

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 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>10/01/2012</u> and ending <u>09/30/2013</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>CHEMINEER, INC. COLLECTIVE BARGAINING 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>007</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>10/01/1978</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>007</u>	1c Effective date of plan <u>10/01/1978</u>	
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1c Effective date of plan <u>10/01/1978</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a 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>	
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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. Signature of plan administrator	07/15/2014 Date	BRENDA WILLIAMS Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature. Signature of employer/plan sponsor	07/15/2014 Date	BRENDA WILLIAMS Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN 3c Administrator's telephone number 																											
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 ROBBINS & MYERS, INC.		4b EIN 31-0424220 4c PN 004																											
5 Total number of participants at the beginning of the plan year		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">5</td> <td style="width: 90%; text-align: right;">165</td> </tr> </table>	5	165																									
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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).		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="background-color: #cccccc; height: 20px;"></td> </tr> <tr> <td style="width: 10%; text-align: center;">6a</td> <td style="width: 90%; text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6b</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6c</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6d</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6e</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6f</td> <td style="text-align: right;">0</td> </tr> <tr> <td style="text-align: center;">6g</td> <td></td> </tr> <tr> <td style="text-align: center;">6h</td> <td style="text-align: right;">1</td> </tr> </table>			6a	0	6b	0	6c	0	6d	0	6e	0	6f	0	6g		6h	1									
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7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">7</td> <td style="width: 90%;"></td> </tr> </table>	7																										
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1B 1G 1I																													
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9a Plan funding arrangement (check all that apply) <table style="width: 100%;"> <tr> <td style="width: 5%;">(1)</td> <td style="width: 5%;">☐</td> <td style="width: 90%;">Insurance</td> </tr> <tr> <td>(2)</td> <td>☐</td> <td>Code section 412(e)(3) insurance contracts</td> </tr> <tr> <td>(3)</td> <td>☒</td> <td>Trust</td> </tr> <tr> <td>(4)</td> <td>☐</td> <td>General assets of the sponsor</td> </tr> </table>		(1)	☐	Insurance	(2)	☐	Code section 412(e)(3) insurance contracts	(3)	☒	Trust	(4)	☐	General assets of the sponsor	9b Plan benefit arrangement (check all that apply) <table style="width: 100%;"> <tr> <td style="width: 5%;">(1)</td> <td style="width: 5%;">☐</td> <td style="width: 90%;">Insurance</td> </tr> <tr> <td>(2)</td> <td>☐</td> <td>Code section 412(e)(3) insurance contracts</td> </tr> <tr> <td>(3)</td> <td>☒</td> <td>Trust</td> </tr> <tr> <td>(4)</td> <td>☐</td> <td>General assets of the sponsor</td> </tr> </table>	(1)	☐	Insurance	(2)	☐	Code section 412(e)(3) insurance contracts	(3)	☒	Trust	(4)	☐	General assets of the sponsor			
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)																													
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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 10/01/2012 and ending 09/30/2013

▶ **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>CHEMINEER, INC. COLLECTIVE BARGAINING PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>007</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>10</u> Day <u>01</u> Year <u>2012</u>
2	Assets:
a	Market value 2a <u>13635022</u>
b	Actuarial value 2b <u>12736430</u>
3	Funding target/participant count breakdown:
a	For retired participants and beneficiaries receiving payment..... 3a <u>81</u> <u>8173151</u>
b	For terminated vested participants..... 3b <u>39</u> <u>729190</u>
c	For active participants:
(1)	Non-vested benefits..... 3c(1) <u>289275</u>
(2)	Vested benefits..... 3c(2) <u>2604297</u>
(3)	Total active 3c(3) <u>45</u> <u>2893572</u>
d	Total 3d <u>165</u> <u>11795913</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐
a	Funding target disregarding prescribed at-risk assumptions 4a
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor 4b
5	Effective interest rate 5 <u>6.93 %</u>
6	Target normal cost..... 6 <u>84521</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>04/17/2014</u>
Signature of actuary	Date
<u>GREGORY H. REYNOLDS</u>	<u>14-06401</u>
Type or print name of actuary	Most recent enrollment number
<u>HEWITT ASSOCIATES LLC</u>	<u>216-573-9700</u>
Firm name	Telephone number (including area code)
<u>5005 ROCKSIDE ROAD, SUITE 1000</u> <u>INDEPENDENCE, OH 44131-6828</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	1200000
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	462321
9	Amount remaining (line 7 minus line 8)	0	737679
10	Interest on line 9 using prior year's actual return of <u>20.49</u> %		151150
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b Interest on (a) using prior year's effective interest rate of <u>5.50</u> % except as otherwise provided (see instructions)		
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	67479
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	821350

Part III Funding Percentages			
14	Funding target attainment percentage	14	101.01 %
15	Adjusted funding target attainment percentage	15	107.97 %
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	80.88 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ►	18(b)	0
				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	0
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
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: 5.54%	2nd segment: 6.85%	3rd segment: 7.52 %	☐ 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 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	84521
	b Excess assets, if applicable, but not greater than line 31a	31b	84521
32	Amortization installments:		
	a Net shortfall amortization installment	0	0
	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	0
		Carryover balance	Prefunding balance
35	Balances elected for use to offset funding requirement.....	0	0
36	Additional cash requirement (line 34 minus line 35)	36	0
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0
38	Present value of excess contributions for current year (see instructions)		
	a Total (excess, if any, of line 37 over line 36)	38a	0
	b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0
39	Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40	Unpaid minimum required contributions for all years.....	40	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41	If 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

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
		2012
		This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 10/01/2012 and ending 09/30/2013

A Name of plan <u>CHEMINEER, INC. COLLECTIVE BARGAINING PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>007</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

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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)

(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 ☐

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

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			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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			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: GREGORY H. REYNOLDS	b EIN: 36-2235791
c Position: ACTUARY	
d Address: HEWITT ASSOCIATES LLC 5005 ROCKSIDE RD, SUITE 1000 INDEPENDENCE, OH 44131-6828	e Telephone: 216-573-9700

Explanation: ROBBINS & MYERS, INC. WAS ACQUIRED BY NATIONAL OILWELL VARCO, AND AS A RESULT THE ROBBINS & MYERS, INC. PENSION PLANS' ACTUA CHANGED TO THE ACTUARY FOR NATIONAL OILWELL VARCO, L.P.'S PLAN

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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	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 2012 This Form is Open to Public Inspection.
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For calendar plan year 2012 or fiscal plan year beginning 10/01/2012 and ending 09/30/2013

A Name of plan <u>CHEMINEER, INC. COLLECTIVE BARGAINING PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>007</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: ROBBINS&MYERS CONS TR FOR QUALIFIED

b Name of sponsor of entity listed in (a): ROBBINS & MYERS, INC.

c EIN-PN <u>31-0838515-111</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u>
---------------------------------------	-------------------------------	--

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)
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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)
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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):

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 2012 This Form is Open to Public Inspection
For calendar plan year 2012 or fiscal plan year beginning 10/01/2012 and ending 09/30/2013		
A Name of plan CHEMINEER, INC. COLLECTIVE BARGAINING PENSION PLAN	B Three-digit plan number (PN) ►	007
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		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)		
	(2) Participant contributions	1b(2)		
	(3) Other	1b(3)		
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	133330	14118
	(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)		
	(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)		
	(10) Value of interest in pooled separate accounts	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)	13501692	0
	(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)		
	(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
	(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(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	13635022	14118

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	39331	
i Acquisition indebtedness	1i		
j Other liabilities	1j		14118
k Total liabilities (add all amounts in lines 1g through 1j)	1k	39331	14118

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	13595691	0
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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) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(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)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	7	
(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)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		7
(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)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(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

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		1267247
(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)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1267254

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	924540	
(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)		924540
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)		
(2) Contract administrator fees	2i(2)	3691	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		3691
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		928231

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		339023
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		13934714

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: CLARK, SCHAEFER, HACKETT & CO.

(2) EIN: 31-0800053

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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

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.).....

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
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		10000000
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.			

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)

ROBBINS & MYERS, INC. CONSOLIDATED PENSION PLAN

5b(2) EIN(s)	5b(3) PN(s)
76-0488987	008

Part V Trust Information (optional)

6a Name of trust

6b Trust's EIN

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 2012 This Form is Open to Public Inspection.
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For calendar plan year 2012 or fiscal plan year beginning 10/01/2012 and ending 09/30/2013

A Name of plan <u>CHEMINEER, INC. COLLECTIVE BARGAINING PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>007</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
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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>31-0838515</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.
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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 lines 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 lines 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 lines 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 lines 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 lines 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 lines 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 line 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 lines (a) through (c)

- a** Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
- b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
- c** What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

INDEPENDENT AUDITORS' REPORT

To the Benefits Plan Administrative Committee
National Oilwell Varco, Inc.
Houston, Texas

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Chemineer, Inc. Collective Bargaining Pension Plan (the "Plan"), which comprise the statements of net assets available for benefits as of September 30, 2013 and 2012, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

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 JP Morgan Chase Bank, N.A., the trustee of the Plan, except for comparing the information with the related information included in the financial statements. 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 and for the years ended September 30, 2013 and 2012, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

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columbus, oh 43219

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Other Matter

The supplemental Schedule of Assets (Held at End of Year) as of September 30, 2013 and Schedule of Reportable Transactions for the year ended September 30, 2013 are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

Report on Form and Content in Compliance With DOL Rules and Regulations

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.

Clark, Schaefer, Hackett & Co.

July 15, 2014
Dayton, Ohio

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
For calendar plan year 2012 or fiscal plan year beginning <u>10/01/2012</u> and ending <u>09/30/2013</u>		

► **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 Chemineer, Inc. Collective Bargaining Pension Plan	B Three-digit plan number (PN) ► <u>007</u>
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>10</u> Day <u>1</u> Year <u>2012</u>		
2	Assets:		
	a Market value	2a	13,635,022
	b Actuarial value	2b	12,736,430
3	Funding target/participant count breakdown:	(1) Number of participants	(2) Funding Target
	a For retired participants and beneficiaries receiving payment.....	3a	81 8,173,151
	b For terminated vested participants.....	3b	39 729,190
	c For active participants:		
	(1) Non-vested benefits	3c(1)	289,275
	(2) Vested benefits	3c(2)	2,604,297
	(3) Total active.....	3c(3)	45 2,893,572
	d Total.....	3d	165 11,795,913
4	If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b	
5	Effective interest rate	5	6.93 %
6	Target normal cost	6	84,521

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	 Gregory H. Reynolds Signature of actuary	<u>04/17/2014</u> Date <u>14-06401</u> Most recent enrollment number <u>(216) 573-9700</u> Telephone number (including area code)
<u>Hewitt Associates LLC</u> Firm name <u>5005 Rockside Road, Suite 1000</u> Address of the firm <u>Independence OH 44131-6828</u>		

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

Part II Beginning of Year Carryover Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	1,200,000
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	462,321
9 Amount remaining (line 7 minus line 8)	0	737,679
10 Interest on line 9 using prior year's actual return of <u>20.49</u> %		151,150
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b Interest on (a) using prior year's effective interest rate of <u>5.50</u> % except as otherwise provided (see instructions)		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	67,479
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	821,350

Part III Funding Percentages

14 Funding target attainment percentage	14	101.01 %
15 Adjusted funding target attainment percentage	15	107.97 %
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	80.88 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ►			18(b)	0	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 0
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 V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 5.54 %	2nd segment: 6.85 %	3rd segment: 7.52 %	☐ 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 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	84,521	
b Excess assets, if applicable, but not greater than line 31a	31b	84,521	
32 Amortization installments:			
a Net shortfall amortization installment.....	Outstanding Balance	Installment	
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	0	
	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	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If 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		

Schedule SB Attachment (Form 5500)—2012 Plan Year
Chemineer, Inc. Collective Bargaining Pension Plan
EIN: 76-0488987 PN: 007

Schedule SB, line 9—Explanation of Credit Balance Discrepancy

A funding balance election for the 2012 plan year was revoked due to passage of the Moving Ahead for Progress in the 21st Century Act (MAP-21) and entries on line 35 reflect the net effect of the original election and reversal. The plan sponsor has elected to apply the following amounts of Funding Standard Carryover Balance (FSCB) and Prefunding Balance (PB) to the minimum required contribution of the Plan for the 2012 plan year as of the date shown below. After MAP-21, the plan sponsor has elected to revoke the prior election to apply the amounts of FSCB and PB shown below, as permitted under Treasury Regulation section 1.430(f)-1(f)(3)(ii). The total of these amounts (\$0) is reported on line 35.

Date of Election	FSCB Applied to 2012 Minimum	PB Applied to 2012 Minimum
January 14, 2013	\$ 0	\$ 144,110
June 26, 2013	<u>0</u>	<u>(144,110)</u>
Total	\$ 0	\$ 0

Schedule SB Attachment (Form 5500)—2012 Plan Year
 Chemineer, Inc. Collective Bargaining Pension Plan
 EIN: 76-0488987 PN: 007

Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	5.00%	1.0000	2.78
56.5	5.00%	0.9500	2.68
57.5	5.00%	0.9025	2.59
58.5	5.00%	0.8574	2.51
59.5	5.00%	0.8145	2.42
60.5	5.00%	0.7738	2.34
61.5	20.00%	0.7351	9.04
62.5	50.00%	0.5881	18.38
63.5	10.00%	0.2940	1.87
64.5	5.00%	0.2646	0.85
65	100.00%	0.2514	16.34
Weighted Average			61.80

Schedule SB Attachment (Form 5500)—2012 Plan Year
Chemineer, Inc. Collective Bargaining Pension Plan
EIN: 76-0488987 PN: 007

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month look-back (as of June 2012), each adjusted as needed to fall within the 25-year average interest rate corridor under MAP-21
1st Segment Rate	5.54%
2nd Segment Rate	6.85%
3rd Segment Rate	7.52%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month look-back (as of June 2012), without regard to the MAP-21 interest rate corridor
1st Segment Rate	1.84%
2nd Segment Rate	4.79%
3rd Segment Rate	5.90%
Optional Payment Form Election Percentage	100% life annuity
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 65
Mortality Rates	
Healthy and Disabled	2012 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e)
Withdrawal Rates	See Table 2
Disability Rates	See Table 3
Decrement Timing	Middle of year decrements, with 100% retirement occurring at beginning of year
Surviving Spouse Benefit	It is assumed that 90% of males and 90% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$200,000.

Schedule SB Attachment (Form 5500)—2012 Plan Year
Chemineer, Inc. Collective Bargaining Pension Plan
EIN: 76-0488987 PN: 007

Valuation of Plan Assets

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Expected Return on Assets

2010 Plan Year	6.68%
2011 Plan Year	6.34%

Trust Expenses Included in Target Normal Cost

\$81,389. Based on prior year's actual plan administrative expenses.

Actuarial Method

Standard unit credit cost method

Valuation Date

October 1, 2012

Schedule SB Attachment (Form 5500)—2012 Plan Year
Chemineer, Inc. Collective Bargaining Pension Plan
EIN: 76-0488987 PN: 007

Table 1

Retirement Rates

Age	Rate
55	5.00%
56	5.00%
57	5.00%
58	5.00%
59	5.00%
60	5.00%
61	20.00%
62	50.00%
63	10.00%
64	5.00%
65+	100.00%

Schedule SB Attachment (Form 5500)—2012 Plan Year
 Chemineer, Inc. Collective Bargaining Pension Plan
 EIN: 76-0488987 PN: 007

Table 2

Withdrawal Rates

Age	Male	Female	Age	Male	Female
15	60.00%	70.20%	45	5.60%	8.60%
16	55.60%	66.00%	46	5.20%	7.80%
17	51.20%	61.80%	47	4.80%	7.20%
18	46.80%	57.60%	48	4.40%	6.60%
19	42.40%	53.40%	49	3.80%	5.80%
20	38.00%	49.20%	50	3.40%	5.00%
21	33.60%	45.00%	51	2.80%	4.20%
22	29.20%	40.80%	52	2.20%	3.40%
23	26.40%	36.60%	53	1.80%	2.40%
24	23.60%	32.40%	54	1.20%	1.60%
25	20.80%	28.20%	55	0.60%	0.80%
26	18.00%	24.00%	56	0.20%	0.20%
27	15.20%	19.80%	57+	0.00%	0.00%
28	14.40%	19.20%			
29	13.60%	18.60%			
30	12.80%	18.00%			
31	12.00%	17.40%			
32	11.20%	16.60%			
33	10.80%	16.00%			
34	10.40%	15.40%			
35	10.00%	14.80%			
36	9.60%	14.20%			
37	9.20%	13.60%			
38	8.60%	13.00%			
39	8.20%	12.40%			
40	7.80%	11.80%			
41	7.40%	11.20%			
42	7.00%	10.40%			
43	6.60%	9.80%			
44	6.20%	9.20%			

Schedule SB Attachment (Form 5500)—2012 Plan Year
Chemineer, Inc. Collective Bargaining Pension Plan
EIN: 76-0488987 PN: 007

Table 3

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.285%	0.428%	45	0.405%	0.608%
16	0.285%	0.428%	46	0.430%	0.645%
17	0.285%	0.428%	47	0.460%	0.690%
18	0.285%	0.428%	48	0.494%	0.741%
19	0.285%	0.428%	49	0.532%	0.798%
20	0.286%	0.429%	50	0.574%	0.861%
21	0.287%	0.431%	51	0.623%	0.935%
22	0.288%	0.432%	52	0.676%	1.014%
23	0.284%	0.426%	53	0.735%	1.103%
24	0.280%	0.420%	54	0.798%	1.197%
25	0.278%	0.417%	55	0.868%	1.302%
26	0.277%	0.416%	56	0.946%	1.419%
27	0.276%	0.414%	57	1.035%	1.553%
28	0.275%	0.413%	58	1.135%	1.703%
29	0.275%	0.413%	59	1.245%	1.868%
30	0.275%	0.413%	60	1.363%	2.045%
31	0.276%	0.414%	61	1.491%	2.237%
32	0.278%	0.417%	62	1.628%	2.442%
33	0.281%	0.422%	63	1.778%	2.667%
34	0.284%	0.426%	64	1.938%	2.907%
35	0.288%	0.432%	65+	0.000%	0.000%
36	0.294%	0.441%			
37	0.300%	0.450%			
38	0.307%	0.461%			
39	0.314%	0.471%			
40	0.323%	0.485%			
41	0.334%	0.501%			
42	0.348%	0.522%			
43	0.365%	0.548%			
44	0.383%	0.575%			

Schedule SB Attachment (Form 5500)—2012 Plan Year
Chemineer, Inc. Collective Bargaining Pension Plan
EIN: 76-0488987 PN: 007

Schedule SB, Part V—Summary of Plan Provisions

Effective Date	December 1, 1966. Amended and restated effective October 1, 2010.
Coverage	All regular, full-time (1,000 hours or more) employees who are members of the Local Lodge 225, International Association of Machinists and Aerospace Workers Union. The plan was closed to new hires as of March 4, 2007. Credited service was frozen as of September 30, 2010.
Retirement Age	
Normal	The later of age 65 or completion of five Vesting Years of Service.
Early	Age 60 and 15 Vesting Years of Service; or Age 62 and 10 Vesting Years of Service; or Age 55 and 30 Vesting Years of Service.
Disability	Ten years of Credited Service.
Deferred Vested	Five Vesting Years of Service.
Amount of Retirement Benefit	
Normal	A participant's monthly benefit is equal to Credited Service frozen as of September 30, 2010 multiplied by a benefit accrual rate as shown in the table below:

Retirement Date	Benefit Accrual Rate
Before 10/01/1977	\$5.50
After 09/30/1977, before 10/01/1981	\$5.50
	For Credited Service prior to 10/01/1977 plus \$9.50 for Credited Service after 09/30/1977 and before 10/01/1981
After 09/30/1981, before 10/01/1985	\$12.00
After 09/30/1985, before 10/01/1986	\$15.00
After 09/30/1986, before 10/01/1988	\$17.00
After 09/30/1988, before 10/01/1989	\$18.00
After 09/30/1989, before 10/01/1990	\$20.00
After 09/30/1990, before 10/01/1991	\$22.00

Schedule SB Attachment (Form 5500)—2012 Plan Year
Chemineer, Inc. Collective Bargaining Pension Plan
EIN: 76-0488987 PN: 007

Retirement Date	Benefit Accrual Rate
After 09/30/1991, before 10/01/1992	\$23.00
After 09/30/1992, before 10/01/1994	\$24.00
After 09/30/1994, before 03/04/1995	\$25.00
After 03/03/1995, before 03/04/1997	\$26.00
After 03/04/1997, before 10/01/1998	\$27.00
After 10/01/1998, before 10/01/1999	\$29.00
After 10/01/1999, before 10/01/2000	\$31.00
After 10/01/2000, before 10/31/2000	\$33.00
After 11/01/2000, before 09/30/2002	\$35.00
After 10/01/2002, before 09/30/2003	\$36.50
After 10/01/2003, before 03/06/2004	\$37.50
After 03/07/2004, before 03/03/2007	\$40.00
After 03/04/2007, before 03/02/2008	\$40.50
After 03/03/2008, before 03/01/2009	\$41.00
After 03/02/2009	\$41.50

Early

Benefit computed as for normal retirement but based on Credited Service at early retirement and the benefit accrual rate then in effect payable at normal retirement date. Benefit is reduced 5/9% for each month by which the benefit commencement date precedes normal retirement date. No reduction is applied if retirement occurs after age 55 and completion of 30 Vesting Years of Service or age 62 and completion of ten Vesting Years of Service. An additional monthly benefit is payable to participants retiring with unreduced benefits in the amount of \$350 from age 55 to age 62 and \$250 from age 62 to age 65.

Late

Benefit computed as for normal retirement but based on Credited Service at actual retirement and the benefit rate then in effect payable immediately.

Disability

Benefit computed as for normal retirement but based on Credited Service at disability retirement and the benefit accrual rate then in effect payable immediately.

Schedule SB Attachment (Form 5500)—2012 Plan Year
Chemineer, Inc. Collective Bargaining Pension Plan
EIN: 76-0488987 PN: 007

Deferred Vested	Accrued normal retirement benefit based on Credited Service at termination date and on the benefit accrual rate then in effect payable at normal retirement date. If the participant meets any of the age and service requirements listed under early retirement, the benefit is reduced under the early retirement provisions, otherwise the benefit is reduced 5/9% for each month by which benefit payments begin before normal retirement date.
Normal Form of Annuity	A monthly annuity for life. Married participants will receive, unless they elect otherwise, an actuarially reduced pension paid for life with 50% of the reduced benefit payable to the participant's spouse, if alive, upon the death of the participant.
Optional Payment Forms	Life annuity, 100%, 75%, 66-2/3%, and 50% contingent annuities, 10-year certain and life annuity, 10-year certain annuity, and lump sums under \$1,000.
Death Benefits	For a participant who is eligible for early retirement, the benefit is an immediate monthly annuity to the surviving spouse equal to 50% of the monthly benefit the participant would have been entitled to had he retired the day before his death and elected the 50% joint and survivor option with his spouse as the contingent annuitant. For all other participants, the benefit is a deferred monthly annuity to the surviving spouse equal to 50% of the monthly benefit the participant would have been entitled to had he terminated employment on the date of his death, survived to the earliest retirement age, elected the 50% joint and survivor option with his spouse as contingent annuitant, and then died the following day.
Definitions Plan Year	October 1 to September 30.
Actuarial Equivalence	Tables for converting to optional forms of payment can be found in Exhibit A of the plan document. Lump sum factors based on the 30-year Treasury interest rates and the 83GATT mortality table. Effective December 31, 2002, the mortality table referenced in Revenue Ruling 2001-62 is used for lump sum distributions.

Schedule SB Attachment (Form 5500)—2012 Plan Year
Chemineer, Inc. Collective Bargaining Pension Plan
EIN: 76-0488987 PN: 007

Effective January 1, 2008, the applicable mortality table and applicable interest rate for the month of August that precedes the Plan Year defined under Code section 417(e)(3) is used for lump sum distributions.

Vesting Year of Service

A Plan Year in which the participant completes 1,000 or more hours of service.

Credited Service

One year for each Plan Year in which a participant is credited with at least 1,800 hours of service. 1/10 of a year credited for each 180 hours of service if less than 1,800 hours. Credited Service is frozen as of September 30, 2010.

Changes in Plan Provisions Since the October 1, 2011 Valuation

The October 1, 2012 funding valuation reflects the following plan change:

- An increase in the annual maximum benefit limit under IRC section 415 from \$195,000 in 2011 to \$200,000 in 2012.

Changes in Plan Provisions Since the October 1, 2010 Valuation

The October 1, 2011 funding valuation does not reflect any plan changes.

Changes in Plan Provisions Since the October 1, 2009 Valuation

The October 1, 2010 funding valuation reflects the following plan change:

- Credited service was frozen as of September 30, 2010.

Changes in Plan Provisions Since the October 1, 2008 Valuation

The October 1, 2009 funding valuation reflects the following plan change:

- An increase in the annual maximum benefit limit under IRC section 415 from \$185,000 in 2008 to \$195,000 in 2009.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Due to a merger, the plan sponsor changed from Robbins & Myers, Inc. (EIN 31-0424220, PN 004) to National Oilwell Varco, L.P. (EIN 76-0488987, PN 007), and the plan name remains the same.

Schedule SB Attachment (Form 5500)—2012 Plan Year
Chemineer, Inc. Collective Bargaining Pension Plan
EIN: 76-0488987 PN: 007

Schedule SB, line 26—Schedule of Active Participant Data as of October 1, 2012

Attained Age	Number of Participants									
	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34		1								
35-39			1							
40-44			2		1					
45-49	1			1	2	3				
50-54	1			3	2	4			1	
55-59			1	3	1	3	1	2	2	
60-64		1			2	1		2	1	
65-69					2					
70+										

N-45

Schedule SB Attachment (Form 5500)—2012 Plan Year
Chemineer, Inc. Collective Bargaining Pension Plan
EIN: 76-0488987 PN: 007

Schedule SB, line 9—Explanation of Credit Balance Discrepancy

A funding balance election for the 2012 plan year was revoked due to passage of the Moving Ahead for Progress in the 21st Century Act (MAP-21) and entries on line 35 reflect the net effect of the original election and reversal. The plan sponsor has elected to apply the following amounts of Funding Standard Carryover Balance (FSCB) and Prefunding Balance (PB) to the minimum required contribution of the Plan for the 2012 plan year as of the date shown below. After MAP-21, the plan sponsor has elected to revoke the prior election to apply the amounts of FSCB and PB shown below, as permitted under Treasury Regulation section 1.430(f)-1(f)(3)(ii). The total of these amounts (\$0) is reported on line 35.

Date of Election	FSCB Applied to 2012 Minimum	PB Applied to 2012 Minimum
January 14, 2013	\$ 0	\$ 144,110
June 26, 2013	<u>0</u>	<u>(144,110)</u>
Total	\$ 0	\$ 0

Schedule SB Attachment (Form 5500)—2012 Plan Year
 Chemineer, Inc. Collective Bargaining Pension Plan
 EIN: 76-0488987 PN: 007

Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	5.00%	1.0000	2.78
56.5	5.00%	0.9500	2.68
57.5	5.00%	0.9025	2.59
58.5	5.00%	0.8574	2.51
59.5	5.00%	0.8145	2.42
60.5	5.00%	0.7738	2.34
61.5	20.00%	0.7351	9.04
62.5	50.00%	0.5881	18.38
63.5	10.00%	0.2940	1.87
64.5	5.00%	0.2646	0.85
65	100.00%	0.2514	16.34
Weighted Average			61.80

Schedule SB Attachment (Form 5500)—2012 Plan Year
Chemineer, Inc. Collective Bargaining Pension Plan
EIN: 76-0488987 PN: 007

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month look-back (as of June 2012), each adjusted as needed to fall within the 25-year average interest rate corridor under MAP-21
1st Segment Rate	5.54%
2nd Segment Rate	6.85%
3rd Segment Rate	7.52%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month look-back (as of June 2012), without regard to the MAP-21 interest rate corridor
1st Segment Rate	1.84%
2nd Segment Rate	4.79%
3rd Segment Rate	5.90%
Optional Payment Form Election Percentage	100% life annuity
Retirement Age	
Active Participants	See Table 1
Terminated Vested Participants	Age 65
Mortality Rates	
Healthy and Disabled	2012 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e)
Withdrawal Rates	See Table 2
Disability Rates	See Table 3
Decrement Timing	Middle of year decrements, with 100% retirement occurring at beginning of year
Surviving Spouse Benefit	It is assumed that 90% of males and 90% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit Limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$200,000.

Schedule SB Attachment (Form 5500)—2012 Plan Year
Chemineer, Inc. Collective Bargaining Pension Plan
EIN: 76-0488987 PN: 007

Valuation of Plan Assets

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Expected Return on Assets

2010 Plan Year

6.68%

2011 Plan Year

6.34%

Trust Expenses Included in Target Normal Cost

\$81,389. Based on prior year's actual plan administrative expenses.

Actuarial Method

Standard unit credit cost method

Valuation Date

October 1, 2012

Schedule SB Attachment (Form 5500)—2012 Plan Year
Chemineer, Inc. Collective Bargaining Pension Plan
EIN: 76-0488987 PN: 007

Table 1

Retirement Rates

Age	Rate
55	5.00%
56	5.00%
57	5.00%
58	5.00%
59	5.00%
60	5.00%
61	20.00%
62	50.00%
63	10.00%
64	5.00%
65+	100.00%

Schedule SB Attachment (Form 5500)—2012 Plan Year
Chemineer, Inc. Collective Bargaining Pension Plan
EIN: 76-0488987 PN: 007

Table 2

Withdrawal Rates

Age	Male	Female	Age	Male	Female
15	60.00%	70.20%	45	5.60%	8.60%
16	55.60%	66.00%	46	5.20%	7.80%
17	51.20%	61.80%	47	4.80%	7.20%
18	46.80%	57.60%	48	4.40%	6.60%
19	42.40%	53.40%	49	3.80%	5.80%
20	38.00%	49.20%	50	3.40%	5.00%
21	33.60%	45.00%	51	2.80%	4.20%
22	29.20%	40.80%	52	2.20%	3.40%
23	26.40%	36.60%	53	1.80%	2.40%
24	23.60%	32.40%	54	1.20%	1.60%
25	20.80%	28.20%	55	0.60%	0.80%
26	18.00%	24.00%	56	0.20%	0.20%
27	15.20%	19.80%	57+	0.00%	0.00%
28	14.40%	19.20%			
29	13.60%	18.60%			
30	12.80%	18.00%			
31	12.00%	17.40%			
32	11.20%	16.60%			
33	10.80%	16.00%			
34	10.40%	15.40%			
35	10.00%	14.80%			
36	9.60%	14.20%			
37	9.20%	13.60%			
38	8.60%	13.00%			
39	8.20%	12.40%			
40	7.80%	11.80%			
41	7.40%	11.20%			
42	7.00%	10.40%			
43	6.60%	9.80%			
44	6.20%	9.20%			

Schedule SB Attachment (Form 5500)—2012 Plan Year
Chemineer, Inc. Collective Bargaining Pension Plan
EIN: 76-0488987 PN: 007

Table 3

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.285%	0.428%	45	0.405%	0.608%
16	0.285%	0.428%	46	0.430%	0.645%
17	0.285%	0.428%	47	0.460%	0.690%
18	0.285%	0.428%	48	0.494%	0.741%
19	0.285%	0.428%	49	0.532%	0.798%
20	0.286%	0.429%	50	0.574%	0.861%
21	0.287%	0.431%	51	0.623%	0.935%
22	0.288%	0.432%	52	0.676%	1.014%
23	0.284%	0.426%	53	0.735%	1.103%
24	0.280%	0.420%	54	0.798%	1.197%
25	0.278%	0.417%	55	0.868%	1.302%
26	0.277%	0.416%	56	0.946%	1.419%
27	0.276%	0.414%	57	1.035%	1.553%
28	0.275%	0.413%	58	1.135%	1.703%
29	0.275%	0.413%	59	1.245%	1.868%
30	0.275%	0.413%	60	1.363%	2.045%
31	0.276%	0.414%	61	1.491%	2.237%
32	0.278%	0.417%	62	1.628%	2.442%
33	0.281%	0.422%	63	1.778%	2.667%
34	0.284%	0.426%	64	1.938%	2.907%
35	0.288%	0.432%	65+	0.000%	0.000%
36	0.294%	0.441%			
37	0.300%	0.450%			
38	0.307%	0.461%			
39	0.314%	0.471%			
40	0.323%	0.485%			
41	0.334%	0.501%			
42	0.348%	0.522%			
43	0.365%	0.548%			
44	0.383%	0.575%			

Schedule SB Attachment (Form 5500)—2012 Plan Year
Chemineer, Inc. Collective Bargaining Pension Plan
EIN: 76-0488987 PN: 007

Schedule SB, Part V—Summary of Plan Provisions

Effective Date	December 1, 1966. Amended and restated effective October 1, 2010.
Coverage	All regular, full-time (1,000 hours or more) employees who are members of the Local Lodge 225, International Association of Machinists and Aerospace Workers Union. The plan was closed to new hires as of March 4, 2007. Credited service was frozen as of September 30, 2010.
Retirement Age	
Normal	The later of age 65 or completion of five Vesting Years of Service.
Early	Age 60 and 15 Vesting Years of Service; or Age 62 and 10 Vesting Years of Service; or Age 55 and 30 Vesting Years of Service.
Disability	Ten years of Credited Service.
Deferred Vested	Five Vesting Years of Service.
Amount of Retirement Benefit	
Normal	A participant's monthly benefit is equal to Credited Service frozen as of September 30, 2010 multiplied by a benefit accrual rate as shown in the table below:

Retirement Date	Benefit Accrual Rate
Before 10/01/1977	\$5.50
After 09/30/1977, before 10/01/1981	\$5.50
	For Credited Service prior to 10/01/1977 plus \$9.50 for Credited Service after 09/30/1977 and before 10/01/1981
After 09/30/1981, before 10/01/1985	\$12.00
After 09/30/1985, before 10/01/1986	\$15.00
After 09/30/1986, before 10/01/1988	\$17.00
After 09/30/1988, before 10/01/1989	\$18.00
After 09/30/1989, before 10/01/1990	\$20.00
After 09/30/1990, before 10/01/1991	\$22.00

Schedule SB Attachment (Form 5500)—2012 Plan Year
Chemineer, Inc. Collective Bargaining Pension Plan
EIN: 76-0488987 PN: 007

Retirement Date	Benefit Accrual Rate
After 09/30/1991, before 10/01/1992	\$23.00
After 09/30/1992, before 10/01/1994	\$24.00
After 09/30/1994, before 03/04/1995	\$25.00
After 03/03/1995, before 03/04/1997	\$26.00
After 03/04/1997, before 10/01/1998	\$27.00
After 10/01/1998, before 10/01/1999	\$29.00
After 10/01/1999, before 10/01/2000	\$31.00
After 10/01/2000, before 10/31/2000	\$33.00
After 11/01/2000, before 09/30/2002	\$35.00
After 10/01/2002, before 09/30/2003	\$36.50
After 10/01/2003, before 03/06/2004	\$37.50
After 03/07/2004, before 03/03/2007	\$40.00
After 03/04/2007, before 03/02/2008	\$40.50
After 03/03/2008, before 03/01/2009	\$41.00
After 03/02/2009	\$41.50

Early

Benefit computed as for normal retirement but based on Credited Service at early retirement and the benefit accrual rate then in effect payable at normal retirement date. Benefit is reduced 5/9% for each month by which the benefit commencement date precedes normal retirement date. No reduction is applied if retirement occurs after age 55 and completion of 30 Vesting Years of Service or age 62 and completion of ten Vesting Years of Service. An additional monthly benefit is payable to participants retiring with unreduced benefits in the amount of \$350 from age 55 to age 62 and \$250 from age 62 to age 65.

Late

Benefit computed as for normal retirement but based on Credited Service at actual retirement and the benefit rate then in effect payable immediately.

Disability

Benefit computed as for normal retirement but based on Credited Service at disability retirement and the benefit accrual rate then in effect payable immediately.

Schedule SB Attachment (Form 5500)—2012 Plan Year
Chemineer, Inc. Collective Bargaining Pension Plan
EIN: 76-0488987 PN: 007

Deferred Vested	Accrued normal retirement benefit based on Credited Service at termination date and on the benefit accrual rate then in effect payable at normal retirement date. If the participant meets any of the age and service requirements listed under early retirement, the benefit is reduced under the early retirement provisions, otherwise the benefit is reduced 5/9% for each month by which benefit payments begin before normal retirement date.
Normal Form of Annuity	A monthly annuity for life. Married participants will receive, unless they elect otherwise, an actuarially reduced pension paid for life with 50% of the reduced benefit payable to the participant's spouse, if alive, upon the death of the participant.
Optional Payment Forms	Life annuity, 100%, 75%, 66-2/3%, and 50% contingent annuities, 10-year certain and life annuity, 10-year certain annuity, and lump sums under \$1,000.
Death Benefits	For a participant who is eligible for early retirement, the benefit is an immediate monthly annuity to the surviving spouse equal to 50% of the monthly benefit the participant would have been entitled to had he retired the day before his death and elected the 50% joint and survivor option with his spouse as the contingent annuitant. For all other participants, the benefit is a deferred monthly annuity to the surviving spouse equal to 50% of the monthly benefit the participant would have been entitled to had he terminated employment on the date of his death, survived to the earliest retirement age, elected the 50% joint and survivor option with his spouse as contingent annuitant, and then died the following day.
Definitions	
Plan Year	October 1 to September 30.
Actuarial Equivalence	Tables for converting to optional forms of payment can be found in Exhibit A of the plan document. Lump sum factors based on the 30-year Treasury interest rates and the 83GATT mortality table. Effective December 31, 2002, the mortality table referenced in Revenue Ruling 2001-62 is used for lump sum distributions.

Schedule SB Attachment (Form 5500)—2012 Plan Year
Chemineer, Inc. Collective Bargaining Pension Plan
EIN: 76-0488987 PN: 007

Effective January 1, 2008, the applicable mortality table and applicable interest rate for the month of August that precedes the Plan Year defined under Code section 417(e)(3) is used for lump sum distributions.

Vesting Year of Service

A Plan Year in which the participant completes 1,000 or more hours of service.

Credited Service

One year for each Plan Year in which a participant is credited with at least 1,800 hours of service. 1/10 of a year credited for each 180 hours of service if less than 1,800 hours. Credited Service is frozen as of September 30, 2010.

Changes in Plan Provisions Since the October 1, 2011 Valuation

The October 1, 2012 funding valuation reflects the following plan change:

- An increase in the annual maximum benefit limit under IRC section 415 from \$195,000 in 2011 to \$200,000 in 2012.

Changes in Plan Provisions Since the October 1, 2010 Valuation

The October 1, 2011 funding valuation does not reflect any plan changes.

Changes in Plan Provisions Since the October 1, 2009 Valuation

The October 1, 2010 funding valuation reflects the following plan change:

- Credited service was frozen as of September 30, 2010.

Changes in Plan Provisions Since the October 1, 2008 Valuation

The October 1, 2009 funding valuation reflects the following plan change:

- An increase in the annual maximum benefit limit under IRC section 415 from \$185,000 in 2008 to \$195,000 in 2009.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Due to a merger, the plan sponsor changed from Robbins & Myers, Inc. (EIN 31-0424220, PN 004) to National Oilwell Varco, L.P. (EIN 76-0488987, PN 007), and the plan name remains the same.

Schedule SB Attachment (Form 5500)—2012 Plan Year
Chemineer, Inc. Collective Bargaining Pension Plan
EIN: 76-0488987 PN: 007

Schedule SB, line 26—Schedule of Active Participant Data as of October 1, 2012

Attained Age	Number of Participants									
	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34		1								
35-39			1							
40-44			2		1					
45-49	1			1	2	3				
50-54	1			3	2	4			1	
55-59			1	3	1	3	1	2	2	
60-64		1			2	1		2	1	
65-69					2					
70+										

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Chemineer, Inc. Collective Bargaining Pension Plan

Financial Statements and Supplemental Schedules

September 30, 2013 and 2012

(with Independent Auditors' Report)

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INDEPENDENT AUDITORS' REPORT

To the Benefits Plan Administrative Committee
National Oilwell Varco, Inc.
Houston, Texas

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Chemineer, Inc. Collective Bargaining Pension Plan (the "Plan"), which comprise the statements of net assets available for benefits as of September 30, 2013 and 2012, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

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 JP Morgan Chase Bank, N.A., the trustee of the Plan, except for comparing the information with the related information included in the financial statements. 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 and for the years ended September 30, 2013 and 2012, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

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Other Matter

The supplemental Schedule of Assets (Held at End of Year) as of September 30, 2013 and Schedule of Reportable Transactions for the year ended September 30, 2013 are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

Report on Form and Content in Compliance With DOL Rules and Regulations

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.

Clark, Schaefer, Hackett & Co.

July 15, 2014
Dayton, Ohio

Chemineer, Inc. Collective Bargaining Pension Plan
Statements of Net Assets Available for Benefits
September 30, 2013 and 2012

	<u>2013</u>	<u>2012</u>
Assets:		
Investments, at fair value:		
JP Morgan Liquid Assets Money Market Fund	\$ 14,118	133,330
Plan interest in Master Trust	<u>-</u>	<u>13,501,692</u>
	<u>14,118</u>	<u>13,635,022</u>
Liabilities:		
Accrued expenses	-	39,331
Transfer pending	<u>14,118</u>	<u>-</u>
	<u>14,118</u>	<u>39,331</u>
Net assets available for benefits	<u><u>\$ -</u></u>	<u><u>13,595,691</u></u>

See accompanying notes to financial statements.

Chemineer, Inc. Collective Bargaining Pension Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended September 30, 2013 and 2012

	<u>2013</u>	<u>2012</u>
Plan interest in Master Trust investment income	\$ 1,267,247	2,294,213
Interest and dividends	<u>7</u>	<u>15</u>
	1,267,254	2,294,228
Employer contributions	<u>-</u>	<u>115,698</u>
	<u>1,267,254</u>	<u>2,409,926</u>
Benefit payments	924,540	934,077
Administrative expenses	<u>3,691</u>	<u>45,722</u>
	<u>928,231</u>	<u>979,799</u>
Net increase	339,023	1,430,127
Transfer of plan assets (see Note 1)	(13,934,714)	-
Net assets available for benefits:		
Beginning of year	<u>13,595,691</u>	<u>12,165,564</u>
End of year	<u><u>\$ -</u></u>	<u><u>13,595,691</u></u>

See accompanying notes to financial statements.

1. DESCRIPTION OF THE PLAN:

The following description of the Chemineer, Inc. Collective Bargaining Pension Plan (the Plan) provides only general information. Participants should refer to the *Summary Plan Description* for a complete description of the Plan's provisions.

General

The Plan is a defined benefit pension plan which covers substantially all hourly employees of Chemineer, Inc. who are members of the bargaining unit, Local Lodge 225, International Association of Machinists and Aerospace Workers and who meet the requirements of the Plan. The Plan provides pension, death, and permanent disability benefits.

Chemineer, Inc. was a wholly owned subsidiary of Robbins & Myers, Inc. (the Company). On February 20, 2013, Robbins & Myers, Inc. was acquired by National Oilwell Varco, Inc. With the purchase, National Oilwell Varco, Inc. has assumed responsibility for the employees' vested benefits in the Plan. The employees' eligibility, participation and vested benefits in the Plan will continue with the same terms and conditions as before the acquisition.

Effective September 30, 2013, National Oilwell Varco, Inc. approved the merger of the Plan with and into the Robbins & Myers, Inc. Cash Balance Pension Plan. The Robbins & Myers, Inc. Cash Balance Pension Plan, as merged, was renamed the Robbins & Myers, Inc. Consolidated Pension Plan (the "Consolidated Plan"). The Plan's assets were transferred to the Consolidated Plan in September and October 2013. Effective October 1, 2013, eligible employees began participating in the Consolidated Plan.

Funding policy

The Company has agreed to contribute such additional amounts as are necessary to provide assets sufficient to meet the benefits to be paid to participants. It is the intention of the Company to make annual contributions in amounts sufficient to fund the Plan's current year's service cost and the initial past service cost plus interest (all normal costs and to fund the unfunded accrued liability) over a period of 30 years. The Plan has met the Employee Retirement Income Security Act of 1974 (ERISA) minimum funding requirements.

Pension benefits

As of March 4, 2007, the plan was closed to new participants, unless the person had become an employee on or prior to that date. Eligible employees who have completed at least five years of service are entitled to monthly retirement benefits beginning at normal retirement age (65) as computed below:

A member who is eligible to receive a normal retirement benefit is entitled to a monthly benefit equal to the member's years of credited service multiplied by the following rate:

- (1) \$20.00 for a Participant who retires on or after October 1, 1989 but before October 1, 1990;
- (2) \$22.00 for a Participant who retires on or after October 1, 1990 but before October 1, 1991;
- (3) \$23.00 for a Participant who retires on or after October 1, 1991 but before October 1, 1992;
- (4) \$24.00 for a Participant who retires on or after October 1, 1992 but before October 1, 1994;
- (5) \$25.00 for a Participant who retires on or after October 1, 1994 but before October 1, 1995;
- (6) \$26.00 for a Participant who retires on or after October 1, 1995 but before October 1, 1997;
- (7) \$27.00 for a Participant who retires on or after October 1, 1997 but before October 1, 1998;
- (8) \$29.00 for a Participant who retires on or after October 1, 1998 but before October 1, 1999;
- (9) \$31.00 for a Participant who retires on or after October 1, 1999 but before October 1, 2000;
- (10) \$33.00 for a Participant who retires on or after October 1, 2000 but before November 1, 2000;
- (11) \$35.00 for a Participant who retires on or after November 1, 2000 but before October 1, 2002;

- (12) \$36.50 for a Participant who retires on or after October 1, 2002 but before October 1, 2003;
- (13) \$37.50 for a Participant who retires on or after October 1, 2003 but before March 7, 2004;
- (14) \$40.00 for a Participant who retires on or after March 7, 2004 but before March 4, 2007;
- (15) \$40.50 for a Participant who retires on or after March 4, 2007 but before March 3, 2008;
- (16) \$41.00 for a Participant who retires on or after March 3, 2008 but before March 2, 2009; and
- (17) \$41.50 for a Participant that retires on or after March 2, 2009.

The Plan permits early retirement for a participant who has reached age 60 with 15 years of service (at a reduced rate), and for participants at age 55 with at least 30 years of service or at age 62 with at least 10 years of service with no reduction in benefit. Pension benefits may be paid in the form of joint and survivor annuities. Terminated vested members with a lump sum actuarial equivalent benefit of less than \$1,000 may take their benefit in a lump sum. An employee terminating before rendering five years of service forfeits the right to receive any portion of accumulated plan benefits at the point when they have incurred five separate breaks in service.

Effective October 1, 2010, the Plan was frozen. There is presently no intention to terminate the Plan. As a result of the freezing of the Plan, credited service will not include any period of service after September 30, 2010. There will be no new entrants to the Plan after September 30, 2010.

2. SIGNIFICANT ACCOUNTING POLICIES:

The following are the significant accounting policies of the Plan:

Basis of accounting

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

Investment valuation and income recognition

Investments are reported at 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. See Note 5 for a discussion of fair value measurements.

With respect to the Plan's investment in the Robbins & Myers, Inc. Master Trust (Master Trust), the Master Trust records purchases and sales of securities on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Master Trust's gains and losses on investments bought and sold as well as held during the year.

With respect to the Plan's investment in money market assets, interest income is recorded on the accrual basis.

Actuarial present value of accumulated plan benefits

Accumulated plan benefits (see Note 3) are those estimated future periodic payments that are attributable under the Plan's provisions to services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired and terminated vested participants or their beneficiaries, and (b) present participants or their beneficiaries.

Benefits for retired and terminated vested participants or their beneficiaries are based on the monthly pension benefit rate per the Plan times years of credited service. The accumulated plan benefits for active participants are based on the monthly pension benefit rate per the Plan times years of credited service through the valuation date. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

Operating expenses

Certain expenses of maintaining the Plan are paid by the Company and certain expenses are paid by the Plan.

Use of estimates

The preparation of financial statements in accordance 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, and changes therein. Actual results could differ from those estimates.

Subsequent events

The Plan evaluates events and transactions occurring subsequent to the date of the financial statements for matters requiring recognition or disclosure in the financial statements. The accompanying financial statements consider events through July 15, 2014, the date on which the financial statements were available to be issued.

3. ACCUMULATED PLAN BENEFITS:

A consulting actuary estimates the actuarial present value of accumulated plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants 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 accumulated plan benefit information as of the beginning of each plan year is as follows:

	October 1	
	<u>2012</u>	<u>2011</u>
Vested benefits:		
Participants currently receiving payment	\$ 10,140,436	9,725,603
Vested benefits for other participants	<u>5,381,822</u>	<u>4,486,841</u>
	15,522,258	14,212,444
Nonvested benefits	<u>298,366</u>	<u>380,142</u>
	<u>\$ 15,820,624</u>	<u>14,592,586</u>

	October 1	
	<u>2012</u>	<u>2011</u>
Actuarial present value of accumulated plan benefits at beginning of year	\$ 14,592,586	14,487,790
Increase (decrease) during the year attributable to:		
Interest accumulation	706,562	659,226
Benefit payments	(934,077)	(934,148)
Assumption changes	1,641,556	97,745
Other changes	<u>(186,003)</u>	<u>281,973</u>
Net increase	<u>1,228,038</u>	<u>104,796</u>
Actuarial present value of accumulated plan benefits at end of year	\$ <u>15,820,624</u>	<u>14,592,586</u>

Significant assumptions underlying the actuarial computations at the beginning of each plan year are:

Interest rate	4.00% (5.00% in the prior year) compounded annually
Retirement age	Based on age when first eligible to retire with unreduced benefits
Actuarial method	Projected unit credit cost method
Mortality rates	2012 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e) (RP2000CH projected to 2012 with scale AA in the prior year)

The significant assumption change reflected in the October 1, 2012 and 2011 actuarial valuations was due to changes in the discount rate. The discount rate at October 1, 2012, 2011 and 2010 was 4.00%, 5.00%, and 4.70%, respectively.

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

4. INVESTMENTS:

All investment information disclosed in the accompanying financial statements, notes and supplemental schedules, including investments held at September 30, 2013 and 2012, and net appreciation (depreciation) in fair value of investments, interest and dividends and investment expenses for the years ended September 30, 2013 and 2012, were obtained or derived from information supplied to the plan administrator and certified as complete and accurate by the Trustee.

The Master Trust was established for the investment of assets of the Plan and several other Company sponsored retirement plans. Each participating retirement plan has an undivided interest in the Master Trust.

The value of the Plan's interest in the Master Trust is based on the beginning of year value of the Plan's interest in the trust plus actual contributions and allocated investment income less actual distributions and allocated administrative expenses. At September 30, 2013 and 2012, the Plan's interest in the net assets of the Master Trust was approximately 0.00% and 15.22%, respectively. Investment income and administrative expenses relating to the Master Trust are allocated to the Plan based upon its pro rata share in the net assets of the Master Trust.

The following table presents the fair value of investments of the Master Trust at September 30:

	<u>2013</u>	<u>2012</u>
Assets:		
Interest bearing cash	\$ 32,672,790	1,700,349
U.S. Government and U.S. Agency obligations	201	10,749,652
Common stocks	-	2,531,844
Company stock	-	5,960,000
Foreign stocks	9,211,733	8,091,935
Mutual funds	52,169,800	43,237,720
Corporate obligations	180,000	14,633,651
Foreign obligations	-	1,669,463
Joint venture/partnerships	2	2
Total investments	<u>94,234,526</u>	<u>88,574,616</u>
Accrued income	<u>6,095</u>	<u>157,750</u>
	<u>\$ 94,240,621</u>	<u>88,732,366</u>
 Plan interest in Master Trust	 <u>\$ -</u>	 <u>13,501,692</u>

Investment income for the Master Trust is as follows:

	<u>Year Ended September 30</u>	
	<u>2013</u>	<u>2012</u>
Net appreciation (depreciation) in fair value of investments:		
U.S. Government and U.S. Agency obligations	\$ (517,056)	53,672
Common stocks	718,819	508,811
Company stock	40,000	2,489,000
Foreign stocks	1,288,762	999,780
Mutual funds	9,232,773	8,781,645
Corporate obligations	(814,156)	599,622
Foreign obligations	(151,933)	115,696
Joint venture/partnerships	-	-
	<u>9,797,209</u>	<u>13,548,226</u>
Interest and dividends	<u>1,885,999</u>	<u>1,670,413</u>
	<u>\$ 11,683,208</u>	<u>15,218,639</u>
 Plan interest in Master Trust investment income	 <u>\$ 1,267,247</u>	 <u>2,294,213</u>

5. FAIR VALUE MEASUREMENTS:

The framework for measuring fair value 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 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy 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.

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

The asset's 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.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of September 30, 2013:

	September 30, 2013	Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Money Market Fund	\$ 14,118	14,118	-	-

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of September 30, 2012:

	September 30, 2012	Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Money Market Fund	\$ 133,330	133,330	-	-

- (1) The money market fund is valued at the closing price reported on the active market on which it is traded.

The following table summarizes the bases used to measure certain financial assets of the Master Trust at their fair market value on a recurring basis as of September 30, 2013:

	September 30, 2013	Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Interest bearing cash	\$ 32,672,790	32,672,790	-	-
U.S. Government and U.S. Agency Obligations	201	201	-	-
Common Stocks	-	-	-	-
Company Stock	-	-	-	-
Foreign Stocks	9,211,733	9,211,733	-	-
Mutual funds	52,169,800	52,169,800	-	-
Corporate obligations	180,000	-	180,000	-
Foreign obligations	-	-	-	-
Joint venture/partnerships	2	-	-	2
Total	\$ 94,234,526	94,054,524	180,000	2

The following table summarizes the bases used to measure certain financial assets of the Master Trust at their fair market value on a recurring basis as of September 30, 2012:

	September 30, 2012	Quoted Prices In Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Interest bearing cash	\$ 1,700,349	1,700,349	-	-
U.S. Government and U.S. Agency Obligations	10,749,652	10,749,652	-	-
Common Stocks	2,531,844	2,531,844	-	-
Company Stock	5,960,000	5,960,000	-	-
Foreign Stocks	8,091,935	8,091,935	-	-
Mutual funds	43,237,720	43,237,720	-	-
Corporate obligations	14,633,651	-	14,633,651	-
Foreign obligations	1,669,463	-	1,669,463	-
Joint venture/partnerships	2	-	-	2
Total	\$ 88,574,616	72,271,500	16,303,114	2

- (2) U.S. Government and Agency obligations, Common and Foreign stocks, and Mutual funds are valued at the closing price reported on the active market on which the individual securities are traded.
- (3) Corporate and Foreign obligations are estimated using recent transactions, broker quotations and/or bond spread information.
- (4) Investments in Joint venture/partnerships are carried at estimated net asset value as determined by and reported by their management and represent the proportionate share of the estimated fair value of the underlying assets of the joint venture/ partnerships.

For investments measured at fair value on a recurring basis using significant unobservable inputs (Level 3) during 2013 and 2012, a reconciliation of the September 30, 2013 and 2012 balances is as follows:

Balance, September 30, 2011	\$ 2
Unrealized appreciation	-
Balance, September 30, 2012	<u>2</u>
Unrealized appreciation	-
Balance, September 30, 2013	<u><u>\$ 2</u></u>

6. RISKS AND UNCERTAINTIES:

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

7. RELATED-PARTY TRANSACTIONS:

The Plan invests in Robbins & Myers, Inc. common stock through the Master Trust. The Master Trust received dividends of \$0 and \$2,967 on behalf of the Plan in the years ended September 30, 2013 and 2012, respectively.

8. INCOME TAX STATUS:

The Plan has received a determination letter from the Internal Revenue Service dated March 26, 2012, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code and, therefore, the related trust is exempt from taxation.

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 Internal Revenue Service. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that, as of September 30, 2013, 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 the Plan is no longer subject to income tax examinations for years ended prior to September 30, 2010.

SUPPLEMENTAL SCHEDULES

Chemineer, Inc. Collective Bargaining Pension Plan
 EIN #76-0488987 Plan #007
 Schedule H, Item 4i - Schedule of Assets (Held at End of Year)
 September 30, 2013

(a)	(b) Identity of Issuer, 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
_____	_____	_____	_____	_____
*	JP Morgan Liquid Assets Money Market Fund	14,118 shares	\$ 14,118	14,118

* Party-in-interest

Chemineer, Inc. Collective Bargaining Pension Plan
 EIN #76-0488987 Plan #007
 Schedule H, 4j - Schedule of Reportable Transactions
 Year Ended September 30, 2013

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identify of Party	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset at Date of Transaction	Net Gain (Loss)

Category (iii) - Series of Transactions in Excess of 5 Percent of Net Assets

* JP Morgan Chase Bank, N.A.

JP Morgan Liquid Assets

Money Market Fund

Purchases	\$ 825,945	-	825,945	825,945	-
Sales	-	945,157	945,157	945,157	-

*Party-in-interest

There were no reportable category (i), (ii) or (iv) transactions for the year ended September 30, 2013.

Note: "Reportable Transactions" are defined in Section 2520.103-6 of the Department of Labor's Regulations.

Chemineer, Inc. Collective Bargaining Pension Plan
 EIN #76-0488987 Plan #007
 Schedule H, Item 4i - Schedule of Assets (Held at End of Year)
 September 30, 2013

(a)	(b) Identity of Issuer, 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
*	JP Morgan Liquid Assets Money Market Fund	14,118 shares	\$ 14,118	14,118

* Party-in-interest

Chemineer, Inc. Collective Bargaining Pension Plan
 EIN #76-0488987 Plan #007
 Schedule H, 4j - Schedule of Reportable Transactions
 Year Ended September 30, 2013

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identify of Party	Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset at Date of Transaction	Net Gain (Loss)

Category (iii) - Series of Transactions in Excess of 5 Percent of Net Assets

* JP Morgan Chase Bank, N.A.

JP Morgan Liquid Assets

Money Market Fund

Purchases	\$ 825,945	-	825,945	825,945	-
Sales	-	945,157	945,157	945,157	-

*Party-in-interest

There were no reportable category (i), (ii) or (iv) transactions for the year ended September 30, 2013.

Note: "Reportable Transactions" are defined in Section 2520.103-6 of the Department of Labor's Regulations.