

Form 5500-SF Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Short Form Annual Return/Report of Small Employee Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500-SF.	OMB Nos. 1210-0110 1210-0089 2012 This Form is Open to Public Inspection
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Part I Annual Report Identification Information			
For calendar plan year 2012 or fiscal plan year beginning <u>03/01/2012</u> and ending <u>02/28/2013</u>			
A This return/report is for:	☒ a single-employer plan	☐ a multiple-employer plan (not multiemployer)	☐ a one-participant plan
B This return/report is:	☐ the first return/report	☐ the final return/report	
	☐ an amended return/report	☐ a short plan year return/report (less than 12 months)	
C Check box if filing under:	☒ Form 5558	☐ automatic extension	☐ DFVC program
	☐ special extension (enter description)		

Part II Basic Plan Information —enter all requested information			
1a Name of plan HUNT VALVE COMPANY, INC. HOURLY EMPLOYEES' PENSION PLAN		1b Three-digit plan number (PN) ▶	001
		1c Effective date of plan	07/01/1952
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) HUNT VALVE COMPANY, INC. 1913 EAST STATE STREET SALEM, OH 44460		2b Employer Identification Number (EIN)	76-0000663
		2c Sponsor's telephone number	330-337-9535
		2d Business code (see instructions)	332900
3a Plan administrator's name and address ☐ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address HUNT VALVE COMPANY, INC. 1913 EAST STATE STREET SALEM, OH 44460		3b Administrator's EIN	76-0000663
		3c Administrator's telephone number	330-337-9535
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. a Sponsor's name		4b EIN	
		4c PN	
5a Total number of participants at the beginning of the plan year		5a	50
b Total number of participants at the end of the plan year.....		5b	47
c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).....		5c	
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)		☒ Yes ☐ No	
b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.).....		☒ Yes ☐ No	

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

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

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	12/13/2013	MICHAEL HENDERSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
Preparer's name (including firm name, if applicable) and address; include room or suite number (optional)			Preparer's telephone number (optional)

Part III Financial Information			
7	Plan Assets and Liabilities		
		(a) Beginning of Year	(b) End of Year
a	Total plan assets	7a 1451094	1785510
b	Total plan liabilities	7b	
c	Net plan assets (subtract line 7b from line 7a)	7c 1451094	1785510
8	Income, Expenses, and Transfers for this Plan Year		
		(a) Amount	(b) Total
a	Contributions received or receivable from:		
(1)	Employers	8a(1) 408650	
(2)	Participants	8a(2)	
(3)	Others (including rollovers)	8a(3)	
b	Other income (loss)	8b 25623	
c	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c	434273
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d 99857	
e	Certain deemed and/or corrective distributions (see instructions)	8e	
f	Administrative service providers (salaries, fees, commissions)	8f	
g	Other expenses	8g	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	99857
i	Net income (loss) (subtract line 8h from line 8c)	8i	334416
j	Transfers to (from) the plan (see instructions)	8j	

Part IV Plan Characteristics	
9a	If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1B 1G 1I
b	If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

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

Part VI Pension Funding Compliance			
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	☒ Yes ☐ No	
11a	Enter the amount from Schedule SB line 39	11a	0
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? ..	☐ Yes ☒ No	
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)			
a	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month Day Year		
If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.			
b	Enter the minimum required contribution for this plan year	12b	

c Enter the amount contributed by the employer to the plan for this plan year.....	12c	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d	
e Will the minimum funding amount reported on line 12d be met by the funding deadline?.....	☐ Yes ☐ No ☐ N/A	

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year?	☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....	☐ Yes ☒ No
c If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)	
13c(1) Name of plan(s):	13c(2) EIN(s)

Part VIII Trust Information (optional)

14a Name of trust	14b Trust's EIN

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 2012 This Form is Open to Public Inspection
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For calendar plan year 2012 or fiscal plan year beginning 03/01/2012 and ending 02/28/2013

▶ **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>HUNT VALVE COMPANY, INC. HOURLY EMPLOYEES' PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>HUNT VALVE COMPANY, INC.</u>	D Employer Identification Number (EIN) <u>76-0000663</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>03</u> Day <u>01</u> Year <u>2012</u>	
2 Assets:	
a Market value	2a <u>1442789</u>
b Actuarial value	2b <u>1459446</u>
3 Funding target/participant count breakdown:	
a For retired participants and beneficiaries receiving payment.....	3a <u>5</u> <u>118812</u>
b For terminated vested participants.....	3b <u>24</u> <u>383325</u>
c For active participants:	
(1) Non-vested benefits.....	3c(1) <u>26469</u>
(2) Vested benefits.....	3c(2) <u>1181912</u>
(3) Total active	3c(3) <u>21</u> <u>1208381</u>
d Total	3d <u>50</u> <u>1710518</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>5.33</u> %
6 Target normal cost.....	6 <u>0</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>12/13/2013</u>
	Signature of actuary	Date
<u>ROBERT D. FICK</u>		<u>11-05435</u>
	Type or print name of actuary	Most recent enrollment number
<u>BUCK CONSULTANTS, LLC</u>		<u>412-281-2506</u>
	Firm name	Telephone number (including area code)
<u>11 STANWIX STREET SUITE 700</u> <u>PITTSBURGH, PA 15222-1312</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) 2012
v. 120126

Part II Beginning of Year Carryover Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>4.56</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		382420
b Interest on (a) using prior year's effective interest rate of <u>6.07</u> % except as otherwise provided (see instructions)		23213
c Total available at beginning of current plan year to add to prefunding balance		405633
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	85.32 %
15 Adjusted funding target attainment percentage	15	85.32 %
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	59.57 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
06/01/2012	4325	0	12/21/2012	30000	0
06/08/2012	30000	0	05/10/2013	25000	0
08/21/2012	4325	0	05/24/2013	25000	0
08/31/2012	30000	0	06/10/2013	25000	0
11/21/2012	30000	0	06/28/2013	25000	0
12/07/2012	30000	0	07/12/2013	25000	0
			Totals ►	18(b)	408650
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	385913
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No		
c If line 20a is "Yes," see instructions and complete the following table as applicable:		

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

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

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

Part IV	Contributions and Liquidity Shortfalls				
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
08/16/2013	25000	0			
09/06/2013	25000	0			
09/20/2013	25000	0			
10/25/2013	25000	0			
11/15/2013	25000	0			
Totals ►			18(b)		18(c)

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a
b Contributions made to avoid restrictions adjusted to valuation date	19b
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☐ Yes ☐ No
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes ☐ No
c If line 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year	
(1) 1st	(2) 2nd
(3) 3rd	(4) 4th

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 2.01%	2nd segment: 5.16%	3rd segment: 6.28 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	0	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	251072	100234	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	100234	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....			
36 Additional cash requirement (line 34 minus line 35)	36	100234	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	385913	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	285679	
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 an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

Attachment to 2012 Form 5500
Schedule SB, Line 26 – Schedule of Active Participant Data
The Hunt Valve Company, Inc. Hourly Employees' Pension Plan
EIN: 76-0000663 Plan: 001

Age	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up
Under 25	0	0	0	0	0	0	0	0	0	0
25-29	0	0	0	0	0	0	0	0	0	0
30-34	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	0	0	0	0	0
40-44	0	0	0	0	1	0	0	0	0	0
45-49	0	0	0	0	0	0	0	0	0	0
50-54	0	0	0	0	0	1	6	0	0	0
55-59	0	0	0	0	1	2	6	1	0	0
60-64	0	0	0	0	0	0	3	0	0	0
65-69	0	0	0	0	0	0	0	0	0	0
70+	0	0	0	0	0	0	0	0	0	0
TOTAL	0	0	0	0	2	3	15	1	0	0

Attachment to 2012 Form 5500
Schedule SB, Part V – Summary of Actuarial Assumptions/Methods
The Hunt Valve Company, Inc. Hourly Employees' Pension Plan
EIN: 76-0000663 Plan: 001

Prescribed Funding Assumptions and Methods

Funding interest rates

Current Year:	Segment Rates with four month lookback:	
	First Segment Rate	2.01%
	Second Segment Rate	5.16%
	Third Segment Rate	6.28%
	Effective Interest Rate	5.33%
Prior Year:	Segment Rates with four month lookback:	
	First Segment Rate	3.37%
	Second Segment Rate	6.04%
	Third Segment Rate	6.49%
	Effective Interest Rate	6.07%

Mortality

Mortality tables mandated by PPA as specified in IRS Regulation 1.430(h)(3)-1, applied on a static basis, using the blended annuitant/non-annuitant table applicable to small plans.

Actuarial cost method

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

Attachment to 2012 Form 5500
Schedule SB, Part V – Summary of Actuarial Assumptions/Methods
The Hunt Valve Company, Inc. Hourly Employees' Pension Plan
EIN: 76-0000663 Plan: 001

Non-Prescribed Funding Assumptions and Methods

Expenses

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

Frequency of optional payment forms

100% of eligible participants are assumed to elect lump sum payments. The lump sum is based on the funding valuation interest rate and the IRS 2012 Applicable Mortality Table.

100% of future retirements from existing terminated vested participants are assumed to elect the normal form of payment.

Marital percentage

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

Mortality table

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

Retirement rates

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

Terminated vested participants are assumed to commence receiving benefits at age 65.

Attachment to 2012 Form 5500
Schedule SB, Part V – Summary of Actuarial Assumptions/Methods
The Hunt Valve Company, Inc. Hourly Employees' Pension Plan
EIN: 76-0000663 Plan: 001

Non-Prescribed Funding Assumptions and Methods (continued)

Termination rates

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

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

Asset valuation method

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

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

2011 measurement period:	6.49%
2010 measurement period:	6.78%

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2012 This Form is Open to Public Inspection
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For calendar plan year 2012 or fiscal plan year beginning 03/01/2012 and ending 02/28/2013

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C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF HUNT VALVE COMPANY, INC.	D Employer Identification Number (EIN) 76-0000663	
E Type of plan: ☒ 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>03</u> Day <u>01</u> Year <u>2012</u>		
2	Assets:		
	a Market value	2a	1442789
	b Actuarial value	2b	1459446
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	a For retired participants and beneficiaries receiving payment	3a	118812
	b For terminated vested participants	3b	383325
	c For active participants:		
	(1) Non-vested benefits	3c(1)	26469
	(2) Vested benefits	3c(2)	1181912
	(3) Total active	3c(3)	1208381
	d Total	3d	1710518
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	5.33%
6	Target normal cost	6	0

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

SIGN HERE	 Signature of actuary	<u>12-13-2013</u> Date 1105435 Most recent enrollment number 412-281-2506 Telephone number (including area code)
Robert D. Fick Type or print name of actuary BUCK CONSULTANTS, LLC Firm name 11 Stanwix Street Suite 700 PITTSBURGH PA 15222-1312 Address of the firm		

Part II Beginning of Year Carryover Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>4.56%</u>	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		382420
b Interest on (a) using prior year's effective interest rate of <u>6.07%</u> except as otherwise provided (see instructions)		23213
c Total available at beginning of current plan year to add to prefunding balance		405633
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	85.32 %
15 Adjusted funding target attainment percentage	15	85.32 %
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	59.57 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
06/01/2012	4325	0	09/20/2013	25000	0
06/08/2012	30000	0	10/25/2013	25000	0
08/21/2012	4325	0	11/15/2013	25000	0
08/31/2012	30000	0			
11/21/2012	30000	0			
12/07/2012	30000	0			
12/21/2012	30000	0			
05/10/2013	25000	0			
05/24/2013	25000	0			
06/10/2013	25000	0			
06/28/2013	25000	0			
07/12/2013	25000	0			
08/16/2013	25000	0			
09/06/2013	25000	0			
Totals ▶			18(b)	408650	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	385913

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	0

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:			
a Segment rates:	1st segment: 2.01%	2nd segment: 5.16%	3rd segment: 6.28%
			☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 4
22 Weighted average retirement age			22 63
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....		31a	0
b Excess assets, if applicable, but not greater than line 31a		31b	0
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment.....		251072	100234
b Waiver amortization installment		0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...		34	100234
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....			
36 Additional cash requirement (line 34 minus line 35).....		36	100234
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		37	385913
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	285679
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 an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected		☐ 2 plus 7 years ☐ 15 years	
b Eligible plan year(s) for which the election in line 41a was made		☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011	
42 Amount of acceleration adjustment		42	
43 Excess installment acceleration amount to be carried over to future plan years		43	

Attachment to 2012 Form 5500

Schedule SB, Line 22 – Description of Weighted Average Retirement Age

The Hunt Valve Company, Inc. Hourly Employees' Pension Plan

EIN: 76-0000663 Plan: 001

<u>Age</u>	<u>(1)</u> q ^r Retirement Rate	<u>(2)</u> q ^{^(not r)} Other Decrement Rate	<u>(3)</u> 1-q ^T Employment Rate	<u>(4)</u> tpx Cumulative Employment	<u>(5)</u> tpx*qx*Age Age Weighting	<u>(6)</u> tpx*qx Cumulative Decrement	<u>(7)</u> Weighted RA = Sum (5) / (6)
55	0.020	0.0022	0.9778	1.0000	1.1100	0.0200	
56	0.020	0.0027	0.9773	0.9778	1.1049	0.0196	
57	0.020	0.0031	0.9769	0.9556	1.0989	0.0191	
58	0.020	0.0036	0.9764	0.9335	1.0922	0.0187	
59	0.020	0.0041	0.9759	0.9114	1.0846	0.0182	
60	0.040	0.0047	0.9553	0.8894	2.1523	0.0356	
61	0.060	0.0055	0.9345	0.8496	3.1350	0.0510	
62	0.250	0.0063	0.7437	0.7939	12.4047	0.1985	
63	0.150	0.0074	0.8426	0.5904	5.6236	0.0886	
64	0.150	0.0084	0.8416	0.4974	4.8123	0.0746	
65	1.000	0.0000	0.0000	0.4186	27.4183	0.4186	
					61.0368	0.9625	
Weighted Average Retirement Age:							<u><u>63</u></u>

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

Attachment to 2012 Form 5500
Schedule SB, Part V – Summary of Plan Provisions
The Hunt Valve Company, Inc. Hourly Employees' Pension Plan
EIN: 76-0000663 Plan: 001

Eligibility

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

Accrued Benefit

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

Normal Retirement

Age

65 and 5 years of Service.

Monthly Benefit

\$25.00 dollars multiplied by Years of Benefit Service.

Early Retirement

Eligibility

Age 55 and 10 years of Credited Service.

Monthly Benefit

Normal retirement benefit, actuarially reduced for early commencement.

Disability Retirement

Eligibility

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

Monthly Benefit

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

Eligibility for vested benefits

100% vesting after five years of Credited Service.

Payment form

The normal form of payment is a life annuity with ten years certain. An employee may elect to receive his benefit on a straight life, 50% Joint and Survivor, 75% Joint and Survivor, or lump sum. Unless otherwise elected, any benefit payable under the Plan shall be paid:

- (a) on a 50% Joint and Survivor basis, if the employee is married on his Benefit Commencement Date; or
- (b) on the basis of the normal form otherwise

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

Attachment to 2012 Form 5500
Schedule SB, Part V – Summary of Plan Provisions
The Hunt Valve Company, Inc. Hourly Employees' Pension Plan
EIN: 76-0000663 Plan: 001

Death Benefit

Eligibility

5 years of Credited Service

Monthly Benefit

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

Post- Retirement Death Benefit

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

Other Definitions

Service

Service from date of employment.

Credited Service

Equal to years of Service.

Year of Benefit Service

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

Attachment to 2012 Form 5500
Schedule SB, Line 32 – Schedule of Amortization Bases
The Hunt Valve Company, Inc. Hourly Employees' Pension Plan
EIN: 76-0000663 Plan: 001

Type of Base	Present Value of Any Remaining Installments	Valuation Date	Years Remaining	Amortization Installment
Shortfall	310,937	March 1, 2008	3	105,715
Shortfall	(14,252)	March 1, 2009	4	(3,670)
Shortfall	50,044	March 1, 2010	5	10,411
Shortfall	138,727	March 1, 2011	6	24,842
Shortfall	(234,384)	March 1, 2012	7	(37,064)