

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	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>12/01/2011</u> and ending <u>11/30/2012</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>AMERON PENSION PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>004</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>12/01/1966</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>004</u>	1c Effective date of plan <u>12/01/1966</u>	
1b Three-digit plan number (PN) ▶	<u>004</u>				
1c Effective date of plan <u>12/01/1966</u>					
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>NATIONAL OILWELL VARCO, L.P.</u> <u>7909 PARKWOOD CIRCLE DR.</u> <u>HOUSTON, TX 77036-6565</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>76-0488987</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>713-346-7771</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>333100</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>76-0488987</u>	2c Sponsor's telephone number <u>713-346-7771</u>	2d Business code (see instructions) <u>333100</u>	
2b Employer Identification Number (EIN) <u>76-0488987</u>					
2c Sponsor's telephone number <u>713-346-7771</u>					
2d Business code (see instructions) <u>333100</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/13/2013	DANIEL MOLINARO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/13/2013	DANIEL MOLINARO
	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

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

Form 5500 (2011)
v.012611

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") NATIONAL OILWELL VARCO, L.P. 7909 PARKWOOD CIRCLE DR. HOUSTON, TX 77036-6565	3b Administrator's EIN 76-0488987 3c Administrator's telephone number 713-346-7771
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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
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5 Total number of participants at the beginning of the plan year	5	3714
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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	862
b Retired or separated participants receiving benefits.....	6b	1506
c Other retired or separated participants entitled to future benefits.....	6c	1022
d Subtotal. Add lines 6a , 6b , and 6c	6d	3390
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	341
f Total. Add lines 6d and 6e	6f	3731
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	9

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1A 1B 1G 3H

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) ☐ Insurance	(1) ☒ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☒ Trust	(3) ☒ Trust
(4) ☐ General assets of the sponsor	(4) ☐ General assets of the sponsor

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

a Pension Schedules

- (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)** ☒ 1 **A** (Insurance Information)
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☒ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110
		2011
		This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning **12/01/2011** and ending **11/30/2012**

A Name of plan AMERON PENSION PLAN	B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 NATIONAL OILWELL VARCO, L.P.	D Employer Identification Number (EIN) 76-0488987

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
JOHN HANCOCK LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1414660	65099	190 GAC	20	12/01/2011	11/30/2012

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end **4** 499391**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount **6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 502183**c** Additions: (1) Contributions deposited during the year **7c(1)**(2) Dividends and credits **7c(2)**(3) Interest credited during the year **7c(3)** 50613(4) Transferred from separate account **7c(4)**(5) Other (specify below) **7c(5)** 83679

▶ UNREALIZED APPR/ADJ BOY ASSET ADJUSTMENT FOR PARTICIPANT RIGHTS

(6) Total additions **7c(6)** 134292**d** Total of balance and additions (add **b** and **c(6)**) **7d** 636475**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 79622(2) Administration charge made by carrier **7e(2)** 10304(3) Transferred to separate account **7e(3)**(4) Other (specify below) **7e(4)** 47158

▶ REALIZED CAPITAL LOSS OR DEPRECIATION/DIVIDEND DISBURSEMENT

(5) Total deductions **7e(5)** 137084**f** Balance at the end of the current year (subtract **e(5)** from **d**) **7f** 499391

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
b ☐ Dental
c ☐ Vision
d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
f ☐ Long-term disability
g ☐ Supplemental unemployment
h ☐ Prescription drug
i ☐ Stop loss (large deductible)
j ☐ HMO contract
k ☐ PPO contract
l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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 12/01/2011 and ending 11/30/2012

▶ **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 <u>AMERON PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>NATIONAL OILWELL VARCO, L.P.</u>	D Employer Identification Number (EIN) <u>76-0488987</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>12</u> Day <u>01</u> Year <u>2011</u>
2	Assets:
a	Market value 2a <u>179698705</u>
b	Actuarial value 2b <u>179698705</u>
3	Funding target/participant count breakdown:
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a <u>1769</u> <u>125350088</u>
b	For terminated vested participants 3b <u>1088</u> <u>38558090</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>3284891</u>
(2)	Vested benefits 3c(2) <u>50266345</u>
(3)	Total active 3c(3) <u>857</u> <u>53551236</u>
d	Total 3d <u>3714</u> <u>217459414</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>5.47 %</u>
6	Target normal cost 6 <u>1850920</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>08/30/2013</u>
Signature of actuary	Date
<u>JENNIFER L. GRANT</u>	<u>11-06854</u>
Type or print name of actuary	Most recent enrollment number
<u>TOWERS WATSON DELAWARE INC.</u>	<u>713-754-5400</u>
Firm name	Telephone number (including area code)
<u>1221 MCKINNEY STREET</u> <u>ONE HOUSTON CENTER, SUITE 2600</u> <u>HOUSTON, TX 77010-1006</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	2239052
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	2239052
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>6.27</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38 from prior year)		21131841
b	Interest on (a) using prior year's effective rate of <u>6.30</u> % except as otherwise provided (see instructions)		1331306
c	Total available at beginning of current plan year to add to prefunding balance		22463147
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	82.63 %
15	Adjusted funding target attainment percentage	15	82.63 %
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	77.78 %
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
03/15/2012	3000000		08/15/2013	3000000	
06/15/2012	3000000				
09/14/2012	3000000				
12/14/2012	3000000				
03/14/2013	3000000				
06/14/2013	3000000				
			Totals ►	18(b)	21000000
				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
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
		19890525
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
0	0	0
		(4) 4th
		0

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

21 Discount rate:				
a Segment rates:	1st segment: 2.11%	2nd segment: 5.31%	3rd segment: 6.32 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required 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	1850920										
b Excess assets, if applicable, but not greater than 31a	31b	0										
32 Amortization installments:	<table border="1"> <tr> <td></td> <td>Outstanding Balance</td> <td>Installment</td> </tr> <tr> <td>a Net shortfall amortization installment</td> <td>37760709</td> <td>8003102</td> </tr> <tr> <td>b Waiver amortization installment</td> <td>0</td> <td>0</td> </tr> </table>				Outstanding Balance	Installment	a Net shortfall amortization installment	37760709	8003102	b Waiver amortization installment	0	0
	Outstanding Balance	Installment										
a Net shortfall amortization installment	37760709	8003102										
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	0										
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	9854022										
	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	9854022										
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	19890525										
38 Present value of excess contributions for current year (see instructions)												
a Total (excess, if any, of line 37 over line 36)	38a	10036503										
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	1526910	
43 Excess installment acceleration amount to be carried over to future plan years	43	0	

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ 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 12/01/2011 and ending 11/30/2012

A Name of plan <u>AMERON PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>NATIONAL OILWELL VARCO, L.P.</u>	D Employer Identification Number (EIN) <u>76-0488987</u>

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
NORTHERN TRUST INVESTMENTS, INC

36-3608252

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
NORTHERN TRUST CORPORATION

36-2723087

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
NORTHERN TRUST CO. OF CONNECTICUT

06-6275604

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
25	NONE	124924	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

(a) Enter name and EIN or address (see instructions)

J P MORGAN FLEMING ASSET MGT. INC.

13-3200244

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 27 50 51	NONE	111600	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

TOWERS WATSON

23-1159360

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	19834	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

BLACKROCK CORPORATION

94-6052285

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 24 28 34 50 51	NONE	18795	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

WILSHIRE ASSOCIATES INCORPORATED

95-2755361

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	7488	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	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 12/01/2011 and ending 11/30/2012

A Name of plan <u>AMERON PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>004</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>NATIONAL OILWELL VARCO, L.P.</u>	D Employer Identification Number (EIN) <u>76-0488987</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK EQUITY INDEX FD A

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST

c EIN-PN <u>94-3112180-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>54541804</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: JP MORGAN CB EAFE PLUS GROUP FD

b Name of sponsor of entity listed in (a): JP MORGAN ASSET MANAGEMENT

c EIN-PN <u>26-0001051-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>17460539</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLTV US MARKETCAP EQTY INDEX FD

b Name of sponsor of entity listed in (a): NORTHERN TRUST GLOBAL INVESTMENT

c EIN-PN <u>45-6138589-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>51143406</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: NTGI COLVT SHORT-TERM INVESTMENT FD

b Name of sponsor of entity listed in (a): NORTHERN TRUST GLOBAL INVESTMENT

c EIN-PN <u>36-6036794-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>28838990</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK MONEY MARKET FUND

b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST

c EIN-PN <u>94-3112180-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>93</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2011
		This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 12/01/2011 and ending 11/30/2012		
A Name of plan AMERON PENSION PLAN	B Three-digit plan number (PN) ►	004
C Plan sponsor's name as shown on line 2a of Form 5500 NATIONAL OILWELL VARCO, L.P.	D Employer Identification Number (EIN) 76-0488987	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	26300000	12000000
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	110599	120546
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)	3	3
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)	113038234	151984832
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	40210249	44070436
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	502183	499391
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	180161268	208675208

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	31283	19834
i Acquisition indebtedness	1i		
j Other liabilities	1j	110539	117806
k Total liabilities (add all amounts in lines 1g through 1j)	1k	141822	137640

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	180019446	208537568
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	21000000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		21000000

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	-365	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	46220	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		45855

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1241682	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1241682

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	264	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		264

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		17184514
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		2618506
c Other income.....	2c		-2792
d Total income. Add all income amounts in column (b) and enter total.....	2d		42088029

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	13288322	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		13288322
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	18778	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	262807	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		281585
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		13569907

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		28518122
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

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

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

(1) Name: FARBER HASS HURLEY LLP

(2) EIN: 20-4207759

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?		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?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
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.
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For calendar plan year 2011 or fiscal plan year beginning 12/01/2011 and ending 11/30/2012

A Name of plan <u>AMERON PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>NATIONAL OILWELL VARCO, L.P.</u>	D Employer Identification Number (EIN) <u>76-0488987</u>

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	<u>0</u>
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): <u>36-3046063</u>		
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	<u>0</u>

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (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: 71% Investment-Grade Debt: 26% High-Yield Debt: 2% Real Estate: 0% Other: 1%

- 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):

INDEPENDENT AUDITORS' REPORT

To the Benefit Plans Administrative Committee
Ameron Pension Plan

We were engaged to audit the accompanying statements of net assets available for benefits of the Ameron Pension Plan (the "Plan") as of November 30, 2012 and 2011 and the related statements of changes in net assets available for benefits for the years then ended and the supplemental schedules of: (1) Schedule H, line 4i-Schedule of Assets (Held at End of Year) and (2) Schedule H, line 4j-Schedule of Reportable Transactions as of or for the year ended November 30, 2012. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by The Northern Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of November 30, 2012 and 2011 and for the years then ended, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The supplemental schedules are presented for the purposes of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Farber Hass Hurley LLP

Valencia, California
September 10, 2013

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	National Oilwell Varco, L.P.
EIN/PN	76-0488987/004
Plan Name	Ameron Pension Plan
Valuation Date	December 1, 2011
Enrolled Actuary	Jennifer L. Grant, FSA, EA
Enrollment Number	11-06854

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2011**This Form is Open to Public
Inspection**For calendar plan year 2011 or fiscal plan year beginning 12/01/2011 and ending 11/30/2012▶ **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 Ameron Pension Plan	B Three-digit plan number (PN) ▶ 004
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF National Oilwell Varco, L.P.	D Employer Identification Number (EIN) 76-0488987
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>12</u> Day <u>1</u> Year <u>2011</u>		
2 Assets:		
a Market value	2a	179,698,705
b Actuarial value	2b	179,698,705
3 Funding target/participant count breakdown:	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a 1,769	125,350,088
b For terminated vested participants	3b 1,088	38,558,090
c For active participants:		
(1) Non-vested benefits	3c(1)	3,284,891
(2) Vested benefits	3c(2)	50,266,345
(3) Total active	3c(3) 857	53,551,236
d Total	3d 3,714	217,459,414
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	5.47 %
6 Target normal cost	6	1,850,920

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>Jennifer Grant</u> Signature of actuary	<u>8/30/2013</u> Date
Jennifer L. Grant	Type or print name of actuary	11-06854 Most recent enrollment number
Towers Watson Delaware Inc.	Firm name	(713) 754-5400 Telephone number (including area code)
1221 McKinney Street One Houston Center, Suite 2600 Houston TX 77010-1006	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	2,239,052
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	2,239,052
9	Amount remaining (line 7 minus line 8).....	0	0
10	Interest on line 9 using prior year's actual return of <u>6.27</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38 from prior year)		21,131,841
b	Interest on (a) using prior year's effective rate of <u>6.30</u> % except as otherwise provided (see instructions).....		1,331,306
c	Total available at beginning of current plan year to add to prefunding balance.....		22,463,147
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	82.63 %
15	Adjusted funding target attainment percentage	15	82.63 %
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	77.78 %
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
03/15/2012	3,000,000		08/15/2013	3,000,000	
06/15/2012	3,000,000				
09/14/2012	3,000,000				
12/14/2012	3,000,000				
03/14/2013	3,000,000				
06/14/2013	3,000,000				
			Totals •	18(b)	21,000,000
				18(c)	0

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

a Contributions allocated toward unpaid minimum required 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	19,890,525

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No

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

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

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

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

21 Discount rate:				
a Segment rates:	1st segment: 2.11 %	2nd segment: 5.31 %	3rd segment: 6.32 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required 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	1,850,920	
b Excess assets, if applicable, but not greater than 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	37,760,709	8,003,102	
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	0	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....	34	9,854,022	
	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	9,854,022	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	19,890,525	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	10,036,503	
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	1,526,910	
43 Excess installment acceleration amount to be carried over to future plan years	43	0	

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22 Description of Weighted Average Retirement Age as of December 1, 2011

See Schedule SB, Part V – Statement of Actuarial Assumptions/Methods for retirement rates.

The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

x	q_x^r	l_x	${}_{x-55}P_{55} = l_x / l_{55}$	$Q_x^r * l_x / l_{55}$	$X * q_x^r * l_x / l_{55}$
55	0.08	1,000,000	1.000000	0.080000	4.400000
56	0.04	920,000	0.920000	0.036800	2.060800
57	0.04	883,200	0.883200	0.035328	2.013696
58	0.04	847,872	0.847872	0.033915	1.967063
59	0.04	813,957	0.813957	0.032558	1.920939
60	0.08	781,399	0.781399	0.062512	3.750714
61	0.16	718,887	0.718887	0.115022	7.016336
62	0.25	603,865	0.603865	0.150966	9.359908
63	0.16	452,899	0.452899	0.072464	4.565220
64	0.21	380,435	0.380435	0.079891	5.113046
65	0.47	300,544	0.300544	0.141256	9.181608
66	0.43	159,288	0.159288	0.068494	4.520597
67	0.44	90,794	0.090794	0.039949	2.676614
68	0.48	50,845	0.050845	0.024405	1.659573
69	0.64	26,439	0.026439	0.016921	1.167559
70	1.00	9,518	0.009518	0.009518	0.666270
Average age at retirement					62.039942
Rounded for Schedule SB item 22					62

Plan Name: Ameron Pension Plan
 EIN / PN: 76-0488987 / 004
 Plan Sponsor: National Oilwell Varco, L.P.
 Valuation Date: December 1, 2011

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions and Methods as of December 1, 2011

Economic Assumptions

Interest rate basis:

- Applicable month August
- Yield curve basis 3-Segment Rates

Interest rates:

- First segment rate 2.11%
- Second segment rate 5.31%
- Third segment rate 6.32%
- Effective interest rate 5.47%

Annual rates of increase

- Compensation: 4.50%
- Future Social Security wage bases 3.50%
- Statutory limits on compensation 2.50%

Plan Name: Ameron Pension Plan
EIN / PN: 76-0488987 / 004
Plan Sponsor: National Oilwell Varco, L.P.
Valuation Date: December 1, 2011

SCHEDULE SB ATTACHMENTS (cont.)

Schedule SB, Part V Statement of Actuarial Assumptions and Methods as of December 1, 2011 (cont.)

Demographic Assumptions

Inclusion date	All union participants and those non-union participants who met eligibility requirements prior to December 31, 2011 are included.
New or rehired employees	It was assumed there will be no new or rehired employees.
Mortality	
● Healthy	Separate rates for non-annuitants (based on RP2000 "Employees" table without collar or amount adjustments, projected to 2027 using Scale AA) and annuitants (based on RP2000 "Healthy Annuitants" table without collar or amount adjustments, projected to 2019 using Scale AA).
● Disabled	Alternative disabled life mortality tables as defined under Revenue Ruling 96-7.
Termination	Rates varying vary age.

Representative Termination Rates

Percentage leaving during the year		
Attained Age	Males	Females
25	26.40%	26.40%
30	20.80%	20.80%
35	16.20%	16.20%
40	12.60%	12.60%
45	10.40%	10.40%
50	7.80%	7.80%

Disability	None for salaried participants. The rates at which hourly participants become disabled by age and gender are shown below:
-------------------	---

Percentage becoming disabled during the year		
Age	Males	Females
25	0.00%	0.00%
30	0.24%	0.36%
35	0.26%	0.38%
40	0.29%	0.44%
45	0.40%	0.59%
50	0.71%	1.07%
55	1.36%	2.04%
60	2.76%	4.41%

Schedule SB, Part V

Plan Name:	Ameron Pension Plan
EIN / PN:	76-0488987 / 004
Plan Sponsor:	National Oilwell Varco, L.P.
Valuation Date:	December 1, 2011

SCHEDULE SB ATTACHMENTS (cont.)

Statement of Actuarial Assumptions and Methods as of December 1, 2011 (cont.)

Retirement

The rates at which participants are assumed to retire by age are shown below:

Age	Percentage retiring during the year
55	8%
56	4%
57	4%
58	4%
59	4%
60	8%
61	16%
62	25%
63	16%
64	21%
65	47%
66	43%
67	44%
68	48%
69	64%
70+	100%

Deferred vested participants will commence benefits at the date provided in the data.

Form of payment

Single life annuity 48%, 10 year certain and life 7%, 50% joint and survivor 15%, 66 $\frac{2}{3}$ % joint and survivor 15% and 75% joint and survivor 15%.

Percent married

80% for male and female participants used to value pre-retirement Surviving Spouse benefits and in determining the optional forms expected to be elected at commencement.

Spouse age

Wife three years younger than husband.

Covered pay

Plan compensation is equal to the annual rate of pay as of the valuation date

Administrative expenses

\$770,000; expenses paid last year, rounded to nearest \$5,000.

At-risk assumptions

None.

Plan Name: Ameron Pension Plan
EIN / PN: 76-0488987 / 004
Plan Sponsor: National Oilwell Varco, L.P.
Valuation Date: December 1, 2011

SCHEDULE SB ATTACHMENTS (cont.)

Schedule SB, Part V Statement of Actuarial Assumptions and Methods as of December 1, 2011 (cont.)

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits
Target normal cost	Present value of benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets during plan year.
Actuarial value of assets	The actuarial value of assets is equal to the market value of assets as of the valuation date plus the discounted present value of contributions made after the valuation date for the prior plan year, discounted using the effective interest rate for the prior plan year.
Benefits not valued	All benefits described in the Plan Provisions section of this report were valued. Towers Watson has reviewed the Plan Provisions with National Oilwell Varco, L.P. and based on that review, is not aware of any significant benefits required to be valued that were not.

Plan Name: Ameron Pension Plan
EIN / PN: 76-0488987 / 004
Plan Sponsor: National Oilwell Varco, L.P.
Valuation Date: December 1, 2011

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Summary of Plan Provisions as of December 1, 2011

Summary of plan provisions for the hourly participants

Plan Provisions

The most recent amendment reflected in the following plan provisions was adopted in November, 2011.

Covered employees All hourly employees

Participation date Date of employment

Definitions

Vesting service One year for each Plan year participant works at least 700 hours.

Pension service One-twelfth of a year of service of each 100 hours, up to one year.

Pensionable pay

Normal retirement date (NRD) First of month coinciding with or next following the attainment of age 65 or five years from the date of hire if hired after age 60.

Monthly pension benefit Monthly benefit rate¹ times pension service. Monthly benefit rates are determined according to the bargaining unit the participant is employed by at retirement.

Monthly preretirement death benefit 50% of the monthly pension benefit as of the date of death, reduced for the 50% joint and survivor election and reduced for payment as early as the participant's 55th birthday.

Eligibility for Benefits

Normal retirement Retirement on NRD

Early retirement Retirement before NRD and on or after both attaining age 55 and completing ten years of vesting service.

Postponed retirement Retirement after NRD.

Vested termination Termination for reasons other than death or retirement after completing five years of vesting service.

Disability Permanent and total disability prior to NRD after completing five years of vesting service².

¹ Schedule of Monthly Benefit Rates attached.

² Employees of the Steel and Wire Division require 10 years of Vesting Service.

Plan Name: Ameron Pension Plan

EIN / PN: 76-0488987 / 004

Plan Sponsor: National Oilwell Varco, L.P.

Valuation Date: December 1, 2011

SCHEDULE SB ATTACHMENTS (cont.)

Schedule SB, Part V Statement of Summary of Plan Provisions as of December 1, 2011 (cont.)

Preretirement death benefit Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse.

Benefits Paid Upon the Following Events

Normal retirement	Monthly pension benefit determined as of NRD.
Early retirement	Monthly pension benefit determined as of early retirement date, reduced 5/9 of 1% for each of the first 60 months and 5/18 of 1% for each of the next 60 months that payment precedes the participant's NRD.
Postponed retirement	Monthly pension benefit determined as of actual retirement date.
Vested termination	Monthly pension benefit determined as of early retirement date, reduced 5/9 of 1% for each of the first 60 months and 5/18 of 1% for each of the next 60 months that payment precedes the participant's NRD.
Disablement	Monthly pension benefit determined as of the date of disablement with credited service continuing until normal retirement date.
Preretirement death	Monthly preretirement death benefit payable on behalf of active and terminated vested employees is reduced by 5/9 of 1% for each of the first 60 months and 5/18 of 1% for each of the next 60 months that payment precedes the date the participant would have been 65 years old.

Other Plan Provisions

Forms of payment	Preretirement death benefits are payable only as described above. Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a 75% joint and survivor annuity, a 66-2/3% joint and survivor annuity, a ten-year certain and life annuity, a level income option, or (for married participants) a life annuity.
Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

Plan Name: Ameron Pension Plan
EIN / PN: 76-0488987 / 004
Plan Sponsor: National Oilwell Varco, L.P.
Valuation Date: December 1, 2011

SCHEDULE SB ATTACHMENTS (cont.)

Schedule SB, Part V Statement of Summary of Plan Provisions as of December 1, 2011 (cont.)

Benefit for transfers to or from Salaried Status	Hourly employees who transfer to salaried status will receive the greater of two benefits: (1) a benefit under the salaried employee formula based on service as both an hourly and salaried employee and (2) a benefit under the hourly employee formula based on service as an hourly employee formula plus a benefit under the salaried employee formula based on service from the transfer date. Salaried employees who transfer to hourly status will receive a benefit under the salaried employee formula and a benefit under the hourly employee formula based on service from the transfer date.
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Plan Name:	Ameron Pension Plan
EIN / PN:	76-0488987 / 004
Plan Sponsor:	National Oilwell Varco, L.P.
Valuation Date:	December 1, 2011

SCHEDULE SB ATTACHMENTS (cont.)

Schedule SB, Part V Statement of Summary of Plan Provisions as of December 1, 2011 (cont.)

Monthly benefit rates for Hourly
Employees as of December 1, 2010

Bargaining Plan	Group Div.	Loc.	Normal	Disability	Effective Date	Description
H01	065	002	N/A	N/A	6/96***	Protective Coatings/Brea (Plant Sold 8/1/06)
H01	067	002	N/A	N/A	Leased employees	Protective Linings/Brea
H06	043	003	20.00	20.00	11/30/96****, plus	Pole Products/Fillmore
			24.00	24.00	12/01/96 – 11/30/97, plus	
			28.00	28.00	12/01/97 – 11/30/98, plus	
			32.00	32.00	12/01/98 – 11/30/00, plus	
			36.00	36.00	12/01/00 – 11/30/02, plus	
			43.00	43.00	12/01/02 – 11/30/05, plus	
			45.00	45.00	12/01/05 – 11/30/07, plus	
			47.00	47.00	12/01/07 – 11/30/09, plus	
			48.00	48.00	12/01/09 – 11/30/10, plus	
			49.00	49.00	12/01/10 – 11/30/11, plus	
			50.00	50.00	12/01/11 – 11/30/12, plus	
			51.00	51.00	12/01/12 and after	
H15	046	001	12.00	12.00	12/01/89****	PCG/Little Rock (Plant Sold 8/1/06)
			13.00	13.00	12/01/98****	
			14.00	14.00	12/01/99****	
			15.00	15.00	12/01/00****, plus	
			20.00	20.00	12/01/2005	
*H16	008	000	36.00	36.00	12/01/00****	Fab Div/So. Gate
			37.00	37.00	12/01/01****	
			38.00	38.00	12/01/02****, plus	
			39.00	39.00	12/01/03 – 11/30/04, plus	
			40.00	40.00	12/01/04 – 11/30/05, plus	
			41.00	41.00	12/01/2005	
*H16	011	002			Same as 008-000 above	WTG/So. Gate
*H16	011	007	36.00	36.00	12/01/00****	WTG/Etiwanda
			37.00	37.00	12/01/01****	
			38.00	38.00	12/01/02****, plus	
			39.50	39.50	12/01/03 – 11/30/04, plus	
			41.00	41.00	12/01/04 – 11/30/05, plus	
			42.50	42.50	12/01/05 – 11/30/06, plus	
			44.00	44.00	12/01/06 – 11/30/08, plus	
			45.00	45.00	12/01/08 – 11/30/09, plus	
			46.00	46.00	12/01/09 – 11/30/10, plus	
			47.00	47.00	12/01/10 – 11/30/11, plus	
			48.00	48.00	12/01/11 and after	
H17	081	010	28.00	28.00	1/01/96**	Ameron HI/Maui
			29.00	29.00	1/01/97****	
			42.00	42.00	12/01/99****	

- * Full retirement at age 62, and 30 & Out.
 ** Benefit rates apply only for service after 1/1/66.
 *** Production moved to Little Rock.
 **** Rate applies to all service, both retrospective and prospective.
 ***** No accruals past December 31, 2011.

Plan Name: Ameron Pension Plan
 EIN / PN: 76-0488987 / 004
 Plan Sponsor: National Oilwell Varco, L.P.
 Valuation Date: December 1, 2011

SCHEDULE SB ATTACHMENTS (cont.)

Schedule SB, Part V Statement of Summary of Plan Provisions as of December 1, 2011 (cont.)

Bargaining Plan	Group Div.	Loc.	Normal	Disability	Effective Date	Description
H18	012	005	23.00	23.00	11/30/96****, plus	WTG/Tracy
			24.00	24.00	12/01/96 – 11/30/97, plus	
			25.00	25.00	12/01/97 – 11/30/98, plus	
			26.00	26.00	12/01/98 – 11/30/99, plus	
			27.00	27.00	12/01/99 – 11/30/00, plus	
			28.00	28.00	12/01/00 – 11/30/01, plus	
			29.00	29.00	12/01/01 – 11/30/02, plus	
			30.00	30.00	12/01/02 – 11/30/03, plus	
			31.00	31.00	12/01/03 – 11/30/04, plus	
			32.00	32.00	12/01/04 – 11/30/05, plus	
			33.00	33.00	12/01/05 – 11/30/06, plus	
			34.00	34.00	12/01/06 – 11/30/07, plus	
			35.00	35.00	12/01/07 – 11/30/08, plus	
			36.00	36.00	12/01/08 – 11/30/09, plus	
			37.00	37.00	12/01/09 – 11/30/10, plus	
			38.00	38.00	12/01/10 – 11/30/11, plus	
			39.00	39.00	12/01/11 and after	
H24	043	004	32.00	32.00	12/01/92 – 11/30/05, plus****	Pole Products/Everett
			34.00	34.00	12/01/05 – 11/30/06, plus	
			36.00	36.00	12/01/06 – 11/30/07, plus	
			38.00	38.00	12/01/2007	
H25	011	003	N/A	N/A	Leased employees	WTG/Lakeside
H26	044	000	36.00	36.00	12/01/00****	Steel Fab/Fontana
			37.00	37.00	12/01/01****	
			38.00	38.00	12/01/02****, plus	
			39.00	39.00	12/01/03 – 11/30/04, plus	
			40.00	40.00	12/01/04 – 11/30/05, plus	
			41.00	41.00	12/01/05 – 11/30/06, plus	
			42.00	42.00	12/01/06 – 11/30/07, plus	
			43.00	43.00	12/01/07 – 11/30/08, plus	
			44.00	44.00	12/01/08 – 11/30/09, plus	
			45.00	45.00	12/01/09 – 11/30/10, plus	
H30	043	006	20.00	20.00	3/01/01 – 11/30/05, plus	Pole Products/Anniston
			22.00	22.00	12/01/05 and after*****	

* Full retirement at age 62, and 30 & Out.
 ** Benefit rates apply only for service after 1/1/66.
 *** Production moved to Little Rock.
 **** Rate applies to all service, both retrospective and prospective.
 ***** No accruals past December 31, 2011.

Plan Name: Ameron Pension Plan
 EIN / PN: 76-0488987 / 004
 Plan Sponsor: National Oilwell Varco, L.P.
 Valuation Date: December 1, 2011

SCHEDULE SB ATTACHMENTS (cont.)

Schedule SB, Part V Statement of Summary of Plan Provisions as of December 1, 2011 (cont.)

Summary of plan provisions for the salaried participants

Plan Provisions

The most recent amendment reflected in the following plan provisions was adopted in November, 2011.

Covered employees All salaried employees

Participation date Date of employment

Definitions

Vesting service Continuous service from date of hire including fractional years

Pension service One-twelfth of a month for each calendar month worked. Must be employed on 15th of month for credit. No service accrual past December 31, 2011.

Pensionable pay Basic salary, excluding overtime pay, severance pay, bonuses, commissions or any other forms of additional compensation. Pensionable pay after December 31, 2011 is not considered since the plan was amended to cease future benefit accrual.

Average earnings The average of the highest 60 consecutive months of pensionable pay during the 120 months ending on the earlier of the participant's termination date or retirement date.

Covered Compensation Monthly average of the Social Security Taxable Wage Base for the 35 years preceding age 65.

Normal retirement date (NRD) First of month coinciding with or next following the attainment of age 65 or five years from date of hire if hired after age 60.

Monthly pension benefit One-twelfth of 1.35% of average earnings for each year of service up to 30 years, plus .6% of average earnings in excess of covered compensation for each year of service up to 30 years.

Monthly preretirement death benefit 50% of the monthly pension benefit as of the date of death, reduced for the 50% joint and survivor election and reduced for payment as early as the participant's 55th birthday.

Plan Name: Ameron Pension Plan
EIN / PN: 76-0488987 / 004
Plan Sponsor: National Oilwell Varco, L.P.
Valuation Date: December 1, 2011

SCHEDULE SB ATTACHMENTS (cont.)

Schedule SB, Part V Statement of Summary of Plan Provisions as of December 1, 2011 (cont.)

Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	Retirement before NRD and on or after both attaining age 55 and completing ten years of vesting service.
Postponed retirement	Retirement after NRD
Vested termination	Termination for reasons other than death or retirement after completing five years of vesting service.
Preretirement death benefit	Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse.
Disability	Disabled with 4 or more Vesting Years of Service

Benefits Paid Upon the Following Events

Normal retirement	Monthly pension benefit determined as of NRD
Early retirement	Monthly pension benefit determined as of early retirement date, reduced 5/9 of 1% for each of the first 60 months and 5/18 of 1% for each of the next 60 months the payment precedes the participant's NRD.
Postponed retirement	Monthly pension benefit determined as of actual retirement date
Vested termination	Monthly pension benefit determined as of termination date, reduced 5/9 of 1% for each of the first 60 months and 5/18 of 1% for each of the next 60 months the payment precedes the participant's NRD.
Preretirement death	Monthly preretirement death benefit payable on behalf of active and terminated vested employees is reduced by 5/9 of 1% for each of first 60 months and 5/18 of 1% for each of the next 60 months that the payment date precedes the date participant would have been 65 years old.
Disablement	Monthly pension benefit determined as of the date of disablement with credited service continuing until normal retirement date.

Plan Name: Ameron Pension Plan
EIN / PN: 76-0488987 / 004
Plan Sponsor: National Oilwell Varco, L.P.
Valuation Date: December 1, 2011

SCHEDULE SB ATTACHMENTS (cont.)

Schedule SB, Part V Statement of Summary of Plan Provisions as of December 1, 2011 (cont.)

Other Plan Provisions

Forms of payment

Preretirement death benefits are payable only as described above. Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a 75% joint and survivor annuity, a 66 2/3% joint and survivor annuity, a ten-year certain and life annuity, a level income option or (for married participants) a life annuity.

Maximum on benefits and pay

All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

Benefit for transfers to or from Salaried Status

Hourly employees who transfer to salaried status will receive the greater of two benefits: (1) a benefit under the salaried employee formula based on service as both an hourly and salaried employee and (2) a benefit under the hourly employee formula based on service as an hourly employee plus a benefit under the salaried employee formula based on service from the transfer date. Salaried employees who transfer to hourly status will receive a benefit under the salaried employee formula based on service as a salaried employee and a benefit under the hourly employee formula based on service from the transfer date.

Future Plan Changes

No future plan changes were recognized in determining minimum and maximum contributions except for the amendment to freeze the benefit accruals for the non-bargaining employees effective December 31, 2011. This change is not recognized for ASC960 (plan accounting) calculations.

Changes in Plan Provisions Since Last Actuarial Valuation Report

There have been no other changes in benefits other than those indicated in the "Future Plan changes" section above.

Plan Name: Ameron Pension Plan
EIN / PN: 76-0488987 / 004
Plan Sponsor: National Oilwell Varco, L.P.
Valuation Date: December 1, 2011

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24 - Change in Actuarial Assumptions

The following change in non-prescribed assumptions was made for the 2011 plan year:

- The assumed plan-related expenses added to the target normal cost were changed from \$890,583 for 2010 to \$770,000 for 2011.

Plan Name: Ameron Pension Plan
EIN / PN: 76-0488987 / 004
Plan Sponsor: National Oilwell Varco, L.P.
Valuation Date: December 1, 2011

SCHEDULE SB ATTACHMENTS (cont.)

Schedule SB, Line 25 - Change in Method

The following change in actuarial method was made for the 2011 plan year:

- The valuation software used to produce the actuarial information submitted on this schedule is different than used for the previous valuation due to a change in both the enrolled actuary for the plan and the business organization providing actuarial services to the plan, and such change in software may be considered to be a method change. The new method is substantially the same as the method used by the prior enrolled actuary and is consistent with the description of the method contained in the prior actuarial valuation report and Schedule SB of Form 5500 (disregarding the effects of any changes that are automatically approved under final IRC 430 regulations). The funding target and target normal cost (without regard to any adjustments for employee contributions and plan-related expenses), as determined for the prior plan year by the new enrolled actuary (using the actuarial assumptions of the prior enrolled actuary and disregarding the effects of any changes that are automatically approved under final IRC 430 regulations) are both within 5% of those values as determined by the prior enrolled actuary. Therefore the change in funding method receives automatic approval under IRS Announcement 2010-3.

Plan Name: Ameron Pension Plan
EIN / PN: 76-0488987 / 004
Plan Sponsor: National Oilwell Varco, L.P.
Valuation Date: December 1, 2011

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26
Schedule of Active Participant Data as of December 1, 2011

Attained Age	Years of Credited Service									
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & Up
	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.
Under 25	5	8								
25 – 29	4	28	26	1						
30 – 34	6	23	18	16						
35 - 39	5	31	22	19	7					
40 - 44	4	28	23	14	10	2				
45 - 49	6	24	25	28	16	18	5	1		
50 - 54	3	27	18	18	24	29	18	11	1	
55 - 59	6	18	22	20	24	30	10	26	11	1
60 - 64	1	8	9	12	5	16	9	12	7	6
65 - 69		2	3	3	3	6		1	4	5
70 & Up	1		1	1				1		1

Plan Name: Ameron Pension Plan
 EIN / PN: 76-0488987 / 004
 Plan Sponsor: National Oilwell Varco, L.P.
 Valuation Date: December 1, 2011

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32
Schedule of Amortization Bases
as of December 1, 2011

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Present Value of Remaining Installments	Amortization Installment	Installment Acceleration Amount	Final Amortization Installment
1 Shortfall	12/01/2011	5,074,816	7	5,074,816	805,171	0	805,171
2 Shortfall	12/01/2010	14,486,610	12	14,804,675	1,410,277	1,526,910	2,937,187
3 Shortfall	12/01/2009	8,768,294	5	7,089,159	1,477,650	0	1,477,650
4 Shortfall	12/01/2008	15,683,932	4	10,792,059	2,783,094	0	2,783,094
Total				37,760,709	6,476,192	1,526,910	8,003,102

Plan Name: Ameron Pension Plan
 EIN / PN: 76-0488987 / 004
 Plan Sponsor: National Oilwell Varco, L.P.
 Valuation Date: December 1, 2011

FINANCIAL STATEMENTS

AMERON PENSION PLAN

NOVEMBER 30, 2012 AND 2011

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AMERON PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF NOVEMBER 30, 2012 AND 2011
(IN THOUSANDS)

	<u>2012</u>	<u>2011</u>
Assets:		
Investments, non-participant directed:		
Mutual funds	\$ 44,070	\$ 40,210
Common/collective trusts	151,985	113,038
Insurance annuity contract	<u>499</u>	<u>502</u>
Total investments	196,554	153,750
Receivables:		
Accrued investment income	121	111
Company contribution	<u>12,000</u>	<u>26,300</u>
Total receivables	<u>12,121</u>	<u>26,411</u>
Total assets	208,675	180,161
 Liabilities:		
Accrued expenses	20	31
Securities purchased	<u>118</u>	<u>111</u>
Total liabilities	<u>138</u>	<u>142</u>
Net assets available for benefits	<u><u>\$ 208,537</u></u>	<u><u>\$ 180,019</u></u>

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

AMERON PENSION PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED NOVEMBER 30, 2012 AND 2011
(IN THOUSANDS)

	<u>2012</u>	<u>2011</u>
Additions to net assets:		
Investment income:		
Net appreciation in fair value of assets	\$ 19,745	\$ 7,753
Interest and dividend income	1,343	1,579
Less: Investment expenses	<u>(263)</u>	<u>(219)</u>
Net investment income	20,825	9,113
Company contribution	<u>21,000</u>	<u>30,900</u>
Total additions	41,825	40,013
Deductions from net assets:		
Benefits paid	13,288	12,599
Administrative expenses	<u>19</u>	<u>790</u>
Total deductions	<u>13,307</u>	<u>13,389</u>
Increase in net assets	28,518	26,624
Net assets available for benefits:		
Beginning of year	<u>180,019</u>	<u>153,395</u>
End of year	<u><u>\$ 208,537</u></u>	<u><u>\$ 180,019</u></u>

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

AMERON PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
NOVEMBER 30, 2012 and 2011

1. Description of the Plan

The following brief description of the Ameron Pension Plan (the “Plan”) is provided for general information purposes only. Participants should refer to the plan document for a more complete description of the Plan.

General

The Plan is a defined benefit pension plan, which provided a retirement benefit to eligible hourly and salaried employees of Ameron International Corporation and certain of its subsidiaries (which was acquired by National Oilwell Varco, Inc. (the “Company”) on October 5, 2011). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”).

As a result of the acquisition by National Oilwell Varco, Inc., the Ameron Common Stock Fund was liquidated in full on October 6, 2011. In addition, the accrued benefit of participants involuntarily terminated on or after October 5, 2011 became fully vested. Effective December 31, 2011, the Plan was amended and frozen, resulting in the following: 1) the Plan was frozen to eligibility and participation for any person who is not required to become a participant pursuant to a collective bargaining agreement; 2) credited service was frozen for any participant not required to earn credited service pursuant to a collective bargaining agreement; 3) the Plan’s pension benefits were frozen and salaried employee participants’ accrued benefits were based only on compensation, covered compensation, and credited service earned before January 1, 2012; and 4) affected participants’ accrued benefits became fully vested.

Plan Administration

The Plan is administered by the Company, acting through the Benefit Plans Administrative Committee (the “Committee”) appointed by the Board of Directors of the Company. The Committee has been given all powers necessary to fulfill its responsibilities, including, but not limited to, the power to administer and interpret the provisions of the Plan, to answer all questions affecting eligibility of participants in the Plan, and to authorize disbursements from the Plan’s funds.

Trustee, Custodian, and Fund Manager of Investments

The Northern Trust Company (the “Trustee”), together with its affiliates, serves as trustee and custodian of the Plan’s investments. The Trustee accounts for all assets of the Plan, independently determines the value of the Plan’s investments, and provides a regular accounting of all receipts, disbursements, and transactions made on behalf of the Plan. Investments of the Plan are managed by PIMCO, BlackRock, Western Asset Management Company, The Northern Trust Company, JP Morgan Chase Bank, and John Hancock Life Insurance Company.

AMERON PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
NOVEMBER 30, 2012 and 2011

1. Description of the Plan (Continued)

Eligibility

Prior to December 31, 2011, certain union, salaried, and non-union hourly employees were eligible to participate in the Plan as of their date of hire. Participants qualified for normal retirement benefits on the first day of the month coinciding with, or next following, the participant's 65th birthday or five years of service, whichever was later. Participants were eligible for early retirement benefits after the age of 55, with at least ten years of service.

Vesting

Union employees who are eligible to receive plan benefits are 100% vested upon completion of five years of service as an employee or upon attaining normal retirement age. All other participants became fully vested upon involuntary termination on or after October 5, 2011.

Funding Policy

Contributions to provide benefits under the Plan are made solely by the Company. The Company's funding policy is to make cash contributions to the Plan in amounts as determined by the Plan's independent actuary, as mandated and that are tax deductible. Contributions were required for the years ended November 30, 2012 and 2011, and therefore, the Company made contributions of \$21,000,000 and \$30,900,000 for the years then ended, respectively. These contributions were in excess of the minimum funding requirements of ERISA.

Pension Benefits

Benefits are paid by the Trustee at the direction of the Company. The Company determines the amount and timing of benefits in accordance with the provisions of the Plan. The benefit amounts vary depending upon individual factors, including the participant's compensation history, years of service, monthly benefit rate, age at date of retirement, and benefit payment option selected.

Death and Disability Benefits

If an active vested participant or deferred vested participant dies prior to retirement, a death benefit derived from the value of the participant's accrued pension is paid to the eligible spouse. Active hourly employees 50 years of age or older who become totally disabled receive unreduced monthly disability benefits based on full years of service up to the start of disability. Disability benefits are paid until normal retirement age, at which time they are replaced by retirement benefits. The retirement benefit calculation includes years while disabled and is based on the benefit rate in effect on the participant's retirement date. Salaried employees who are vested and become totally disabled continue to earn credited service until normal retirement age, at which time disabled participants begin normal retirement benefits computed as though they had been employed to normal retirement age with their annual compensation remaining the same as at the time they became disabled.

AMERON PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
NOVEMBER 30, 2012 and 2011

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

All investments are stated at fair value or amounts that closely approximate fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Plan management determines the Plan's valuation policies utilizing information provided by the investment advisers and trustee. See Note 5 for a discussion of fair value measurements.

Purchases and sales of securities are recorded on the trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation/(depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Administrative and Investment Expenses

Administrative and investment expenses may be paid by the Plan, but the Company, at its discretion, may elect to pay all or part of such expenses. The Company elected to have the Plan pay certain expenses, which amounted to approximately \$282,000 and \$1,009,000 for the years ended November 30, 2012 and 2011, respectively. These expenses represent trustee, recordkeeping, actuarial, audit, legal, investment management services, and insurance for the year ended November 30, 2011, and only trustee, recordkeeping, actuarial, legal and investment management services for the year ended November 30, 2012, as insurance and audit expenses were paid by the Company.

Payment of Benefits

Benefit payments are recorded upon distribution.

AMERON PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
NOVEMBER 30, 2012 and 2011

2. Summary of Significant Accounting Policies (Continued)

Risks and Uncertainties

The Plan invests in a combination of stocks, registered investment company mutual funds, common or collective trusts, and other investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit risks. The Plan's exposure to credit loss in the event of non-performance of investments is limited to the carrying value of such investments. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such change could materially affect the amounts reported in the Statements of Net Assets Available for Benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimated assumptions in the near term could be material to the financial statements.

3. Insurance Annuity Contract

The Plan has purchased a guaranteed annuity contract with John Hancock Life Insurance Company. The annuity contract is allocated specifically to participants and/or beneficiaries of a division purchased by Ameron International Corporation, where the pension assets were transferred and contributions ceased. The annuity contract is a participating annuity contract, where the Company may participate in the experience of the insurance company. Under this contract, the insurance company pays dividends to the Company. The Plan has no further liability related to the contract; thus, the total value of the contract has been excluded from the Plan's assets. However, the fair value of the residual value (expected dividends) in the contract, to which the Plan is entitled, is presented in the financial statements at the present value of expected cash flows as determined by the Plan's actuary using an annual discount rate of 6.37% and 4.19% at November 30, 2012 and 2011, respectively.

	Fair Value at November 30,	
	2012	2011
	(in thousands)	
John Hancock No. 190	\$ <u>499</u>	\$ <u>502</u>

AMERON PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
NOVEMBER 30, 2012 and 2011

4. Investments and Information Certified by the Trustee

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520 103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the following information was certified by the Trustee and was not subjected to any auditing procedures performed by the independent auditors:

- a. Total investments (in thousands) as shown in the accompanying Statements of Net Assets Available for Benefits of \$196,554 and \$153,750 at November 30, 2012 and 2011, respectively.
- b. Net investment earnings as shown in the accompanying Statements of Changes in Net Assets Available for Benefits (in thousands) of \$20,825 and \$9,113 for the years ended November 30, 2012 and 2011, respectively.

The Plan's investments that represented 5% or more of net assets available for benefits as of November 30, 2012 and 2011 were as follows (in thousands):

	2012	2011
Common/Collective Trusts:		
CF BlackRock Equity Index Fund	\$ 54,542	\$ 46,957
Northern Trust Global Investors U.S. Market Cap Equity Index Fund	\$ 51,143	\$ 44,098
CF Morgan Chase EAFE Plus Group Fund	\$ 17,461	\$ 15,092
Northern Trust Global Investors Short-term Fund	\$ 28,839	\$ 6,890 *
Mutual Funds:		
MFO PIMCO Total Return Fund II Institutional	\$ 22,414	\$ 20,461
MFO Western Asset Core Plus Bond Portfolio Institutional	\$ 21,656	\$ 19,749

* Investment balance is less than 5% of total net assets

During 2012 and 2011, the Plan's non-participant directed investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value as follows (in thousands):

	2012	2011
Common stock	\$ -	\$ 1,137
Mutual funds	2,619	102
Common/collective trusts	17,129	6,613
Insurance annuity contract	(3)	(99)
Net appreciation (depreciation) in fair value of investments	<u>\$ 19,745</u>	<u>\$ 7,753</u>

AMERON PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
NOVEMBER 30, 2012 and 2011

5. Fair Value Measurements

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurement) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at November 30, 2012 and 2011.

Common stocks: Valued at the closing price reported on the active market on which the individual securities are traded.

Mutual funds: Valued at the net asset value (NAV) of shares held by the Plan at year end.

AMERON PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
NOVEMBER 30, 2012 and 2011

5. Fair Value Measurements (Continued)

Common/collective trusts: Valued at estimated fair value, which has been determined based on the unit value of the funds. Unit value is determined by the sponsor of the trust by dividing the fund's net assets at fair value by its units outstanding at the valuation dates. There are no unfunded commitments or withdrawal restrictions related to the common collective trusts as of November 30, 2012. Investment strategies of the common collective trusts are as follows:

CF Blackrock Equity Index Fund seeks to capture the growth potential of large companies and achieve broad diversification with low cost by replicating the Standard & Poor's 500 Index.

The CF JP Morgan Chase Bank EAFE Plus Group Fund seeks total return from long-term capital growth and income, while attempting to outperform the Morgan Stanley Capital International Europe, Australasia, Far East Index over a market cycle, gross of fees.

The Northern Trust Global Investors US Market Cap Equity Index Fund seeks to provide investment results that approximate the overall performance of the common stocks included in the Dow Jones US Total Stock Market Index.

The Northern Trust Global Investors Short-term Fund seeks to maximize current income to the extent consistent with the preservation of capital and maintenance of liquidity.

Insurance annuity contract: Valued at fair value by discounting the related cash flows (expected dividends) as determined by the Plan's actuary (see Note 3).

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

AMERON PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
NOVEMBER 30, 2012 and 2011

5. Fair Value Measurements (Continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of November 30, 2012 and 2011 (in thousands):

Assets at Fair Value as of November 30, 2012

	Level 1	Level 2	Level 3	Total
Mutual funds:				
Income fund	\$ 22,414	\$ -	\$ -	\$ 22,414
Bond fund	21,656	-	-	21,656
Total mutual funds	44,070	-	-	44,070
Common/collective trusts:				
Equity funds	-	105,685	-	105,685
Short-term fund	-	28,839	-	28,839
Foreign fund	-	17,461	-	17,461
Total common/collective trusts	-	151,985	-	151,985
Insurance annuity contract	-	-	499	499
Total assets at fair value	<u>\$ 44,070</u>	<u>\$ 151,985</u>	<u>\$ 499</u>	<u>\$ 196,554</u>

Assets at Fair Value as of November 30, 2011

	Level 1	Level 2	Level 3	Total
Mutual funds:				
Income fund	\$ 20,461	\$ -	\$ -	\$ 20,461
Bond fund	19,749	-	-	19,749
Total mutual funds	40,210	-	-	40,210
Common/collective trusts:				
Equity funds	-	91,056	-	91,056
Short-term fund	-	6,890	-	6,890
Foreign fund	-	15,092	-	15,092
Total common/collective trusts	-	113,038	-	113,038
Insurance annuity contract	-	-	502	502
Total assets at fair value	<u>\$ 40,210</u>	<u>\$ 113,038</u>	<u>\$ 502</u>	<u>\$ 153,750</u>

AMERON PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
NOVEMBER 30, 2012 and 2011

5. Fair Value Measurements (Continued)

The following table sets forth a summary of changes in the fair value of the Plan's level 3 assets for the year ended November 30, 2012 (in thousands):

Level 3 Assets for Year Ending November 30, 2012

Balance, beginning of year	\$ 502
Unrealized gains (losses), net	<u>(3)</u>
Balance, end of year	<u><u>\$ 499</u></u>

6. Actuarial Present Value of Accumulated Plan Benefits

The Plan accounts for its accumulated plan benefits on the beginning of year method. Accumulated plan benefits are those future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions to service rendered by employees as of the valuation date. Accumulated plan benefits include benefits expected to be paid to (1) retired or terminated employees or their beneficiaries, (2) beneficiaries of employees who have died, and (3) present employees or their beneficiaries. The actuarial present value of accumulated plan benefits is determined by the Plan's independent actuaries, and is that amount which results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The actuarial present value of accumulated plan benefits as of December 1, 2011 was as follows (in thousands):

Vested benefits:

Participants and/or beneficiaries currently receiving benefits	\$ 113,033
Other vested benefits	<u>79,483</u>
Total vested benefits	192,516

Non-vested benefits:

	<u>2,716</u>
Total actuarial present value of accumulated plan benefits	<u><u>\$ 195,232</u></u>

AMERON PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
NOVEMBER 30, 2012 and 2011

6. Actuarial Present Value of Accumulated Plan Benefits (Continued)

The changes in the actuarial present value of the Plan's accumulated plan benefits from December 1, 2010 to December 1, 2011 were as follows (in thousands):

Actuarial present value of accumulated plan benefits, as of December 1, 2010	\$ 155,754
Increase (decrease) during the year attributable to:	
Benefits accumulated	1,829
Interest	12,859
Assumption changes	36,322
Benefits paid	(12,598)
Actuarial (gains)/losses	1,066
Net increase	<u>39,478</u>
Actuarial present value of accumulated plan benefits, as of December 31, 2011	<u>\$ 195,232</u>

The significant actuarial assumptions used in the valuations as of December 1, 2011 and 2010 were:

- Mortality: Used the mortality tables mandated by the Pension Protection Act, projected 7 years from the valuation date for annuitants and 15 years for non-annuitants.
- Retirement age: Normal retirement age is assumed to be at 65 or completion of five years of service, whichever is later. Early retirement is assumed to be after age 55 with ten years of service.
- Investment return: Changed from 8.5% to 6.5% per annum to reflect the long term expected return on assets.

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

7. Related-Party Transactions

The Trustee is a party-in-interest as defined by ERISA. The Trustee invests certain plan assets in its investment funds. Such transactions qualify as party-in-interest transactions, for which a statutory exemption exists.

During 2012 and 2011, the Plan paid the Trustee amounts totaling \$124,924 and \$77,326, respectively, relating to trustee and investment management services.

AMERON PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
NOVEMBER 30, 2012 and 2011

8. Federal Income Tax Status

The Plan obtained its latest determination letter from the Internal Revenue Service (IRS) on January 6, 2009, which confirmed the Plan was deemed to be designed to satisfy the qualification requirements for tax exemption under the Internal Revenue Code (IRC). Although it has been subsequently amended, the plan administrator believes that the Plan continues to be designed and operated in compliance with the qualification requirements of the IRC, and the related trust was tax-exempt as of the financial statement date.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of November 30, 2012, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to November 30, 2009.

9. Plan Termination

Although it has not expressed any intention to do so, the Company has the right under the Plan, in certain circumstances, to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan is terminated, the net assets of the Plan will be allocated for payment of plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations thereunder, and the plan document.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (the "PBGC") if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit.

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid, and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guaranty while other benefits may not be provided for at all.

AMERON PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
NOVEMBER 30, 2012 and 2011

10. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of the net increase in net assets per the financial statements for the year ended November 30, 2011 to Form 5500 (in thousands):

Net increase in net assets per the financial statements	\$26,624
Premium payments to the PBGC reported on Form 5500 Schedule H, line 2.I. as a transfer of assets	<u>479</u>
Net increase in assets per the Form 5500	<u><u>\$27,103</u></u>

11. Subsequent Events

Plan management has evaluated subsequent events through September 10, 2013, the date the financial statements were available to be issued as follows:

Effective December 1, 2012, the Plan was amended to change the plan year end from November 30 to December 31. As a result, there will be a short plan year for the period beginning December 1, 2012 and ending December 31, 2012.

In addition, the Plan applied for a new IRS determination letter in January 2013.

AMERON PENSION PLAN
PLAN NUMBER: 004 EIN: 76-0488987
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF NOVEMBER 30, 2012

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value		(d) Cost	(e) Current Value
			<u>Shares/Par Value</u>		
	Equity Securities of Other Corporations				
	Pressure Piping Components Inc Com		10,000	\$ 3,896	\$ 3
	Common/Collective Trusts				
	CF BlackRock	Equity Index Fund	119,898	37,327,422	54,541,804
	CF BlackRock	Money Market Fund	93	93	93
	CF JP Morgan Chase Bank	EAFE Plus Group Fund	843,504	10,704,370	17,460,539
*	Northern Trust Global Investors	US Market Cap Equity Index Fund	1,442,244	37,268,616	51,143,406
*	Northern Trust Global Investors	Short-term Fund	28,838,990	28,838,990	28,838,990
	Total Common Collective Trusts			<u>114,139,491</u>	<u>151,984,832</u>
	Mutual Funds				
	MFO PIMCO Funds	Total Return Fund II Inst	2,010,255	20,029,873	22,414,342
	MFO Western Asset Mgmt	Core Plus Bond Portfolio Inst	1,854,118	19,315,918	21,656,094
	Total Mutual Funds			<u>39,345,791</u>	<u>44,070,436</u>
	Insurance Annuity Contract				
	John Hancock Life Insurance Company	Guaranteed annuity contract	N/A	1,357,595	499,391
	Total Investments Held			<u>\$ 154,846,773</u>	<u>\$ 196,554,662</u>

* A party-in-interest for which a statutory exemption exists.

Information certified as complete and accurate by the Trustee.

See Report of Independent Auditors.

AMERON PENSION PLAN
PLAN NUMBER: 004 EIN: 76-0488987
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
AS OF NOVEMBER 30, 2012

(a) Identity of Party Involved	(b) Description of Asset (Including Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value Of Asset on Transaction Date	(i) Net Gain or (Loss)
* Northern Trust Global Investors	Short-term Fund (34 purchases)	\$ 42,227,521	-	-	-	\$ 42,227,521	\$ 42,227,521	-
	(43 sales)	-	\$ 13,431,328	-	-	\$ 13,431,328	\$ 13,431,328	-
* Northern Trust Global Investors	Short-term Fund (1 purchase)	\$ 24,000,000	-	-	-	\$ 24,000,000	\$ 24,000,000	-

Note: Under ERISA, a reportable transaction is defined as a transaction or a series of transactions during the Plan year that involved more than 5% of the fair value of Plan assets at the beginning of the Plan year.

* A party-in-interest for which a statutory exemption exists.

Information certified as complete and accurate by the Trustee.

See Report of Independent Auditor.