wish to proceed with the election.

ATTESTATION AND SIGNATURE

I hereby attest that I have authority to act for and bind the plan sponsor to the above election.

Signed _____

Print Name Eileen Baker

Title Controller

Date 10/12/2011

HAMWORTHY
Peabody
COMBUSTION