

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
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Part I Annual Report Identification Information			
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>			
A	This return/report is for:	☒ 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:	☒ Form 5558 ☐ automatic extension ☐ DFVC program ☐ special extension (enter description)	

Part II Basic Plan Information —enter all requested information			
1a	Name of plan <u>NORDCO INC. HOURLY EMPLOYEES' RETIREMENT PLAN</u>	1b	Three-digit plan number (PN) <u>002</u>
		1c	Effective date of plan <u>05/04/1987</u>
2a	Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>NORDCO INC.</u> <u>245 WEST FOREST HILL AVENUE</u> <u>OAK CREEK, WI 53154</u>	2b	Employer Identification Number (EIN) <u>39-1569204</u>
		2c	Sponsor's telephone number <u>414-766-2340</u>
		2d	Business code (see instructions) <u>333900</u>
3a	Plan administrator's name and address (if same as plan sponsor, enter "Same") <u>NORDCO INC.</u> <u>245 WEST FOREST HILL AVENUE</u> <u>OAK CREEK, WI 53154</u>	3b	Administrator's EIN <u>39-1569204</u>
		3c	Administrator's telephone number <u>414-766-2340</u>
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report.	4b	EIN
a	Sponsor's name	4c	PN
5a	Total number of participants at the beginning of the plan year	5a	<u>55</u>
b	Total number of participants at the end of the plan year.....	5b	<u>56</u>
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.) ☒ 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	Total plan assets	7a	<u>1557745</u>
b	Total plan liabilities.....	7b	<u>0</u>
c	Net plan assets (subtract line 7b from line 7a).....	7c	<u>1557745</u>
8	Income, Expenses, and Transfers for this Plan Year	(a) Amount	(b) Total
a	Contributions received or receivable from:		
	(1) Employers	8a(1)	<u>169869</u>
	(2) Participants	8a(2)	
	(3) Others (including rollovers).....	8a(3)	
b	Other income (loss).....	8b	<u>-61756</u>
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	<u>108113</u>
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits).....	8d	<u>178393</u>
e	Certain deemed and/or corrective distributions (see instructions)....	8e	
f	Administrative service providers (salaries, fees, commissions).....	8f	<u>12823</u>
g	Other expenses.....	8g	
h	Total expenses (add lines 8d, 8e, 8f, and 8g).....	8h	<u>191216</u>
i	Net income (loss) (subtract line 8h from line 8c).....	8i	<u>-83103</u>
j	Transfers to (from) the plan (see instructions)	8j	

Part IV Plan Characteristics**9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1B 1G

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

	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)		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		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?		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.)		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			

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?

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year?

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?

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.	10/11/2012	NANCY A. ZABOROWSKI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/11/2012	NANCY A. ZABOROWSKI
	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
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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 <u>NORDCO INC. HOURLY EMPLOYEES' RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>NORDCO INC.</u>	D Employer Identification Number (EIN) <u>39-1569204</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>2011</u>	
2 Assets:	
a Market value	2a <u>1556419</u>
b Actuarial value	2b <u>1404103</u>
3 Funding target/participant count breakdown:	
a For retired participants and beneficiaries receiving payment	3a <u>36</u> (1) Number of participants <u>1802445</u> (2) Funding Target
b For terminated vested participants	3b <u>3</u> <u>19103</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>495</u>
(2) Vested benefits	3c(2) <u>176983</u>
(3) Total active	3c(3) <u>16</u> <u>177478</u>
d Total	3d <u>55</u> <u>1999026</u>
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 <u>6.13 %</u>
6 Target normal cost	6 <u>25436</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>09/28/2012</u>
Signature of actuary	Date
<u>PAMELA K. PORTER</u>	<u>11-05561</u>
Type or print name of actuary	Most recent enrollment number
<u>AON CONSULTING</u>	<u>312-381-4885</u>
Firm name	Telephone number (including area code)
<u>200 E. RANDOLPH ST.</u> <u>CHICAGO, IL 60601</u>	
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) 2011
v.012611

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 <u>15.82</u> %		
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38 from prior year)		0
b	Interest on (a) using prior year's effective rate of <u>6.58</u> % except as otherwise provided (see instructions)		0
c	Total available at beginning of current plan year to add to prefunding balance.....		0
d	Portion of (c) to be added to prefunding balance.....		0
12	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	0

Part III		Funding percentages	
14	Funding target attainment percentage.....	14	70.23 %
15	Adjusted funding target attainment percentage.....	15	70.23 %
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	67.88 %
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
04/14/2011	25180				
04/15/2011	7550				
07/15/2011	32730				
10/13/2011	32730				
01/15/2012	32730				
07/12/2012	38949				
			Totals ►	18(b)	169869
				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 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 161466
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: 3.78%	2nd segment: 6.31%	3rd segment: 6.57%	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required 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	25436	
b Excess assets, if applicable, but not greater than 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	594923	136030	
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	161466	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	161466	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	161466	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
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	0	

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</small>	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
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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 Nordco Inc. Hourly Employees' Pension Plan	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">B Three-digit plan number (PN) ►</td> <td style="width:40%; text-align: center;">002</td> </tr> </table>	B Three-digit plan number (PN) ►	002
B Three-digit plan number (PN) ►	002		
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Nordco Inc.	D Employer Identification Number (EIN) 39-1569204		
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B			
F Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500			

Part I Basic Information			
1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2011</u>			
2 Assets:			
a Market value	2a		1,556,419
b Actuarial value	2b		1,404,103
3 Funding target/participant count breakdown:			
		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment.....	3a	36	1,802,445
b For terminated vested participants.....	3b	3	19,103
c For active participants:			
(1) Non-vested benefits.....	3c(1)		495
(2) Vested benefits.....	3c(2)		176,983
(3) Total active.....	3c(3)	16	177,478
d Total.....	3d	55	1,999,026
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		6.13 %
6 Target normal cost	6		25,436

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	<div style="font-family: cursive; font-size: 1.2em;">Pamela K. Porter / PKP</div>	<div style="font-size: 1.5em;">09/21/2012</div>
	Signature of actuary	Date
	Pamela K. Porter	11-05561
	Type or print name of actuary	Most recent enrollment number
	Aon Consulting, Inc.	(312) 381-4885
	Firm name	Telephone number (including area code)
	200 E. Randolph St.	
	Address of the firm	
	Chicago IL 60601	

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 <u>15.82</u> %.....		
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38 from prior year)		0
b	Interest on (a) using prior year's effective rate of <u>6.58</u> % except as otherwise provided (see instructions).....		0
c	Total available at beginning of current plan year to add to prefunding balance.....		0
d	Portion of (c) to be added to prefunding balance.....		0
12	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	0

Part III Funding percentages			
14	Funding target attainment percentage	14	70.23 %
15	Adjusted funding target attainment percentage	15	70.23 %
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	67.88 %
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
04/14/2011	25,180				
04/15/2011	7,550				
07/15/2011	32,730				
10/13/2011	32,730				
01/15/2012	32,730				
07/12/2012	38,949				
Totals •			18(b)	169,869	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 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 161,466

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: 3.78 %	2nd segment: 6.31 %	3rd segment: 6.57 %
			☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 4
22 Weighted average retirement age			22 65
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required 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	25,436
b Excess assets, if applicable, but not greater than 31a		31b	0
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment.....		594,923	136,030
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	161,466
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35).....		36	161,466
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....		37	161,466
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	0
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	0

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 Attachment (Form 5500)—2011 Plan Year
 Nordco Inc. Hourly Employees' Pension Plan
 EIN: 39-1569204 PN: 002

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2011

Date	Amount	Interest Rate	Interest Adjusted Contribution
April 14, 2011	\$ 25,180	6.13%	\$ 24,761
April 14, 2011	7,550	6.13%	7,423
July 15, 2011	32,730	6.13%	31,706
July 15, 2011	32,730	6.13%	31,244
July 15, 2011	32,730	6.13%	30,769
July 15, 2011	38,949	6.13%	35,563
Total Contribution	\$ 169,869		\$ 161,466

Schedule SB Attachment (Form 5500)—2011 Plan Year
Nordco Inc. Hourly Employees' Pension Plan
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Schedule SB, line 22—Description of Weighted Average Retirement Age

All active participants are assumed to retire at Age 65; Age 62 with 30 years of service.

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

Cost Method

Funding: Unit Credit.

Asset Method

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

Dates of Calculations

Funding: The Valuation Date is January 1, 2011.

Employees Included in the Calculations

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

Source of Data

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

Interest and Other Rate Assumptions

Below is a summary of interest and inflation rates used for the January 1, 2011 valuation.

Interest Rates		Assumption
(1)	Funding	
	(a) First Segment	3.78%
	(b) Second Segment	6.31%
	(c) Third Segment	6.57%

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Decrement Assumptions

Below is a summary of decrements used in this valuation.

Mortality Decrements	Description
(1) Funding and ASC 960	
(a) Actives	2011 IRS Mandated Mortality Table for Annuitant/Non Annuitant Males and Females
(b) Inactives	2011 IRS Mandated Mortality Table for Annuitant/Non Annuitant Males and Females

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

Retirement Assumption

Age 65; Age 62 with 30 years of service.

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Expenses

The normal cost for funding purposes includes actual expenses for 2010.

Form of Benefit Payment

All participants are assumed to elect the Normal Form.

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

Benefit Limits

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

Changes in Valuation Assumptions

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

1. The funding liability interest rate was changed from the September 2009 segment rates to September 2010 segment rates.
2. The mortality table was changed from the 2010 IRS Mandated Mortality Table for Annuitant / Non-Annuitant Males and Females to the 2011 IRS Mandated Mortality Table for Annuitant / Non-Annuitant Males and Females.

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Schedule SB, Part V—Summary of Plan Provisions

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

General Information

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

Eligibility

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

Service

Vesting Service - A participant shall accrue one year of service for each accrual period in which he has 1,000 or more hours of work.

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

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

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

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Retirement Dates

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

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

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

Normal Retirement Benefit

The excess of (a) over (b);

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

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

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

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

Accrued Benefit

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

Early Retirement Benefit

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

Disability Retirement Benefit

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

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Lump Sum Initial Retirement Benefit

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

Death Benefit

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

- (a) The benefit provided under the Qualified Joint and Survivor Annuity as if the participant had retired on his date of death.
- (b) \$200
- (c) 40% of the monthly accrued benefit which the participant would have been entitled to receive based on the benefit rate in effect and credited service on the date of his death assuming he had attained age 65 on that date. If the spouse's age is more than five years less than the participant's, the benefit will be actuarially reduced.

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

Severance Benefit

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

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

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

Normal Form of Payment

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

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Optional Methods of Settlement

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

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

Amendment or Termination of Plan

The Employer reserves the right to amend or terminate the Plan at any time. Generally, the Pension Benefit Guaranty Corporation reserves the right to terminate the Plan if the Employer fails to meet the minimum funding standards or is unable to pay benefits when due.

If the Plan is terminated, the Plan assets will be distributed among the Plan participants based upon a priority allocation procedure, and the Employer shall be liable for any unfunded vested benefits to the extent required by law.

Parties to the Plan

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

Additional Information

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

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Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2011

Attained Age	Number of Participants and Average Compensation									
	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							
35-39				1						
40-44			1		1					
45-49			2	1						
50-54				2	1					
55-59				6						
60-64										
65-69										
70+										

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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	\$322,837	January 1, 2008	4	\$85,255
Shortfall	\$59,170	January 1, 2009	5	\$12,728
Shortfall	\$142,487	January 1, 2010	6	\$26,459
Shortfall	\$70,429	January 1, 2011	7	\$11,588