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

2013

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
MOEN INCORPORATED PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1951

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

MOEN INCORPORATED

25300 AL MOEN DRIVE
NORTH OLMSTED, OH 44070-8022

2b Employer Identification Number (EIN)
36-0548230

2c Sponsor's telephone number
440-962-2000

2d Business code (see instructions)
332510

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.	10/14/2014	MATTHEW C LENZ
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)

DELOITTE TAX LLP

111 S. WACKER DRIVE
CHICAGO, IL 60606

Preparer's telephone number (optional)
312-486-1000

3a Plan administrator's name and address [X] 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

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	4330
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	1516
b	Retired or separated participants receiving benefits	**6b**	1405
c	Other retired or separated participants entitled to future benefits	**6c**	1233
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	4154
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	188
f	Total. Add lines **6d** and **6e**.	**6f**	4342
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	9
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 3H

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

9a Plan funding arrangement (check all that apply)

(1)	[ ]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	[ ]	Insurance
(2)	[ ]	Code section 412(e)(3) insurance contracts
(3)	[X]	Trust
(4)	[ ]	General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

▶ **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
MOEN INCORPORATED PENSION PLAN

B Three-digit plan number (PN) ▶ 001

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

D Employer Identification Number (EIN)
36-0548230

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1	Enter the valuation date: Month _____ Day _____ Year _____			
2	Assets:			
	a Market value	**2a**		207598518
	b Actuarial value	**2b**		203658644
3	Funding target/participant count breakdown:		**(1)** Number of participants	**(2)** Funding Target
	a For retired participants and beneficiaries receiving payment	**3a**	1495	80967172
	b For terminated vested participants	**3b**	1283	42199150
	c For active participants:			
	(1) Non-vested benefits	**3c(1)**		5300767
	(2) Vested benefits	**3c(2)**		67567913
	(3) Total active	**3c(3)**	1564	72868680
	d Total	**3d**	4342	196035002
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**		6.74 %
6	Target normal cost	**6**		7061173

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

10/02/2014
Date

MICHAEL H. FRANTZ
Type or print name of actuary

14-05485
Most recent enrollment number

HEWITT ASSOCIATES LLC
Firm name

847-295-5000
Telephone number (including area code)

4 OVERLOOK POINT
LINCOLNSHIRE, IL 60069
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	19590611
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	7289524
9	Amount remaining (line 7 minus line 8)	0	12301087
10	Interest on line 9 using prior year's actual return of 14.32 %		1761516
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 7.08 % except as otherwise provided (see instructions)		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	14062603

Part III Funding Percentages

14	Funding target attainment percentage	14	96.71 %
15	Adjusted funding target attainment percentage	15	103.88 %
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	97.56 %
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
09/10/2014	1145000				
			Totals ► 18(b)	1145000	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	1025465

20 Quarterly contributions and liquidity shortfalls:

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

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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:	2nd segment:	3rd segment:	
5.23%	6.51%	7.16 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	61

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**	7061173
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	6438961	2184100
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	9245273

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	8219808	8219808

36 Additional cash requirement (line 34 minus line 35)	**36**	1025465
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	1025465

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)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2013** **This Form is Open to Public Inspection.**

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan	**B** Three-digit plan number (PN) ▶	
MOEN INCORPORATED PENSION PLAN		001
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
MOEN INCORPORATED	36-0548230	

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).. . . . . [X] Yes [ ] No

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

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

NORTHERN TRUST CORPORATION

36-2723087

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

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

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

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

HEWITT ASSOCIATES LLC

36-2235791

(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?
15 50	NONE	846808	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MCDERMOTT WILL & EMERY LLP

36-1453176

(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?
17 50	NONE	88893	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	NONE	79320	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

GRANT THORNTON LLP

36-6055558

(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?
10 50	NONE	28010	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WOODS PRINTING COMPANY

35-1441285

(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?
49 50	NONE	6992	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

GEWARGES & ASSOCIATES

36-4205768

(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?
10 50	NONE	6428	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

DELOITTE TAX LLP

86-1065772

(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?
10 50	NONE	5439	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 ☐

(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

(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

(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

(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

(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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

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

2013

This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
MOEN INCORPORATED PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
MOEN INCORPORATED

D Employer Identification Number (EIN)
36-0548230

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: FORTUNE BRANDS H & S, INC. MRT

b Name of sponsor of entity listed in (a): FORTUNE BRANDS HOME & SECURITY, INC

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)
45-3265619-001	M	231434781

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)

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

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
MOEN INCORPORATED PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MOEN INCORPORATED

D Employer Identification Number (EIN)
36-0548230

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	1145000
(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)		
(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)	207574352	231434781
(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)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(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	207574352	232579781
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	232026	146988
k Total liabilities (add all amounts in lines 1g through1j)	1k	232026	146988
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	207342326	232432793

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)	1145000	
(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)		1145000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(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)		0
(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)		33347724
(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		34492724
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	8103641	
(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)		8103641
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)	1054898	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	243718	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		1298616
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		9402257
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		25090467
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: GRANT THORNTON LLP **(2)** EIN: 36-6055558

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:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of 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.)	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.)	4c		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.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		25000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i		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.)	4j		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?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☒ Yes ☐ No ☐ Not determined

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

2013

This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan
MOEN INCORPORATED PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MOEN INCORPORATED

D Employer Identification Number (EIN)
36-0548230

Part I Distributions

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

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

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

EIN(s): 13-3364868

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** 6

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete 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: 63% Investment-Grade Debt: 25% High-Yield Debt: 1% Real Estate: 4% Other: 7%

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):

FINANCIAL STATEMENTS AND REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS
MOEN INCORPORATED PENSION PLAN
DECEMBER 31, 2013 AND 2012

PLAN NUMBER: 001
EIN: 36-0548230

C O N T E N T S

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REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

The Retirement Committee of
Moen Incorporated

Report on the financial statements

We were engaged to audit the accompanying financial statements of the Moen Incorporated Pension Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 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.

Auditor's 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 certified information described in note E, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the certifying entity meets the requirements of 29 CFR 2520.103-8. The Plan administrator obtained a certification from this entity as of and for the years ended December 31, 2013 and 2012, stating that the certified information provided to the Plan administrator 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.

Report on form and content in compliance with DOL rules and regulations

The form and content of the information included in the financial statements, other than that derived from the certified information described in note E, 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.

Grant Thornton LLP

Chicago, Illinois
October 9, 2014

Moen Incorporated Pension Plan
PLAN NUMBER: 001, EIN: 36-0548230
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2013 and 2012

	2013	2012
Assets		
Beneficial interest in Fortune Brands Home & Security, Inc. Master Retirement Trust	$231,434,781	$ 207,574,352
Employer contribution receivable	1,145,000	-
Total assets	232,579,781	207,574,352
Liabilities		
Accrued administrative expenses	146,988	232,026
NET ASSETS AVAILABLE FOR BENEFITS	$232,432,793	$ 207,342,326

The accompanying notes are an integral part of these statements.

Moen Incorporated Pension Plan
PLAN NUMBER: 001, EIN: 36-0548230
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
Years ended December 31, 2013 and 2012

	2013	2012
Additions		
Net investment income from Fortune Brands Home & Security, Inc. Master Retirement Trust	$ 33,347,724	$ 25,063,149
Net investment income from Beam Inc. Master Retirement Trust	-	24,613
Employer contributions	1,145,000	700,000
Total net additions	34,492,724	25,787,762
Deductions		
Administrative expenses	1,298,616	919,152
Benefit payments	8,103,641	7,692,159
Total deductions	9,402,257	8,611,311
NET INCREASE	25,090,467	17,176,451
Net assets available for benefits		
Beginning of year	207,342,326	190,165,875
End of year	$232,432,793	$ 207,342,326

The accompanying notes are an integral part of these statements.

NOTE A - DESCRIPTION OF PLAN

The following is a brief description of the Moen Incorporated Pension Plan (the "Plan"). Participants should refer to the Plan document for a more complete description of the Plan's provisions, which is available from the Plan administrator.

General

The Plan is a non-contributory defined benefit pension plan covering all employees of Moen Incorporated (the "Company") not covered by a collective bargaining agreement, except for certain participants transferred into the Plan from other benefit plans sponsored by the Company. The Company is a subsidiary of Fortune Brands Home & Security, Inc. ("FBHS").

Employee retirement benefits are based on length of service as well as earnings prior to retirement. An employee shall become eligible for participation in the Plan when the individual has completed at least 1,000 hours of service in the 12-month period beginning with his or her date of hire or any calendar year thereafter. Effective January 1, 2008, the Plan closed to new entrants with the exception of special rules that apply to certain transferred employees as outlined in the Plan document. Effective January 1, 2010, employees in the Company's Las Vegas location who were employed on a salaried basis prior to January 1, 2008 became eligible to participate in the Plan. The Company announced during 2011 for salaried participants and during 2013 for non-union hourly participants that benefit service and accruals will freeze on December 31, 2016. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

Pension Benefits

Employees become fully vested after five years of vesting service. Participants are eligible for monthly pension benefit payments beginning at the normal retirement age (the later of age 65 or after five years of vesting service in the Plan if their employment is terminated with all Fortune entities). Benefits are calculated according to an integrated benefit formula based upon total years and months of credited service multiplied by a percentage of final average monthly earnings.

The normal form of pension benefit for a participant with no eligible spouse is an annuity payable for the participant's lifetime only. The normal form of pension benefit for a participant with an eligible spouse is an annuity payable at an actuarially reduced amount for the participant's lifetime and, thereafter, at a specific percentage of such amount for the eligible spouse's lifetime.

A participant may elect to modify the normal form of pension benefit by exercising one of several options, including a single-life annuity, various joint and survivor annuities or various

NOTE A - DESCRIPTION OF PLAN - Continued

Pension Benefits - Continued

period-certain annuity options. Reduced benefits are payable upon early retirement after attaining age 55 with a minimum of five years of vesting service.

The Plan also provides for disability and deferred pension benefits. A participant is considered disabled as long as he or she meets the definition of totally and permanently disabled in the Plan. During the period of disability, participants continue to earn both vesting service and benefit service to the retirement date.

A participant is eligible for a deferred vested pension if his or her employment is terminated with the Company before death or retirement after completing at least five years of vesting service.

Contributions

The Company contributes such amounts as are necessary on an actuarial basis to provide the Plan with assets sufficient to meet the benefits to be paid to Plan participants. The minimum funding requirements of ERISA were satisfied in 2013 and 2012.

Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan's provisions to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

In the event the Plan terminates, participants will become fully vested in their benefits and the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations. In addition, the Pension Benefit Guaranty Corporation ("PBGC") insures certain benefits for beneficiaries and vested participants under the Plan if the Plan terminates.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency of the Plan's net assets at the termination date to provide these benefits and may also depend on financial condition of the Plan Sponsor and on the level of benefits guaranteed by the PBGC.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP").

Use of Estimates

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

Investment Valuation

The Plan's investments are reflected at fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability (an exit price) in an orderly transaction between market participants at the measurement date in the principal or most advantageous market for the asset or liability. Inputs are used in applying the various valuation techniques and broadly refer to the assumptions that market participants use to make valuation decisions, including assumptions about risk.

The Plan's management established a three-tiered hierarchy of inputs to establish a classification of fair value measurements for disclosure purposes. 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 as follows:

Level 1 inputs are unadjusted quoted prices in active markets for identical assets or liabilities that the reporting entity has the ability to access at the measurement date. An active market for the asset or liability is a market in which transactions for the asset or liability occur with sufficient frequency and volume to provide pricing information on an ongoing basis.

Level 2 inputs are other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, including:

1. Quoted prices for similar assets or liabilities in active markets.

2. Quoted prices for identical or similar assets or liabilities in inactive markets.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

Investment Valuation - Continued

3. Inputs other than quoted prices that are observable for the assets or liabilities (including volatilities).

4. Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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

Level 3 inputs are unobservable for the asset or liability (including the entity's own assumptions about the assumptions that market participants would use in pricing the asset or liability) 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 Plan's investment assets are held in the Fortune Brands Home & Security, Inc. Master Retirement Trust ("FBHS Master Trust"), along with the investment assets of two other plans sponsored by subsidiaries of FBHS. The Plan's investment in the FBHS Master Trust as of December 31, 2013 and 2012 is presented at fair value, which has been determined based on the fair value of the underlying investments of the FBHS Master Trust.

Plan management uses the following methods and significant assumptions to estimate fair value of investments in the FBHS Master Trust as of December 31, 2013 and 2012. There have been no changes in the methodologies used at December 31, 2013 and 2012.

The investments held by the FBHS Master Trust are valued as follows:

Collective funds: Valued at the net asset value ("NAV") of units of each bank collective trust. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the funds less their liabilities. This practical expedient is not used when it is determined to be probable that a fund will sell the investment for an amount different than the reported NAV. Were the Plan to initiate a full redemption of a collective trust, the investment advisor generally reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

Investment Valuation - Continued

Partnership/joint venture interests: Valued at the NAV as reported to the Plan from the respective partnership, or joint venture's manager. The NAV is used as a practical expedient to estimate fair value and generally equals the Plan's capital account balance in the entity that is calculated based on the Plan's share of the total entity's net assets at fair value.

Group annuity contract: Valued at contract value, representing contributions and investment return as determined in accordance with the contract, less funds used to pay benefits and administrative expenses charged.

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

See Note D - Investment in FBHS Master Trust and Beam Master Trust for the investments held by the FBHS Master Trust by level within the fair value hierarchy as of December 31, 2013 and 2012.

During 2012 a portion of the Plan's assets were still held in a pool of investments known as the Beam Inc. Master Retirement Trust (the "Beam Master Trust"). The Plan's assets had been held in the Beam Master Trust until 2011, when the Plan's investments were transferred in-kind from the Beam Master Trust to the FBHS Master Trust. Certain Plan assets, however, remained in the Beam Master Trust until it was administratively feasible to transfer them to the FBHS Master Trust throughout 2012.

Purchases and sales of securities by the FBHS Master Trust or Beam Master Trust are reflected on a trade-date basis. Gain or loss on sales of securities is based on average cost. Dividend income is recorded on the ex-dividend date. Interest and other income are recorded as earned on an accrual basis.

In accordance with the policy of stating investments at fair value, the Plan's portion of net appreciation/(depreciation) in the fair value of the investments in the FBHS Master Trust or Beam Master Trust consists of realized gains and losses and unrealized appreciation/(depreciation) on those investments. The net appreciation/(depreciation) of the respective master trust, along with interest, dividend and other income, net of master trust expenses are presented in the accompanying statements of changes in net assets available for

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

Investment Valuation - Continued

benefits as net investment income from Fortune Brands Home & Security, Inc. Master Retirement Trust for the years ended December 31, 2013 and 2012 and as net investment income from Beam Inc. Master Retirement Trust for the year ended December 31, 2012.

Payment of Benefits

Benefit payments to participants are recorded when paid.

Administrative Expenses

The Plan provides for payment of certain administrative expenses from Plan assets. Expenses paid to the Trustee and the investment managers are allocated to the Plan based on the ratio of the Plan's assets to the fair value of all assets held in either the FBHS Master Trust or the Beam Master Trust and are included in the accompanying statements of changes in net assets available for benefits in net investment income from Fortune Brands Home & Security, Inc. Master Retirement Trust for the years ended December 31, 2013 and 2012 and in net investment income from Beam Inc. Master Retirement Trust for the year ended December 31, 2012. Expenses paid to the PBGC, the actuary and other various Plan-related expenses that may be incurred are allocated specifically to each plan and are presented in the accompanying statements of changes in net assets available for benefits as administrative expenses.

NOTE C - TAX STATUS

The Plan obtained its latest determination letter on May 1, 2013, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (the "IRC"). The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is currently designed and being operated in compliance, in all material respects, with the applicable requirements of the IRC.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS or other applicable taxing authorities. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2013 and 2012, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, the Plan is not currently under audit

with respect to any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2010.

NOTE D - INVESTMENT IN FBHS MASTER TRUST AND BEAM MASTER TRUST

The FBHS Master Trust and Beam Master Trust investments are stated at fair value as reported by The Northern Trust Company (the "Trustee") and management. The ratio of the Plan's assets to the fair value of all assets held in the respective master trust is used to allocate interest income, dividend income, other income, realized gains (losses) and unrealized appreciation (depreciation) in the market value of investments and certain investment management fees on a monthly basis. Other changes in net assets available for Plan benefits are directly attributable to the Plan and are, therefore, not subject to allocation.

FBHS Master Trust

Total net assets available for benefits shared proportionately by respective plans of the FBHS Master Trust, in which the Plan has an interest of 39.64% and 38.67% at December 31, 2013 and 2012, respectively, are summarized as follows:

	2013	2012
Assets		
Interest and dividends receivable	$ 73,692	$ 85,048
Due from broker for securities sold	28,333	29,810
Investments, at fair value		
Collective funds	542,098,490	497,410,073
Partnership/joint venture interests	20,456,904	18,776,829
Investments, at contract value		
Cigna Group Annuity Contract	17,323,707	16,637,000
Total investments	579,879,101	532,823,902
Total assets	579,981,126	532,938,760
Liabilities		
Due to broker for securities purchased	101,882	114,457
Accrued investment management fees	4,498	62,490
Total net assets of the FBHS Master Trust available for benefits	$579,874,746	$532,761,813

NOTE D - INVESTMENT IN FBHS MASTER TRUST AND BEAM MASTER TRUST - Continued

FBHS Master Trust - continued

The net appreciation in fair value of investments, interest income, other income and investment management fees related to the FBHS Master Trust for the years ended December 31, 2013 and 2012, are as follows:

	2013	2012
Net appreciation in fair value		
Collective funds	$75,226,016	$64,515,410
Partnership/joint venture interests	1,680,075	1,273,782
Net appreciation in fair value of investments of the FBHS Master Trust	76,906,091	65,789,192
Interest income	743,223	804,614
Other income	1,272,912	1,166,748
Investment management fees	(317,536)	(861,098)
Net investment income of the FBHS Master Trust	$78,604,690	$66,899,456

The following tables present the FBHS Master Trust's investments by level within the fair value hierarchy as of December 31:

	2013			
	Level 1	Level 2	Level 3	Total
Collective funds:				
U.S. equity (a)	-	149,180,552	-	149,180,552
International equity (b)	-	129,468,279	-	129,468,279
Fixed income (c)	-	232,641,726	-	232,641,726
Real estate (d)	-	-	22,773,096	22,773,096
Cash equivalents (e)	-	8,034,837	-	8,034,837
Partnership / joint venture interest:				
Multi-strategy fund of hedge funds (f)	-	-	20,456,904	20,456,904
Total investments at fair value	$ -	$ 519,325,394	$ 43,230,000	$ 562,555,394

NOTE D - INVESTMENT IN FBHS MASTER TRUST AND BEAM MASTER TRUST - Continued

FBHS Master Trust - continued

	2012			
	Level 1	Level 2	Level 3	Total
Collective funds:				
U.S. equity (a)	-	178,719,974	-	178,719,974
International equity (b)	-	152,750,753	-	152,750,753
Fixed income (c)	-	135,236,113	-	135,236,113
Real estate (d)	-	-	24,351,410	24,351,410
Cash equivalents (e)	-	6,351,823	-	6,351,823
Partnership / joint venture interest:				
Multi-strategy fund of hedge funds (f)	-	-	18,776,829	18,776,829
Total investments at fair value	$ -	$ 473,058,663	$ 43,128,239	$ 516,186,902

Certain investments at December 31, 2013 and 2012 are valued at the NAV as provided by the fund administrator. The following provides additional information regarding their investment strategy and redemption restrictions, if any.

(a) These funds invest in various United States common stocks, other equity securities or an index based collective investment fund. The investment objective is to either replicate the total return of the S&P 500 Index or to achieve long-term growth of capital. All of the funds have daily liquidity and withdrawals are permitted with 15 business days' written notice.

(b) These funds invest in various non-United States common stocks and other equity securities. Their investment objective is to achieve long-term growth of capital and to achieve total returns comparable to or superior to broad measures of the international stock markets. All of the funds have daily liquidity and withdrawals are permitted with 15 business days' written notice.

(c) These funds invest in a diversified portfolio of fixed-income securities with maturities not more than 10 years. Their investment objective is to achieve a total return from current income and capital appreciations and to achieve total returns comparable or superior to broad measures of the domestic investment grade credit bond market. The funds are subject to a 20% limitation on securities issued by non-United States issuers. The funds have daily liquidity and withdrawals are permitted with 15 business days' written notice.

(d) This fund is a core real estate fund that includes residential, office, and industrial properties balanced across industries and regions of the United States. Liquidity is gated and subject to approval from the fund's manager.

NOTE D - INVESTMENT IN FBHS MASTER TRUST AND BEAM MASTER TRUST - Continued

FBHS Master Trust - continued

(e) The investment strategy of this fund is to provide an investment vehicle for cash reserves while offering a competitive rate of return. Redemption is permitted daily.

(f) This fund is a multi-strategy fund of hedge funds investing in multiple strategies and asset classes to provide investment returns uncorrelated to other asset classes. Liquidity is gated and subject to approval by the fund manager.

The following tables include a summary of changes in the fair value of the FBHS Master Trust's Level 3 investments for the years ended December 31, 2013 and 2012:

	Partnership/joint venture interest - multi-strategy fund of hedge funds	Collective funds - real estate
Beginning balance	$ 18,776,829	$ 24,351,410
Sales	-	(5,243,459)
Reinvested distributions	-	1,272,847
Net appreciation (depreciation) in fair value	1,680,075	2,392,298
Ending balance at December 31, 2013	$ 20,456,904	$ 22,773,096

	Partnership/joint venture interest - multi-strategy fund of hedge funds	Collective funds - real estate
Beginning balance	$ 17,503,044	$ 21,877,290
Sales	-	(181,772)
Reinvested distributions	-	1,166,748
Net appreciation (depreciation) in fair value	1,273,785	1,489,144
Ending balance at December 31, 2012	$ 18,776,829	$ 24,351,410

Management reviews the Level 3 funds' valuation policies, audited financial statements, and underlying investments (where possible) to ensure the fair value reporting of assets.

NOTE D - INVESTMENT IN FBHS MASTER TRUST AND BEAM MASTER TRUST - Continued

Beam Master Trust

The net appreciation in fair value of investments, interest income, dividend income, other income and investment management fees related to the Beam Master Trust for the year ended December 31, 2012, are as follows:

Net appreciation in fair value	
Collective funds	$ 35,549,686
Stocks	133,578
Partnership/joint venture interests	659,414
Foreign bonds, municipal bonds, and other	5,197
Net appreciation in fair value of investments of the Beam Master Trust	36,347,875
Interest income	7,218
Dividend income	5,477
Other income	605,849
Investment management fees	(506,644)
Net investment income of the Beam Master Trust	$36,459,775

The following table includes a summary of changes in the fair value of the Beam Master Trust's Level 3 investments for the year ended December 31, 2012:

	Partnership/joint venture interest - multi-strategy fund of hedge funds	Collective funds - real estate
Beginning balance at December 31, 2011	$ 9,060,993	$ 11,325,439
Reinvested distributions	-	605,849
Net appreciation (depreciation) in fair value	659,414	766,389
Ending balance at December 31, 2012	$ 9,720,407	$ 12,697,677

NOTE E - INFORMATION CERTIFIED BY TRUSTEE

The Plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as indicated below, the Trustee has certified that the following data included in the accompanying financial statements is complete and accurate:

- The Trustee certifies Beneficial Interest in Fortune Brands Home & Security, Inc. Master Retirement Trust as shown in the statements of net assets available for benefits as of December 31, 2013 and 2012.

- The Trustee certifies Net Investment Income from Fortune Brands Home & Security, Inc. Master Retirement Trust as shown in the statements of changes in net assets available for benefits for the years ended December 31, 2013 and 2012 and Net Investment Income from Beam Inc. Master Retirement Trust as shown in the statement of changes in net assets available for benefits for the year ended December 31, 2012.

- The Trustee certifies Note D - Net assets and net investment income in FBHS Master Trust as of and for the years ended December 31, 2013 and 2012, and net investment income in Beam Master Trust for the year ended December 31, 2012, except for accrued investment management fees and investment management fees.

The Plan's independent accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements.

NOTE F - ACCUMULATED PLAN BENEFITS

Accumulated Plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service employees have rendered. The actuarial present value of accumulated Plan benefits is determined by the Plan's actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

NOTE F - ACCUMULATED PLAN BENEFITS - Continued

Accumulated Plan benefits as of December 31, 2012, are as follows:

Actuarial present value of accumulated Plan benefits	
Vested benefits	
Participants currently receiving payments	$ 75,078,244
Other participants	98,703,618
Total vested benefits	173,781,862
Non-vested benefits	4,825,103
Total actuarial present value of accumulated Plan benefits	$178,606,965

Changes in the present value of accumulated Plan benefits for the year ended December 31, 2012, were as follows:

Present value of accumulated Plan benefits, December 31, 2011	$160,140,349
Increase (decrease) during the year attributable to	
Interest accumulation	12,431,241
Benefits paid	(7,692,159)
Plan amendments	33,226
Changes in actuarial assumptions	9,135,699
Other changes	4,558,609
Present value of accumulated Plan benefits, December 31, 2012	$178,606,965

The mortality assumption for healthy and disabled lives changed from the 2012 Static Mortality Table for Annuitants and Non-Annuitants per §1.430(h)(3)-1(e) to the 2013 Static Mortality Table for Annuitants and Non-Annuitants per §1.430(h)(3)-1(e).

NOTE F - ACCUMULATED PLAN BENEFITS - Continued

The significant actuarial assumptions used in the valuations as of December 31, 2012, were as follows:

Life expectancy of the participants	2013 Static Mortality Table for Annuitants and Non-Annuitants per §1.430(h)(3)-1(e) for healthy and disabled lives
Retirement age assumptions	The age at which current active employees are assumed to retire varies between ages 55 and 70. All employees age 70 are assumed to retire.
Discount rate	7.50% (2011 – 7.95%)

The foregoing 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.

NOTE G - RISKS AND UNCERTAINTIES

The Plan holds a beneficial interest in the FBHS Master Trust and held a beneficial interest in the Beam Master Trust. The FBHS Master Trust and the Beam Master Trust invest 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 reasonably possible that changes in the value 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 and the statements of changes in net assets available for benefits.

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

NOTE H - RELATED-PARTY TRANSACTIONS

Certain Plan investments are collective trusts managed by The Northern Trust Company and Aon Hewitt. The Northern Trust Company is the Trustee as defined by the Plan, Aon Hewitt is the Plan's actuary and, therefore, these transactions qualify as party-in-interest transactions during the years ended December 31, 2013 and 2012.

NOTE I – SUBSEQUENT EVENT

Management of the Plan has evaluated subsequent events from December 31, 2013 through October 9, 2014, the date these financial statements were available to be issued. There were no subsequent events that require recognition or additional disclosure in these financial statements.

Plan Name	**Moen Incorporated Pension Plan**
Plan Sponsor EIN	**36-0548230**
ERISA Plan #	**001**
Plan Year Ending	**December 31, 2013**

The required attachment marked with an "X" in the Attachment column is included within the Accountant's Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan's Independent Qualified Public Accountant (IQPA).

Form / Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	

Plan Name	**Moen Incorporated Pension Plan**
Plan Sponsor EIN	**36-0548230**
ERISA Plan #	**001**
Plan Year Ending	**December 31, 2013**

The required attachment marked with an "X" in the Attachment column is included within the "Copy of Schedule MB/SB in PDF format labeled MB/SB Actuary Signature" attachment to Schedule SB location which consists of the entire Schedule SB and its attachments.

Form / Schedule	Line#	Description	Attachment Title (if different from Description)	Attach-ment
5500 Sch. SB	**None**	Statement by Enrolled Actuary		
5500 Sch. SB	**Line 27**	Actuarial Information Based on Pre-PPA Funding Rules		
5500 Sch. SB	**Line E**	Information for Each Individual Employer		
5500 Sch. SB	**Line 4**	Additional Information for Plans in At-Risk Status		
5500 Sch. SB	**Line 7**	Explanation of Discrepancy in Prior Year Funding Standard Carryover Balance or Prefunding		
5500 Sch. SB	**Line 8**	Late Election to Apply Balances to Quarterly Installments		
5500 Sch. SB	**Line 9**	Explanation of Credit Balance Discrepancy		
5500 Sch. SB	**Line 18**	Contributions Made to the Plan for the Plan Year		
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5500 Sch. SB	**Line 15**	Other Attachment [Reconciliation of Differences Between Valuation Result & Amount Used to calculate AFTAP]		X

Plan Name	**Moen Incorporated Pension Plan**
Plan Sponsor EIN	**36-0548230**
ERISA Plan #	**001**
Plan Year Ending	**December 31, 2013**

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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

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

▶ **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

Moen Incorporated Pension Plan

B Three-digit plan number (PN) ▶ 001

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

Moen Incorporated

D Employer Identification Number (EIN)

36-0548230

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 1 Day 1 Year 2013

2 Assets:

a Market value	2a	207,598,518
b Actuarial value	2b	203,658,644

3 Funding target/participant count breakdown:

		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	1,495	80,967,172
b For terminated vested participants	3b	1,283	42,199,150
c For active participants:			
(1) Non-vested benefits	3c(1)		5,300,767
(2) Vested benefits	3c(2)		67,567,913
(3) Total active	3c(3)	1,564	72,868,680
d Total	3d	4,342	196,035,002

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	6.74 %
6 Target normal cost	6	7,061,173

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 MICHAEL H. FRANTZ MHF — Signature of actuary — 10/02/2014 — Date

Michael H. Frantz — Type or print name of actuary — 14-05485 — Most recent enrollment number

Hewitt Associates LLC — Firm name — (847) 295-5000 — Telephone number (including area code)

4 Overlook Point

Lincolnshire IL 60069 — Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	19,590,611
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	7,289,524
9	Amount remaining (line 7 minus line 8)	0	12,301,087
10	Interest on line 9 using prior year's actual return of 14.32 %		1,761,516
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 7.08 % except as otherwise provided (see instructions)		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	14,062,603

Part III Funding Percentages

14	Funding target attainment percentage	14	96.71 %
15	Adjusted funding target attainment percentage	15	103.88 %
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	97.56 %
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
09/10/2014	1,145,000				
			Totals ▶ 18(b)	1,145,000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	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	1,025,465

20 Quarterly contributions and liquidity shortfalls:

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

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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:	2nd segment:	3rd segment:	
5.23 %	6.51 %	7.16 %	☐ N/A, full yield curve used

b Applicable month (enter code)	21b	4
22 Weighted average retirement age	22	61

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	7,061,173
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	6,438,961	2,184,100
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	9,245,273

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	8,219,808	8,219,808

36 Additional cash requirement (line 34 minus line 35)	36	1,025,465
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	1,025,465
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)—2013 Plan Year
Moen Incorporated Pension Plan
EIN: 36-0548230 PN: 001

Schedule SB, line 15—Reconciliation of Differences Between Valuation Results and Amounts Used to Calculate AFTAP

The AFTAP for the Plan was originally issued September 24, 2013. The AFTAP was revised and reissued September 15, 2014 to reflect the Highway and Transportation Funding Act of 2014 (HATFA). The inputs used in each certification are outlined below:

	9/24/2013 Certification	**9/15/2014 Certification**
Funding Target	$ 205,006,176	$ 196,035,002
Value of Plan Assets	$ 203,658,644	$ 203,658,644
Funding Standard Carryover Balance	$ 0	$ 0
Prefunding Balance	$ 14,062,603	$ 0
Annuities Purchased for NHCE's	$ 0	$ 0
Security Posted	$ 0	$ 0
Certified AFTAP	92.48%	103.88%

Schedule SB Attachment (Form 5500)—2013 Plan Year
Moen Incorporated Pension Plan
EIN: 36-0548230 PN: 001

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2013

Date	Amount	Days to Discount to 1/1/2013 at 6.74%	Interest Adjusted Contribution
September 10, 2014	$ 1,145,000	617	$ 1,025,465
Total Contribution	$ 1,145,000		$ 1,025,465

Schedule SB Attachment (Form 5500)—2013 Plan Year
Moen Incorporated Pension Plan
EIN: 36-0548230 PN: 001

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	8.00%	1.0000	4.44
56.5	8.00%	0.9200	4.16
57.5	8.00%	0.8464	3.89
58.5	8.00%	0.7787	3.64
59.5	8.00%	0.7164	3.41
60.5	15.00%	0.6591	5.98
61.5	20.00%	0.5602	6.89
62.5	30.00%	0.4482	8.40
63.5	20.00%	0.3137	3.98
64.5	20.00%	0.2510	3.24
65.5	50.00%	0.2008	6.58
66.5	30.00%	0.1004	2.00
67.5	30.00%	0.0703	1.42
68.5	40.00%	0.0492	1.35
69.5	40.00%	0.0295	0.82
70	100.00%	0.0177	1.24
		Weighted Average	61.44

Schedule SB Attachment (Form 5500)—2013 Plan Year
Moen Incorporated Pension Plan
EIN: 36-0548230 PN: 001

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month lookback (as of September 2012), each adjusted as needed to fall within the 25-year average interest rate corridor under HAFTA.
1st Segment Rate	5.23%
2nd Segment Rate	6.51%
3rd Segment Rate	7.16%
Salary Increases Minimum Funding Target Normal Cost	2.50%
Social Security Wage Base Increases	Future wage indices are based on a national wage increase of 4.00% per year.
Social Security COLA Increases	3.50%
Optional Payment Form Election Percentage	100% elect the normal form of payment of a life annuity
Optional Payment Form Conversion Interest Rate	N/A
Optional Payment Form Conversion Mortality	N/A
Retirement Age Active Participants Terminated Vested Participants	 See Tables 1–2 Age 61
Mortality Rates Healthy and Disabled	 2013 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e)
Withdrawal Rates	See Tables 3–4
Disability Rates	See Table 5
Decrement Timing	Middle of year decrements, with 100% retirement occurring at beginning of year
Surviving Spouse Benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.

Valuation Compensation	2012 pensionable earnings rolled forward one year with the salary increase assumption
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of $205,000 and the IRC section 401(a)(17) compensation limit of $255,000.
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	
2011 Plan Year	6.46%
2012 Plan Year	7.52%
Trust Expenses Included in Target Normal Cost	The prior year's administrative and investment expenses ($1,363,114 for 2013).
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2013

Table 1

Retirement Rates—Former Moen RIP, Moen Non-Union Hourly, and Fortune Brands

Age	Rate
55	8.00%
56	8.00%
57	8.00%
58	8.00%
59	8.00%
60	15.00%
61	20.00%
62	30.00%
63	20.00%
64	20.00%
65	50.00%
66	30.00%
67	30.00%
68	40.00%
69	40.00%
70+	100.00%

Table 2

Retirement Rates—Former Moen Pennsylvania Hourly

Age	Rate
57	8.00%
58	8.00%
59	8.00%
60	15.00%
61	20.00%
62	30.00%
63	20.00%
64	20.00%
65	50.00%
66	30.00%
67	30.00%
68	40.00%
69	40.00%
70+	100.00%

Table 3—Page 1 of 2

Withdrawal Rates—Former Non-Union Hourly and Moen Pennsylvania Hourly

	Years of Service					
Age	**0**	**1**	**2**	**3**	**4**	**5+**
15	26.625%	26.625%	26.625%	26.625%	26.625%	20.000%
16	26.625%	26.625%	26.625%	26.625%	26.625%	20.000%
17	26.625%	26.625%	26.625%	26.625%	26.625%	20.000%
18	26.625%	26.625%	26.625%	26.625%	26.625%	20.000%
19	26.625%	26.625%	26.625%	26.625%	26.625%	20.000%
20	26.625%	26.625%	26.625%	26.625%	26.625%	20.000%
21	26.625%	26.625%	26.625%	26.625%	26.625%	20.000%
22	25.125%	25.125%	25.125%	25.125%	25.125%	20.000%
23	24.975%	23.775%	23.775%	23.775%	23.775%	20.000%
24	24.975%	22.425%	22.425%	22.425%	22.425%	20.000%
25	24.975%	22.200%	21.075%	21.075%	21.075%	15.000%
26	24.975%	22.200%	19.800%	19.800%	19.800%	15.000%
27	24.975%	22.200%	19.650%	18.600%	18.600%	15.000%
28	24.975%	22.200%	19.650%	17.400%	17.400%	15.000%
29	24.975%	22.200%	19.650%	17.250%	16.275%	15.000%
30	24.975%	22.200%	19.650%	17.250%	15.225%	10.000%
31	24.975%	22.200%	19.650%	17.250%	15.075%	10.000%
32	24.975%	22.200%	19.650%	17.250%	15.075%	10.000%
33	24.975%	22.200%	19.650%	17.250%	15.075%	10.000%
34	24.975%	22.200%	19.650%	17.250%	15.075%	10.000%
35	24.975%	22.200%	19.650%	17.250%	15.075%	8.000%
36	24.975%	22.200%	19.650%	17.250%	15.075%	8.000%
37	24.975%	22.200%	19.650%	17.250%	15.075%	8.000%
38	24.975%	22.200%	19.650%	17.250%	15.075%	8.000%
39	24.975%	22.200%	19.650%	17.250%	15.075%	8.000%
40	24.975%	22.200%	19.650%	17.250%	15.075%	7.000%
41	24.975%	22.200%	19.650%	17.250%	15.075%	7.000%
42	24.975%	22.200%	19.650%	17.250%	15.075%	7.000%
43	24.975%	22.200%	19.650%	17.250%	15.075%	7.000%
44	24.975%	22.200%	19.650%	17.250%	15.075%	7.000%

Table 3—Page 2 of 2

Withdrawal Rates—Former Non-Union Hourly and Moen Pennsylvania Hourly

	Years of Service					
Age	**0**	**1**	**2**	**3**	**4**	**5+**
45	24.975%	22.200%	19.650%	17.250%	15.075%	6.000%
46	24.975%	22.200%	19.650%	17.250%	15.075%	6.000%
47	24.975%	22.200%	19.650%	17.250%	15.075%	6.000%
48	24.975%	22.200%	19.650%	17.250%	15.075%	6.000%
49	24.975%	22.200%	19.650%	17.250%	15.075%	6.000%
50	24.975%	22.200%	19.650%	17.250%	15.075%	5.000%
51	24.975%	22.200%	19.650%	17.250%	15.075%	5.000%
52	24.975%	22.200%	19.650%	17.250%	15.075%	5.000%
53	24.975%	22.200%	19.650%	17.250%	15.075%	5.000%
54	24.975%	22.200%	19.650%	17.250%	15.075%	5.000%
55+	24.975%	22.200%	19.650%	17.250%	15.075%	4.000%

Table 4—Page 1 of 2

Withdrawal Rates—Former Moen RIP and Fortune Brands

	Years of Service					
Age	**0**	**1**	**2**	**3**	**4**	**5+**
15	26.250%	26.250%	26.250%	26.250%	26.250%	10.000%
16	26.250%	26.250%	26.250%	26.250%	26.250%	10.000%
17	26.250%	26.250%	26.250%	26.250%	26.250%	10.000%
18	26.250%	26.250%	26.250%	26.250%	26.250%	10.000%
19	26.250%	26.250%	26.250%	26.250%	26.250%	10.000%
20	26.250%	26.250%	26.250%	26.250%	26.250%	10.000%
21	26.250%	26.250%	26.250%	26.250%	26.250%	10.000%
22	25.050%	25.050%	25.050%	25.050%	25.050%	10.000%
23	23.700%	23.700%	23.700%	23.700%	23.700%	10.000%
24	22.650%	22.650%	22.650%	22.650%	22.650%	10.000%
25	21.450%	21.450%	21.450%	21.450%	21.450%	10.000%
26	20.400%	20.400%	20.400%	20.400%	20.400%	10.000%
27	19.200%	19.200%	19.200%	19.200%	19.200%	10.000%
28	19.050%	18.150%	18.150%	18.150%	18.150%	10.000%
29	19.050%	17.850%	17.250%	17.250%	17.250%	10.000%
30	19.050%	17.850%	16.500%	16.200%	16.200%	10.000%
31	19.050%	17.850%	16.500%	15.300%	15.300%	10.000%
32	19.050%	17.850%	16.500%	15.300%	14.400%	10.000%
33	19.050%	17.850%	16.500%	15.300%	14.250%	10.000%
34	19.050%	17.850%	16.500%	15.300%	14.250%	10.000%
35	19.050%	17.850%	16.500%	15.300%	14.250%	9.600%
36	19.050%	17.850%	16.500%	15.300%	14.250%	9.600%
37	19.050%	17.850%	16.500%	15.300%	14.250%	9.600%
38	19.050%	17.850%	16.500%	15.300%	14.250%	9.600%
39	19.050%	17.850%	16.500%	15.300%	14.250%	9.600%
40	19.050%	17.850%	16.500%	15.300%	14.250%	9.200%
41	19.050%	17.850%	16.500%	15.300%	14.250%	9.200%
42	19.050%	17.850%	16.500%	15.300%	14.250%	9.200%
43	19.050%	17.850%	16.500%	15.300%	14.250%	9.200%
44	19.050%	17.850%	16.500%	15.300%	14.250%	9.200%

Table 4—Page 2 of 2

Withdrawal Rates—Former Moen RIP and Fortune Brands

	Years of Service					
Age	**0**	**1**	**2**	**3**	**4**	**5+**
45	19.050%	17.850%	16.500%	15.300%	14.250%	8.800%
46	19.050%	17.850%	16.500%	15.300%	14.250%	8.800%
47	19.050%	17.850%	16.500%	15.300%	14.250%	8.800%
48	19.050%	17.850%	16.500%	15.300%	14.250%	8.800%
49	19.050%	17.850%	16.500%	15.300%	14.250%	8.800%
50	19.050%	17.850%	16.500%	15.300%	14.250%	8.400%
51	19.050%	17.850%	16.500%	15.300%	14.250%	8.400%
52	19.050%	17.850%	16.500%	15.300%	14.250%	8.400%
53	19.050%	17.850%	16.500%	15.300%	14.250%	8.400%
54	19.050%	17.850%	16.500%	15.300%	14.250%	8.400%
55+	19.050%	17.850%	16.500%	15.300%	14.250%	8.000%

Table 5

Disability Rates

Age	Male	Female	Age	Male	Female
15	0.030%	0.030%	45	0.192%	0.192%
16	0.030%	0.030%	46	0.216%	0.216%
17	0.030%	0.030%	47	0.246%	0.246%
18	0.030%	0.030%	48	0.282%	0.282%
19	0.030%	0.030%	49	0.312%	0.312%
20	0.030%	0.030%	50	0.358%	0.358%
21	0.030%	0.030%	51	0.410%	0.410%
22	0.030%	0.030%	52	0.472%	0.472%
23	0.030%	0.030%	53	0.534%	0.534%
24	0.030%	0.030%	54	0.602%	0.602%
25	0.030%	0.030%	55	0.670%	0.670%
26	0.030%	0.030%	56	0.738%	0.738%
27	0.030%	0.030%	57	0.812%	0.812%
28	0.034%	0.034%	58	0.890%	0.890%
29	0.034%	0.034%	59	0.970%	0.970%
30	0.034%	0.034%	60	1.050%	1.050%
31	0.038%	0.038%	61	1.140%	1.140%
32	0.038%	0.038%	62	1.232%	1.232%
33	0.042%	0.042%	63	1.326%	1.326%
34	0.042%	0.042%	64	1.420%	1.420%
35	0.052%	0.052%	65	0.000%	0.000%
36	0.056%	0.056%	66	0.000%	0.000%
37	0.066%	0.066%	67	0.000%	0.000%
38	0.076%	0.076%	68	0.000%	0.000%
39	0.090%	0.090%	69	0.000%	0.000%
40	0.100%	0.100%	70	0.000%	0.000%
41	0.114%	0.114%	71	0.000%	0.000%
42	0.128%	0.128%	72	0.000%	0.000%
43	0.148%	0.148%	73	0.000%	0.000%
44	0.172%	0.172%	74	0.000%	0.000%

Schedule SB Attachment (Form 5500)—2013 Plan Year
Moen Incorporated Pension Plan
EIN: 36-0548230 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

Effective Date	October 3, 2011.
Participants	Effective December 31, 2009, the Elyria Plants Pension Plan merged into this plan. Effective December 31, 2010, the Moen Pennsylvania Plan and Moen Non-Union Plan merged into this plan. Effective October 4, 2011, a group of participants formerly covered by the Fortune Brands Pension Plan transferred into this plan.

Former Retirement Income Plan

Plan Status	Effective January 1, 2008, participation was limited to employees hired before January 1, 2008. As of December 31, 2016, benefit accruals will be frozen.
Normal Retirement	
Eligibility	Age 65 and the earlier of five years of vesting service or five years as a plan participant.
Benefit	The sum of (i), (ii), and (iii): (i) 1.05% of final average monthly earnings up to covered compensation, multiplied by years of benefit service (up to 30 years) plus (ii) 1.45% of final average monthly earnings in excess of covered compensation, if any, multiplied by years of benefit service (up to 30 years) plus (iii) 1.00% of final average monthly earnings multiplied by years of benefit service in excess of 30 years.

Early Retirement	
Eligibility	Age 55 and five years of vesting service.
Benefit	Accrued normal retirement benefit reduced by 1/2% for each month the participant is less than 62 years of age (up to two years), and 1/3% for each month the participant is less than 60 years of age. Benefits are payable at early retirement date.
Disability Retirement	
Eligibility	Receiving disability benefits.
Benefit	Continuation of benefit service for period of disability.
Terminated Vested Benefit	
Eligibility	Five years of vesting service.
Benefit	Accrued normal retirement benefit reduced by 1/2% for each month the participant is less than 62 years of age (up to two years), and 1/3% for each month the participant is less than 60 years of age. Benefits are payable at early retirement date.
Preretirement Surviving Spouse Benefit	
Eligibility	Active or deferred vested participants with five years of vesting service who have been married for at least one year.
Benefit	50% of the accrued normal retirement benefit payable at the date the participant would have been age 55 and completed five years of vesting service (or age at death if later), reduced for early commencement before age 62.
Normal Form of Payment	For unmarried participants: life annuity. For married participants: the actuarial equivalent qualified joint and survivor annuity.

Optional Forms of Payment

50% Joint and Survivor Annuity (with or without 10-year period Certain).

100% Joint and Survivor Annuity (with or without 10-year period Certain).

75% Joint and Survivor Annuity.

Five-, ten-, or fifteen-year Certain and Life Annuity. Actuarial equivalence for this purpose is based on a 6.00% interest rate and the RP-2000 Combined Healthy Mortality Table, blended 50% male and 50% female with no age setbacks.

Voluntary Lump Sum Cash-out ($1,001-$5,000).

Definitions

Benefit Service

Continuous service from date of hire to date of termination. Includes benefit service as of December 31, 1993 for participants in the Twentieth Century Retirement Income Plan.

Compensation

Includes overtime, holiday, and vacation pay, tips and bonuses, 401(k) deferrals, IRC section 125, 132 and 457 deferrals, and deferred nonqualified compensation.

Excludes expense reimbursement, housing allowances, long-term incentive, severance pay, and employer matching 401(k) contributions.

Covered Compensation

Average (without indexing) of the Social Security taxable wage bases in effect for each calendar year during the 35-year period ending with the calendar year in which a participant will attain Social Security Normal Retirement Age (SSNRA).

Year of Birth	SSNRA
Before 1938	65
1938–1954	66
1955 and later	67

Final Average Monthly Earnings

Compensation for the highest 60 consecutive calendar months out of the last 120 consecutive calendar months.

Vesting Service

Total service from date of hire to date of termination, less any absence greater than 12 months, using elapsed time.

Former Elyria Pension Plan

Effective Date

Initially effective January 1, 1984. Restated as of January 1, 1999. Amended Through July 1, 2005

Eligibility for Participation

Any employee, regardless of age, who is covered under the collective bargaining agreement will enter the plan after completion one hour of service.

Effective with the December 1, 2008 plant closing, there are no active employees participating in the plan.

Normal Retirement

Eligibility

Age 65 and the earlier of five years of vesting service or five years as a plan participant.

Benefit

Monthly benefit for each year of credited service calculated according to the benefit schedule as follows:

Monthly Benefit Multiplier	Effective Date
$21.25	07/01/2001
$24.00	07/01/2002
$27.00	07/01/2004
$28.00	07/01/2005
$29.00	07/01/2006
$30.00	07/01/2007

Early Retirement

Eligibility

Age 57 and 10 years of vesting service.

Benefit

Accrued normal retirement benefit reduced by ½% for each month the participant is less than 62 years of age, payable at early retirement date.

Disability Retirement

Eligibility

Totally and permanently disabled, with at least 10 years of vesting service prior to age 65.

Benefit

Accrued normal retirement benefit, payable at date of disability. If the participant is denied Social Security disability benefits, the amount will be 200% of the normal retirement benefit, payable at date of disability.

Terminated Vested Benefit	
Eligibility	Five years of vesting service.
Benefit	Accrued normal retirement benefit. If 10 years of service at termination, benefit is reduced the same as the Early Retirement benefit.
Preretirement Surviving Spouse Benefit	
Eligibility	Active or deferred vested participants with five years of vesting service who have been married for at least one year.
Benefit	50% of the accrued normal retirement benefit payable at the date the participant would have been age 57 and completed 10 years of vesting service (or age at death if later), reduced 1/2% for each month the participant was less than 62 years of age.
Normal Form of Payment	For unmarried participants: five-year certain and life annuity. For married participants the actuarial equivalent qualified joint and survivor annuity.
Optional Forms of Payment	50%, 75%, or 100% Joint and Survivor Annuity. Actuarial equivalence for this purpose is based on a 6.00% interest rate and the RP-2000 Combined Healthy Mortality Table, blended 50% male and 50% female with no age setbacks. Voluntary Lump Sum Cash-out ($1,001-$5,000).
Definitions	
Credited Service	One full year for each calendar year in which the employee completed at least 1,600 hours of service. Credited service is granted to the nearest one tenth (1/10) if the employee worked less than 1,600 hours in any calendar year.
Vesting Service	Total service from date of hire to date of termination, less any absence greater than 12 months, using elapsed time.

Former Nonunion Service Related Pension Plan

Effective Date

Initially effective March 1, 1987. Restated as of August 1, 2001. Amended through March 28, 2005.

Eligibility for Participation

Any employee, regardless of age, who is in a group of employees designated for coverage will enter the plan on the first January 1st or July 1st coincident with or next following a 12 consecutive month period in which 1,000 Hours of Service are completed. As of December 31, 2016, benefit accruals will be frozen.

Normal Retirement

Eligibility

Age 65 and the earlier of five years of vesting service or five years as a plan participant.

Benefit

Monthly benefit for each year of credited service calculated according to the benefit schedule as follows:

Monthly Benefit Multiplier	Effective Date
$10.00	03/01/1987
$11.00	01/01/1996
$12.00	01/01/1997

Early Retirement

Eligibility

Age 55 and five years of vesting service.

Benefit

Accrued normal retirement benefit reduced by 1/2% for each month the participant is less than 62 years of age, payable at early retirement date.

Disability Retirement

Eligibility

Totally and permanently disabled with at least 10 years of vesting service.

Benefit

Accrued normal retirement benefit payable at date of disability.

Vested Termination Benefit

Eligibility

Five years of vesting service.

Benefit

Accrued normal retirement benefit. For commencements before normal retirement, the benefit is reduced 0.5% for each month commencement precedes normal retirement.

Preretirement Surviving Spouse Benefit	
Eligibility	Active or deferred vested participants with five years of vesting service who have been married for at least one year.
Benefit	50% of the accrued normal retirement benefit payable at the date the participant would have been age 55 and completed five years of vesting service (or age at death if later), reduced 1/2% for each month the participant was less than 62 years of age.
Normal Form of Payment	For unmarried participants: life annuity. For married participants: the actuarial equivalent qualified joint and survivor annuity.
Optional Forms of Payment	50%, 75% or 100% Joint and Survivor Annuity. Ten year Certain and Life Annuity. Actuarial equivalence for this purpose is based on a 6% interest rate and the RP-2000 Combined Healthy Mortality Table blended 50% male and 50% female with no age setbacks. Voluntary Lump Sum Cash-out ($1,001-$5,000).
Definitions	
Credited Service	One full year for each calendar year in which the employee completed at least 1,800 hours of service. Credited service is granted to the nearest one twelfth (1/12) if the employee worked less than 1,800 hours in any calendar year.
Vesting Service	One full year for each calendar year in which the employee completed at least 1,000 hours of service. Credited service is granted to the nearest one twelfth (1/12) if the employee worked less than 1,000 but more than 500 hours in any calendar year.

Former Pennsylvania Hourly Employees Pension Plan

Effective Date

Initially effective January 1, 1984. Restated as of January 1, 1999. Amended through March 28, 2005.

Eligibility for Participation

Any employee, regardless of age, who is covered under the bargaining agreement will enter the plan after completion one hour of service.

Normal Retirement

Eligibility

Age 65 and the earlier of five years of vesting service or five years as a plan participant.

Benefit

Monthly benefit for each year of credited service calculated according to the benefit schedule as follows:

Monthly Benefit Multiplier	Effective Date
$9.25	04/01/1994
$9.50	04/01/1995
$10.00	04/01/1996
$10.50	04/01/1997
$11.00	04/01/1998
$12.00	04/01/1999
$13.00	04/01/2000
$14.00	04/01/2001
$14.75	04/01/2003
$15.50	04/01/2004
$16.25	04/01/2005
$17.00	04/01/2006
$17.25	04/01/2008

Early Retirement

Eligibility

Age 57 and 10 years of vesting service.

Benefit

Accrued normal retirement benefit reduced by 5/8% for each month the participant is less than 62 years of age, payable at early retirement date.

Disability Retirement

Eligibility

Totally and permanently disabled, with at least 10 years of vesting service prior to age 65.

Benefit

Accrued normal retirement benefit, payable at date of disability.

Terminated Vested Benefit	
Eligibility	Five years of vesting service.
Benefit	Accrued normal retirement benefit. For commencement prior to Normal Retirement Date, benefit is reduced 5/8% for each month commencement precedes Normal Retirement Date.
Preretirement Surviving Spouse Benefit	
Eligibility	Active or deferred vested participants with five years of vesting service who have been married for at least one year.
Benefit	50% of the accrued normal retirement benefit payable at the date the participant would have been age 57 and completed 10 years of vesting service (or age at death if later), reduced 5/8% for each month the participant was less than 62 years of age.
Normal Form of Payment	For unmarried participants: life annuity. For married participants: the actuarial equivalent qualified joint and survivor annuity.
Optional Forms of Payment	50%, 75%, or 100% Joint and Survivor Annuity. Actuarial equivalence for this purpose is based on a 6.00% interest rate and the RP-2000 Combined Healthy Mortality Table, blended 50% male and 50% female with no age setbacks. Voluntary Lump Sum Cash-out ($1,001-$5,000).
Definitions	
Credited Service	One full year for each calendar year in which the employee completed at least 1,800 hours of service. Credited service is granted to the nearest one twelfth (1/12) if the employee worked less than 1,800 hours in any calendar year.
Vesting Service	One full year for each calendar year in which the employee completed at least 1,000 hours of service. Vesting service is granted to the nearest one twelfth (1/12) if the employee worked less than 1,000 but more than 500 hours in any calendar year.

Former Fortune Brands Pension Plan

Effective Date	January 1, 1986. Last restated effective January 1, 2002. Last amended effective January 1, 2008.
Eligibility for Participation	The first day following 12 months of employment, provided the employee completes at least 1,000 hours of service in the first 12 months of employment. If 1,000 hours are not completed in the first 12 months of employment, the 1/1 following the first plan year during which the employee completes at least 1,000 hours of service. No employee who first completes an Hour of Service on or after January 1, 2008 shall become a plan participant, and no employee rehired on or after January 1, 2008 shall again become a plan participant. As of December 31, 2016, benefit accruals will be frozen.
Normal Retirement Eligibility	Age 65 and the earlier of five years of vesting service or five years as a plan participant.
Monthly Benefit	The greater of [(1) + (2)] and (3) below: 1. Standard formula up until December 31, 2007: a. 1.75% Final Average Monthly Compensation times Benefit Service (maximum 15 years) up until 12/31/2007; plus b. 1.00% Final Average Monthly Compensation times Benefit Service in excess of 15 years (maximum 20 years) up until December 31, 2007. 2. Standard formula post December 31, 2007: a. 1.00% Final Average Monthly Compensation times Benefit Service post December 31, 2007 (maximum 35 years total Benefit Service including pre-2008 Benefit Service).

3. Minimum formula. The Prior Plan Accrued Benefit plus the sum of (a) and (b), however, all eligible service after December 31, 2007 has a 1% accrual (i.e., if maximum years have not already been reached):

   a. 1.75% Final Average Monthly Compensation times Benefit Service after December 31, 2001 (maximum 15 years minus Benefit Service earned prior to 2002); plus

   b. 1.00% Final Average Monthly Compensation times Benefit Service after December 31, 2001 in excess of 15 years minus Benefit Service earned prior to 2002 (maximum 20 years). If a participant had 15 or more years of Benefit Service as of December 31, 2001, this part becomes 1% times Final Average Monthly Compensation times Benefit Service earned after 12/31/2001.

Early Retirement

Eligibility — Age 55 and ten years of Vesting Service.

Benefit — The greater of (1) or (2) below:

1. The standard formula normal retirement benefit reduced 1/2 of 1% for each month by which the commencement date precedes age 62.

2. The minimum formula attributed to Benefit Service after December 31, 2001 reduced 1/2 of 1% for each month by which the commencement date precedes age 62. For participants who retire with 12 years of Vesting Service, the Prior Plan Accrued Benefit is reduced 7/12 of 1% for each month by which the commencement date precedes age 60; the Prior Plan Accrued Benefit is unreduced at 30 years of Vesting Service.

Disability Retirement

Eligibility — Participants in the plan entitled to benefits under the company's Long-Term Disability Plan.

Benefit — The retirement benefit is the normal retirement benefit based on compensation at date of disability. Vesting Service and Benefit Service continue to accrue during the period of disability.

Vested Termination Benefit	
Eligibility	Five years of Vesting Service.
Benefit	The accrued benefit payable at normal retirement, or if the participant had completed 10 years of Vesting Service, the accrued benefit payable as early as age 55, reduced 1/2 of 1% for each month by which the commencement date precedes age 65.
Preretirement Surviving Spouse Benefit	
Eligibility	After being married for at least one year, after becoming vested, and before receiving any benefits under the plan.
Benefit	For participants with less than ten years of Vesting Service: 50% of the amount that would have been payable if the participant had terminated employment on the date of death (if not already terminated), deferred payment to age 65, and then elected the 50% joint and survivor form of payment. For participants with ten (but less than 12) years of Vesting Service: 50% of the amount that would have been payable if the employee had terminated employment on the date of death (if not already terminated), survived to his or her earliest retirement age (if not already eligible for retirement), and then begun to receive a 50% joint and survivor annuity. For participants with 12 years of Vesting Service: the amount determined as for participants with ten years of Vesting Service except that the Prior Plan Accrued Benefit will be payable as a 100% joint and survivor annuity.
Normal Form of Payment	For unmarried participants: life annuity. For married participants: the actuarial equivalent qualified joint and survivor annuity.

Optional Forms of Payment	50%, 75%, or 100% joint and survivor annuity, 10 or 15 year certain and life annuity, or life annuity. Actuarial equivalence for this purpose is based on a 6.00% interest rate and the RP-2000 Combined Healthy Mortality Table blended 50% male and 50% female with no age setbacks. The prior plan provides age 62 and age 65 Social Security level income options for the Prior Plan Accrued Benefit.
Definitions	
Benefit Service	Service determined in full years and fractions of years beginning on the employee's date of hire, but only recognizing employment at Fortune Brands, Inc. Rehires on or after January 1, 2008 are not credited with additional Benefit Service following rehire.
Final Average Monthly Compensation	Average of highest five consecutive calendar years within the last ten years of service.
Vesting Service	Service determined in full years and fractions of years beginning on the employee's date of hire.

Plan Changes Since the Prior Year

The funding valuation reflects the following plan changes:

- An increase in the annual pay limit under IRC Section 401(a)(17) from $250,000 in 2012 to $255,000 in 2013.
- An increase in the annual maximum benefit limit under IRC Section 415 from $200,000 in 2012 to $205,000 in 2013.

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.

Schedule SB Attachment (Form 5500)—2013 Plan Year
Moen Incorporated Pension Plan
EIN: 36-0548230 PN: 001

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2013

Active Participants with Benefits Not Based on Pay

Number of Participants and Average Compensation

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25		6								
25-29		5	29	3						
30-34		9	20	30	1					
35-39		6	28	42	16	3				
40-44	1	8	17	31	29	15	2			
45-49	1	5	23	37	26	26	15			
50-54		5	21	39	30	24	22	5	4	
55-59		5	16	38	27	24	20	8	11	1
60-64		1	11	19	11	9	19	4	7	1
65-69			3	1	4	1	2			
70+				1			1		1	

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Schedule SB Attachment (Form 5500)—2013 Plan Year
Moen Incorporated Pension Plan
EIN: 36-0548230 PN: 001

Active Participants with Benefits Based on Pay

Number of Participants and Average Compensation

Attained Age	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		1	6							
30-34		2	38 $81,290	8						
35-39		3	45 $96,936	40 $93,588	5					
40-44			47 $107,465	62 $119,108	26 $101,974	15	2			
45-49		1	38 $106,962	48 $135,515	35 $121,648	18	11			
50-54		1	23 $95,791	32 $112,008	37 $125,498	21 $116,203	13	2	3	
55-59	1		19	16	20 $105,690	22 $92,564	25 $112,174	6	9	
60-64			10	16	11	11	7	5	5	4
65-69				3	4		1	1		1
70+										

N-734

Schedule SB Attachment (Form 5500)—2013 Plan Year
Moen Incorporated Pension Plan
EIN: 36-0548230 PN: 001

Schedule SB, line 32—Schedule of Amortization Bases

Type of Base	Present Value of Installment	Date Established	Years Remaining	Amortization Installment
Shortfall	$ 934,701	January 1, 2009	3	$ 327,578
Shortfall	$ 134,295	January 1, 2010	4	$ 36,183
Shortfall	$ 28,594,228	January 1, 2011	5	$ 6,316,253
Shortfall	$ (26,772,788)	January 1, 2012	6	$ (5,093,151)
Shortfall	$ 3,548,525	January 1, 2013	7	$ 597,237

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

2013

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan MOEN INCORPORATED PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 07/01/1951

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)
MOEN INCORPORATED

25300 AL MOEN DRIVE

NORTH OLMSTED OH 44070-8022

2b Employer Identification Number (EIN) 36-0548230

2c Sponsor's telephone number (440) 962-2000

2d Business code (see instructions) 332510

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	MCL	10-14-14	MATTHEW C LENZ
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	MCL	10-14-14	MATTHEW C LENZ
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)

DELOITTE TAX LLP
111 S. WACKER DRIVE

CHICAGO IL 60606

Preparer's telephone number (optional)

(312) 486-1000

3a Plan administrator's name and address [X] 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:	**4b** EIN	
a Sponsor's name	**4c** PN	

5	Total number of participants at the beginning of the plan year	**5**	4,330
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	1,516
b	Retired or separated participants receiving benefits	**6b**	1,405
c	Other retired or separated participants entitled to future benefits	**6c**	1,233
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	4,154
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	188
f	Total. Add lines **6d** and **6e**.	**6f**	4,342
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	9
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 3H

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

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

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

a Pension Schedules		**b General Schedules**		
(1) [X]	**R** (Retirement Plan Information)	**(1)** [X]	**H** (Financial Information)	
(2) [ ]	**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	**(2)** [ ]	**I** (Financial Information – Small Plan)	
		(3) [ ]	**A** (Insurance Information)	___
		(4) [X]	**C** (Service Provider Information)	
(3) [X]	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	**(5)** [X]	**D** (DFE/Participating Plan Information)	
		(6) [ ]	**G** (Financial Transaction Schedules)	