# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

**2011**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning 03/01/2011 and ending 02/29/2012

**A** This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

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

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

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

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
HUNT VALVE COMPANY, INC. HOURLY EMPLOYEES' PENSION PLAN

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 07/01/1952

**2a** Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)

HUNT VALVE COMPANY, INC.

1913 EAST STATE STREET
SALEM, OH 44460

**2b** Employer Identification Number (EIN) 76-0000663

**2c** Sponsor's telephone number 330-337-9535

**2d** Business code (see instructions) 332900

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 12/14/2012 | MICHAEL HENDERSON |
| | **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 |
| **SIGN HERE** | | | |
| | **Signature of DFE** | Date | Enter name of individual signing as DFE |

**3a** Plan administrator's name and address (if same as plan sponsor, enter "Same")
HUNT VALVE COMPANY, INC.

1913 EAST STATE STREET
SALEM, OH 44460

**3b** Administrator's EIN
76-0000663

**3c** Administrator's telephone number
330-337-9535

**4** If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

**a** Sponsor's name

**4b** EIN

**4c** PN

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 50 |
| **6** | Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**). | | |
| **a** | Active participants | **6a** | 21 |
| **b** | Retired or separated participants receiving benefits | **6b** | 4 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 24 |
| **d** | Subtotal. Add lines **6a**, **6b**, and **6c** | **6d** | 49 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | **6e** | 1 |
| **f** | Total. Add lines **6d** and **6e** | **6f** | 50 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | |
| **h** | Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | 0 |
| **7** | Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | **7** | |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1B 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:

**9a** Plan funding arrangement (check all that apply)

| | | |
|---|---|---|
| **(1)** | ☐ | Insurance |
| **(2)** | ☐ | Code section 412(e)(3) insurance contracts |
| **(3)** | ☒ | Trust |
| **(4)** | ☐ | General assets of the sponsor |

**9b** Plan benefit arrangement (check all that apply)

| | | |
|---|---|---|
| **(1)** | ☐ | Insurance |
| **(2)** | ☐ | Code section 412(e)(3) insurance contracts |
| **(3)** | ☒ | Trust |
| **(4)** | ☐ | General assets of the sponsor |

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

| | | |
|---|---|---|
| **(1)** | ☒ | **R** (Retirement Plan Information) |
| **(2)** | ☐ | **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary |
| **(3)** | ☒ | **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |

**b General Schedules**

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

# SCHEDULE 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 03/01/2011 and ending 02/29/2012

▶ **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
HUNT VALVE COMPANY, INC. HOURLY EMPLOYEES' PENSION PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
HUNT VALVE COMPANY, INC.

**D** Employer Identification Number (EIN)
76-0000663

**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 03 Day 01 Year 2011

**2** Assets:

| | | | |
|---|---|---|---|
| **a** | Market value | **2a** | 862506 |
| **b** | Actuarial value | **2b** | 875776 |

**3** Funding target/participant count breakdown:

| | | | **(1)** Number of participants | **(2)** Funding Target |
|---|---|---|---|---|
| **a** | For retired participants and beneficiaries receiving payment | **3a** | 4 | 61245 |
| **b** | For terminated vested participants | **3b** | 24 | 361232 |
| **c** | For active participants: | | | |
| | **(1)** Non-vested benefits | **3c(1)** | | 25345 |
| | **(2)** Vested benefits | **3c(2)** | | 1022297 |
| | **(3)** Total active | **3c(3)** | 22 | 1047642 |
| **d** | Total | **3d** | 50 | 1470119 |

**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** | 6.07 % |
| **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**

| | |
|---|---|
| Signature of actuary | Date: 12/11/2012 |
| ROBERT D. FICK | 11-05435 |
| Type or print name of actuary | Most recent enrollment number |
| BUCK CONSULTANTS, LLC | 412-281-2506 |
| Firm name | Telephone number (including area code) |
| 11 STANWIX STREET SUITE 700<br>PITTSBURGH, PA 15222-1312 | |
| 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 4.79% | | |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| a | Present value of excess contributions (line 38 from prior year) | | 34270 |
| b | Interest on (a) using prior year's effective rate of 6.65 % except as otherwise provided (see instructions) | | 2279 |
| c | Total available at beginning of current plan year to add to prefunding balance | | 36549 |
| 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 | 59.57 % |
| 15 | Adjusted funding target attainment percentage | 15 | 59.57 % |
| 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 | 54.90 % |
| 17 | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage | 17 | 59.57 % |

## 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 |
|---|---|---|---|---|---|
| 04/20/2011 | 9372 | 0 | 08/19/2011 | 10000 | 0 |
| 05/13/2011 | 9372 | 0 | 09/02/2011 | 10000 | 0 |
| 05/27/2011 | 9370 | 0 | 09/19/2011 | 10000 | 0 |
| 07/08/2011 | 4225 | 0 | 09/30/2011 | 2003 | 0 |
| 07/22/2011 | 10000 | 0 | 11/25/2011 | 10000 | 0 |
| 08/05/2011 | 10000 | 0 | 12/09/2011 | 10000 | 0 |
| | | | Totals ► 18(b) | 555692 | 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 | 519718 |

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

| (1) 1st | (2) 2nd | (3) 3rd | (4) 4th |
|---|---|---|---|
| 0 | 0 | 0 | 0 |

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

## Part III Funding percentages

| | | | |
|---|---|---|---|
| 14 | Funding target attainment percentage | 14 | % |
| 15 | Adjusted funding target attainment percentage | 15 | % |
| 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 | % |
| 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 |
|---|---|---|---|---|---|
| 12/22/2011 | 10000 | 0 | 03/16/2012 | 20000 | 0 |
| 01/06/2012 | 10000 | 0 | 03/30/2012 | 20000 | 0 |
| 01/20/2012 | 10000 | 0 | 04/13/2012 | 20000 | 0 |
| 02/03/2012 | 20000 | 0 | 04/30/2012 | 20000 | 0 |
| 02/13/2012 | 20000 | 0 | 05/21/2012 | 20000 | 0 |
| 03/02/2012 | 20000 | 0 | 06/01/2012 | 25675 | 0 |
| | | | Totals ► 18(b) | | 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 | |
| b | Contributions made to avoid restrictions adjusted to valuation date | 19b | |
| c | Contributions allocated toward minimum required contribution for current year adjusted to valuation date | 19c | |

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 |
|---|---|---|---|
| | | | |

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

## Part III Funding percentages

| | | | |
|---|---|---|---|
| 14 | Funding target attainment percentage | 14 | % |
| 15 | Adjusted funding target attainment percentage | 15 | % |
| 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 | % |
| 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 |
|---|---|---|---|---|---|
| 06/22/2012 | 30000 | 0 | 10/26/2012 | 30000 | 0 |
| 07/09/2012 | 30000 | 0 | 11/08/2012 | 30000 | 0 |
| 08/21/2012 | 25675 | 0 | | | |
| 09/13/2012 | 30000 | 0 | | | |
| 09/28/2012 | 30000 | 0 | | | |
| 10/12/2012 | 30000 | 0 | | | |
| | | | Totals ► 18(b) | | 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 | |
| b | Contributions made to avoid restrictions adjusted to valuation date | 19b | |
| c | Contributions allocated toward minimum required contribution for current year adjusted to valuation date | 19c | |

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 |
|---|---|---|---|
| | | | |

## 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**: 4

**22** Weighted average retirement age — **22**: 63

**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 | 594343 | 137298 |
| **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**: 137298

| | 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**: 137298

**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) — **37**: 519718

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

**a** Total (excess, if any, of line 37 over line 36) — **38a**: 382420

**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 I (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Financial Information—Small Plan

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

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

OMB No. 1210-0110

**2011**

**This Form is Open to Public Inspection**

For calendar plan year 2011 or fiscal plan year beginning 03/01/2011 and ending 02/29/2012

**A** Name of plan
HUNT VALVE COMPANY, INC. HOURLY EMPLOYEES' PENSION PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
HUNT VALVE COMPANY, INC.

**D** Employer Identification Number (EIN)
76-0000663

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

## Part I Small Plan Financial Information

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. Include all income and expenses of the plan including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. **Round off amounts to the nearest dollar.**

| | | | **(a)** Beginning of Year | **(b)** End of Year |
|---|---|---|---|---|
| **1** | **Plan Assets and Liabilities:** | | | |
| **a** | Total plan assets | **1a** | 864386 | 1451094 |
| **b** | Total plan liabilities | **1b** | | |
| **c** | Net plan assets (subtract line 1b from line 1a) | **1c** | 864386 | 1451094 |
| **2** | **Income, Expenses, and Transfers for this Plan Year:** | | **(a)** Amount | **(b)** Total |
| **a** | Contributions received or receivable: | | | |
| | **(1)** Employers | **2a(1)** | 555692 | |
| | **(2)** Participants | **2a(2)** | | |
| | **(3)** Others (including rollovers) | **2a(3)** | | |
| **b** | Noncash contributions | **2b** | | |
| **c** | Other income | **2c** | 40128 | |
| **d** | Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c) | **2d** | | 595820 |
| **e** | Benefits paid (including direct rollovers) | **2e** | 9112 | |
| **f** | Corrective distributions (see instructions) | **2f** | | |
| **g** | Certain deemed distributions of participant loans (see instructions) | **2g** | | |
| **h** | Administrative service providers (salaries, fees, and commissions) | **2h** | | |
| **i** | Other expenses | **2i** | | |
| **j** | Total expenses (add lines 2e, 2f, 2g, 2h, and 2i) | **2j** | | 9112 |
| **k** | Net income (loss) (subtract line 2j from line 2d) | **2k** | | 586708 |
| **l** | Transfers to (from) the plan (see instructions) | **2l** | | |

**3** **Specific Assets:** If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

| | | | **Yes** | **No** | **Amount** |
|---|---|---|---|---|---|
| **a** | Partnership/joint venture interests | **3a** | | X | |
| **b** | Employer real property | **3b** | | X | |
| **c** | Real estate (other than employer real property) | **3c** | | X | |
| **d** | Employer securities | **3d** | | X | |
| **e** | Participant loans | **3e** | | X | |

| | | Yes | No | Amount |
|---|---|---|---|---|
| **3f** Loans (other than to participants) | 3f | | X | |
| **g** Tangible personal property | 3g | | X | |

## Part II Compliance Questions

| 4 During the plan year: | | Yes | No | Amount |
|---|---|---|---|---|
| **a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | 4a | | X | |
| **b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance. | 4b | | X | |
| **c** Were any leases to which the plan was a party in default or classified during the year as uncollectible? | 4c | | X | |
| **d** Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.) | 4d | | X | |
| **e** Was the plan covered by a fidelity bond? | 4e | | X | |
| **f** Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 4f | | X | |
| **g** Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4g | | X | |
| **h** Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4h | | X | |
| **i** Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest? | 4i | | X | |
| **j** Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | 4j | | X | |
| **k** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.) | 4k | X | | |
| **l** Has the plan failed to provide any benefit when due under the plan? | 4l | | X | |
| **m** If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 4m | | | |
| **n** If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 | 4n | | | |

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If "Yes," enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

**5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

| **5b(1)** Name of plan(s) | **5b(2)** EIN(s) | **5b(3)** PN(s) |
|---|---|---|
| | | |
| | | |
| | | |

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

**2011**

**This Form is Open to Public Inspection.**

For calendar plan year 2011 or fiscal plan year beginning 03/01/2011 and ending 02/29/2012

**A** Name of plan
HUNT VALVE COMPANY, INC. HOURLY EMPLOYEES' PENSION PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
HUNT VALVE COMPANY, INC.

**D** Employer Identification Number (EIN)
76-0000663

## Part I Distributions

**All references to distributions relate only to payments of benefits during the plan year.**

**1** Total value of distributions paid in property other than in cash or the forms of property specified in the instructions ..... **1** 0

**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): _____ _____

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

**3** Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. ..... **3** 0

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

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

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

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

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

**6** **a** Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) ..... **6a**

**b** Enter the amount contributed by the employer to the plan for this plan year ..... **6b**

**c** Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) ..... **6c**

**If you completed line 6c, skip lines 8 and 9.**

**7** Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

**8** If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

## Part III Amendments

**9** If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☒ **No**

## Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

**11** **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

**b** If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

**12** Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

## Part V Additional Information for Multiemployer Defined Benefit Pension Plans

**13** Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box* ☐ *and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

**e** Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

**14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

| | | |
|---|---|---|
| **a** The current year | **14a** | |
| **b** The plan year immediately preceding the current plan year | **14b** | |
| **c** The second preceding plan year | **14c** | |

**15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

| | | |
|---|---|---|
| **a** The corresponding number for the plan year immediately preceding the current plan year | **15a** | |
| **b** The corresponding number for the second preceding plan year | **15b** | |

**16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

| | | |
|---|---|---|
| **a** Enter the number of employers who withdrew during the preceding plan year | **16a** | |
| **b** If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers | **16b** | |

**17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

## Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

**18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

**19** If the total number of participants is 1,000 or more, complete items (a) through (c)

**a** Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

**b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

**c** What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

**Attachment to 2011 Form 5500**
**Schedule SB, Line 22 – Description of Weighted Average Retirement Age**
**The Hunt Valve Company, Inc. Hourly Employees' Pension Plan**
**EIN: 76-0000663 Plan: 001**

| Age | (1) q^r Retirement Rate | (2) q^(not r) Other Decrements | (3) 1-q^T Employment Rate | (4) tpx Cumulative Employment | (5) tpx*qx*Age Age Weighting | (6) tpx*qx Cumulative Decrements | (7) Weighted RA = Sum (5) / (6) |
|---|---|---|---|---|---|---|---|
| 55 | 0.020 | 0.0023 | 0.9777 | 1.0000 | 1.1100 | 0.0200 | |
| 56 | 0.020 | 0.0028 | 0.9772 | 0.9777 | 1.1048 | 0.0196 | |
| 57 | 0.020 | 0.0032 | 0.9768 | 0.9554 | 1.0987 | 0.0191 | |
| 58 | 0.020 | 0.0037 | 0.9763 | 0.9332 | 1.0918 | 0.0187 | |
| 59 | 0.020 | 0.0042 | 0.9758 | 0.9110 | 1.0841 | 0.0182 | |
| 60 | 0.040 | 0.0049 | 0.9551 | 0.8889 | 2.1511 | 0.0356 | |
| 61 | 0.060 | 0.0057 | 0.9343 | 0.8490 | 3.1328 | 0.0509 | |
| 62 | 0.250 | 0.0065 | 0.7435 | 0.7932 | 12.3938 | 0.1983 | |
| 63 | 0.150 | 0.0077 | 0.8423 | 0.5897 | 5.6169 | 0.0885 | |
| 64 | 0.150 | 0.0087 | 0.8413 | 0.4967 | 4.8056 | 0.0745 | |
| 65 | 1.000 | 0.0000 | 0.0000 | 0.4179 | 27.3725 | 0.4179 | |
| | | | | | 60.9621 | 0.9613 | |

Weighted Average Retirement Age: 63

The weighted average retirement age is computed as the sum, over all ages, of the expected retirement rate multiplied by the probability of remaining in service to each age multiplied by the age divided by the sum of the expected retirement rate multiplied by the probability of remaining in service to each age.

**Attachment to 2011 Form 5500**
**Schedule SB, Line 26 – Schedule of Active Participant Data**
**The Hunt Valve Company, Inc. Hourly Employees' Pension Plan**
**EIN: 76-0000663 Plan: 001**

| 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| 15-19 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 20-24 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 25-29 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 30-34 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 35-39 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 40-44 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 |
| 45-49 | 0 | 0 | 0 | 1 | 0 | 0 | 2 | 0 | 0 | 0 |
| 50-54 | 0 | 0 | 0 | 0 | 0 | 1 | 4 | 0 | 0 | 0 |
| 55-59 | 0 | 0 | 0 | 0 | 1 | 2 | 8 | 1 | 0 | 0 |
| 60-64 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 |
| 65-69 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 70+ | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| TOTAL | 0 | 0 | 0 | 1 | 2 | 3 | 15 | 1 | 0 | 0 |

**Attachment to 2011 Form 5500**
**Schedule SB, Line 32 – Schedule of Amortization Bases**
**The Hunt Valve Company, Inc. Hourly Employees' Pension Plan**
**EIN: 76-0000663 Plan: 001**

| Type of Base | Present Value of Any Remaining Installments | Valuation Date | Years Remaining | Amortization Installment |
|---|---|---|---|---|
| Shortfall | 402,627 | March 1, 2008 | 4 | 105,715 |
| Shortfall | (17,192) | March 1, 2009 | 5 | (3,670) |
| Shortfall | 56,535 | March 1, 2010 | 6 | 10,411 |
| Shortfall | 152,373 | March 1, 2011 | 7 | 24,842 |

**The Hunt Valve Company, Inc. Hourly Employees' Pension Plan**
**EIN: 76-0000663 Plan: 001**
**Attachment to 2011 Form 5500**
**Schedule SB, Part V – Summary of Plan Provisions**

## Eligibility

Employees who have attained age 21 with 6 months of service and who are covered by collective bargaining agreement between Hunt Valve Company, Inc. and United Steelworkers of America, Local Union No. 6821. As of October 31, 2008, no new participants may enter the plan.

## Accrued Benefit

Normal retirement benefit based on Years of Credited Service at termination date. The Plan has been amended to freeze benefit accruals on October 31, 2008.

## Normal Retirement

*Age*

65 and 5 years of Service.

*Monthly Benefit*

$25.00 dollars multiplied by Years of Benefit Service.

## Early Retirement

*Eligibility*

Age 55 and 10 years of Credited Service.

*Monthly Benefit*

Normal retirement benefit, actuarially reduced for early commencement.

## Disability Retirement

*Eligibility*

Total and Permanent Disability upon or after completing 10 years of Credited Service.

*Monthly Benefit*

Normal retirement benefit based on Benefit Service as of date of disability.

## Eligibility for vested benefits

100% vesting after five years of Credited Service.

## Payment form

An employee may elect to receive his benefit on a straight life, 50% Joint and Survivor, 75% Joint and Survivor, or lump sum. Unless otherwise elected, any benefit payable under the Plan shall be paid:

(a) on a 50% Joint and Survivor basis, if the employee is married on his Benefit Commencement Date; or

(b) on a straight life basis otherwise

with the provision that any benefits paid will be the actuarial equivalent of a benefit payable on a straight life basis.

### Death Benefit

*Eligibility*

5 years of Credited Service

*Monthly Benefit*

Monthly income payable to spouse equal to 50% of the participant's accrued benefits.

### Post- Retirement Death Benefit

Based upon the optional form of payment chosen by the participant.

### Other Definitions

*Service*

Service from date of employment.

*Credited Service*

Equal to years of Service.

*Year of Benefit Service*

Equal to Credited Service, however excluding any periods of leave, layoff, or transfer.

**The Hunt Valve Company, Inc. Hourly Employees' Pension Plan**
**EIN: 76-0000663 Plan: 001**
**Attachment to 2011 Form 5500**
**Schedule SB, Part V – Summary of Actuarial Assumptions/Methods**

## *Prescribed Funding Assumptions and Methods*

### Funding interest rates

| | | |
|---|---|---|
| Current Year: | Segment Rates with four month lookback: | |
| | First Segment Rate | 3.37% |
| | Second Segment Rate | 6.04% |
| | Third Segment Rate | 6.49% |
| | Effective Interest Rate | 6.07% |
| Prior Year: | Segment Rates with four month lookback: | |
| | First Segment Rate | 4.81% |
| | Second Segment Rate | 6.69% |
| | Third Segment Rate | 6.78% |
| | Effective Interest Rate | 6.65% |

### Mortality

| Current Year | Prior Year |
|---|---|
| RP-2000 Mortality Table with projections specified by IRS Proposed Reg. Section 1.430(h)(3)-1, as applicable to the 2011 plan year using a combined static table for both annuitants and non-annuitants. | RP-2000 Mortality Table with projections specified by IRS Proposed Reg. Section 1.430(h)(3)-1, as applicable to the 2010 plan year using a combined static table for both annuitants and non-annuitants. |

### Actuarial cost method

The Funding Target is the present value of accrued benefits and based on compensation and service to date. The Target Normal Cost is the present value of benefits expected to be accrued during the current plan year, reflecting the effect of expected compensation increases during the year and including expected plan expenses to be paid from plan assets during the year.

## *Non-Prescribed Funding Assumptions and Methods*

### Expenses

Expected plan expenses of $0 were added to the Target Normal Cost.

### Frequency of optional payment forms

100% if eligible participants are assumed to elect lump sum payments. The lump sum is based on the funding valuation interest rate and the IRS 2011 Applicable Mortality Table.

### Marital percentage

100% of participants are assumed to be married at death. Husbands are assumed to be 3 years older than their wives.

### Mortality table

The mortality table is applied on a static basis. A combined annuitant and non-annuitant table was used. For purposes of computing lump sums, the RP2000 Combined Mortality Table projected and blended as defined in Revenue Ruling 2008-85 was used.

### Retirement rates

| Age | Assumption |
|---|---|
| 55 | 2% |
| 56 | 2% |
| 57 | 2% |
| 58 | 2% |
| 59 | 2% |
| 60 | 4% |
| 61 | 6% |
| 62 | 25% |
| 63 | 15% |
| 64 | 15% |
| 65 | 100% |

### Termination rates

Crocker-Sarason – Straight T-3 Table. Sample rates as follows:

| Age | Number of Terminations per 100 Employees |
|---|---|
| 20 | 6.58 |
| 30 | 4.83 |
| 40 | 3.84 |
| 50 | 1.52 |
| 60 | 0.00 |

## *Non-Prescribed Funding Assumptions and Methods (continued)*

### Asset valuation method

The Actuarial Value of Assets is Market Value as of the valuation date, including discounted receivable contributions, reduced by 2/3 and 1/3 of the of the gain/(loss) in each of the prior 2 years, respectively. The gain/(loss) for each period is determined as the actual return on Market Value during the period less the expected return on Market Value based on an assumed earnings rate chosen by the actuary but required by PPA to be not greater than the applicable third segment rate. The resulting value is constrained to be within a corridor of 90% to 110% of Market Value, including discounted receivable contributions.

The expected return on plan assets is 8.00% per annum, limited by PPA to the applicable Third Segment Rate as follows:

| | |
|---|---|
| 2010 measurement period: | 6.78% |
| 2009 measurement period: | 6.73% |

# 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 03/01/2011 and ending 02/29/2012

▶ **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

HUNT VALVE COMPANY, INC. HOURLY EMPLOYEES' PENSION PLAN

**B** Three-digit plan number (PN) ▶ 001

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

HUNT VALVE COMPANY, INC.

**D** Employer Identification Number (EIN)

76-0000663

**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 3 Day 1 Year 2011

**2** Assets:

| | | | |
|---|---|---|---|
| a | Market value | 2a | 862,506 |
| b | Actuarial value | 2b | 875,776 |

**3** Funding target/participant count breakdown:

| | | | (1) Number of participants | (2) Funding Target |
|---|---|---|---|---|
| a | For retired participants and beneficiaries receiving payment | 3a | 4 | 61,245 |
| b | For terminated vested participants | 3b | 24 | 361,232 |
| c | For active participants: | | | |
| | (1) Non-vested benefits | 3c(1) | | 25,345 |
| | (2) Vested benefits | 3c(2) | | 1,022,297 |
| | (3) Total active | 3c(3) | 22 | 1,047,642 |
| d | Total | 3d | 50 | 1,470,119 |

**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 | 6.07 % |
| 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 Robert D. Fick

Signature of actuary

12/11/2012

Date

Robert D. Fick

Type or print name of actuary

11-05435

Most recent enrollment number

Buck Consultants, LLC

Firm name

(412) 281-2506

Telephone number (including area code)

11 Stanwix Street Suite 700

Pittsburgh PA 15222-1312

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 4.79% | | |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| | a Present value of excess contributions (line 38 from prior year) | | 34,270 |
| | b Interest on (a) using prior year's effective rate of 6.65% except as otherwise provided (see instructions) | | 2,279 |
| | c Total available at beginning of current plan year to add to prefunding balance | | 36,549 |
| | 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 | 59.57 % |
| 15 | Adjusted funding target attainment percentage | 15 | 59.57 % |
| 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 | 54.90 % |
| 17 | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. | 17 | 59.57 % |

## 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 |
|---|---|---|---|---|---|
| 04/20/2011 | 9,372 | 0 | 08/19/2011 | 10,000 | 0 |
| 05/13/2011 | 9,372 | 0 | 09/02/2011 | 10,000 | 0 |
| 05/27/2011 | 9,370 | 0 | 09/19/2011 | 10,000 | 0 |
| 07/08/2011 | 4,225 | 0 | 09/30/2011 | 2,003 | 0 |
| 07/22/2011 | 10,000 | 0 | 11/25/2011 | 10,000 | 0 |
| 08/05/2011 | 10,000 | 0 | 12/09/2011 | 10,000 | 0 |
| | | | Totals • 18(b) | 555,692 | 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 | 519,718 |

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

| (1) 1st | (2) 2nd | (3) 3rd | (4) 4th |
|---|---|---|---|
| 0 | 0 | 0 | 0 |

## 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 | 4 |
| **22** Weighted average retirement age | 22 | 63 |

**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 | 594,343 | 137,298 |
| **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 | 137,298 |

| | 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 | 137,298 |
| **37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) | 37 | 519,718 |
| **38** Present value of excess contributions for current year (see instructions) | | |
| **a** Total (excess, if any, of line 37 over line 36) | 38a | 382,420 |
| **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 | |

## Continuation of 2011 Form 5500
## Schedule SB, line 18 - Contributions Made to the Plan for the Plan Year

**Plan Name** HUNT VALVE COMPANY, INC. HOURLY EMPLOYEES' PENSION PLAN **EIN:** 76-0000663
**Plan Sponsor's Name** HUNT VALVE COMPANY, INC. **PN:** 001

| (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 |
|---|---|---|---|---|---|
| 12/22/2011 | 10,000 | 0 | | | |
| 01/06/2012 | 10,000 | 0 | | | |
| 01/20/2012 | 10,000 | 0 | | | |
| 02/03/2012 | 20,000 | 0 | | | |
| 02/13/2012 | 20,000 | 0 | | | |
| 03/02/2012 | 20,000 | 0 | | | |
| 03/16/2012 | 20,000 | 0 | | | |
| 03/30/2012 | 20,000 | 0 | | | |
| 04/13/2012 | 20,000 | 0 | | | |
| 04/30/2012 | 20,000 | 0 | | | |
| 05/21/2012 | 20,000 | 0 | | | |
| 06/01/2012 | 25,675 | 0 | | | |
| 06/22/2012 | 30,000 | 0 | | | |
| 07/09/2012 | 30,000 | 0 | | | |
| 08/21/2012 | 25,675 | 0 | | | |
| 09/13/2012 | 30,000 | 0 | | | |
| 09/28/2012 | 30,000 | 0 | | | |
| 10/12/2012 | 30,000 | 0 | | | |
| 10/26/2012 | 30,000 | 0 | | | |
| 11/08/2012 | 30,000 | 0 | | | |