

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2013 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☒ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information										
1a Name of plan <u>AMERON PENSION PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>004</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>12/01/1966</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>76-0488987</u></td> </tr> <tr> <td colspan="2">2c Sponsor's telephone number <u>713-375-3700</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>333100</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>004</u>	1c Effective date of plan <u>12/01/1966</u>		2b Employer Identification Number (EIN) <u>76-0488987</u>		2c Sponsor's telephone number <u>713-375-3700</u>		2d Business code (see instructions) <u>333100</u>	
1b Three-digit plan number (PN) ▶	<u>004</u>										
1c Effective date of plan <u>12/01/1966</u>											
2b Employer Identification Number (EIN) <u>76-0488987</u>											
2c Sponsor's telephone number <u>713-375-3700</u>											
2d Business code (see instructions) <u>333100</u>											
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>NATIONAL OILWELL VARCO, L.P.</u> <u>7909 PARKWOOD CIRCLE DR.</u> <u>HOUSTON, TX 77036-6565</u>											

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.	10/16/2014	BRENDA WILLIAMS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/16/2014	BRENDA WILLIAMS
	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)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN	
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		3c Administrator's telephone number 4b EIN 4c PN	
5 Total number of participants at the beginning of the plan year		5	3701
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	0
b Retired or separated participants receiving benefits		6b	0
c Other retired or separated participants entitled to future benefits.....		6c	0
d Subtotal. Add lines 6a , 6b , and 6c		6d	0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e	0
f Total. Add lines 6d and 6e		6f	0
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	40
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 1B 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) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110
		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 AMERON PENSION PLAN	B Three-digit plan number (PN) ►	004
C Plan sponsor's name as shown on line 2a of Form 5500 NATIONAL OILWELL VARCO, L.P.	D Employer Identification Number (EIN) 76-0488987	

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

(a) Name of insurance carrier

JOHN HANDCOCK LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
04-1414660	65099	190 GAC	20	01/01/2013	12/31/2013

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 496145**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 499391**c** Additions: (1) Contributions deposited during the year **7c(1)**(2) Dividends and credits **7c(2)**(3) Interest credited during the year **7c(3)**(4) Transferred from separate account **7c(4)**(5) Other (specify below) **7c(5)**

▶

(6) Total additions **7c(6)** 0**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 499391**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**(2) Administration charge made by carrier **7e(2)**(3) Transferred to separate account **7e(3)**(4) Other (specify below) **7e(4)** 499391▶ REALIZED CAPITAL LOSS OF DEPRECIATION/DIVIDEND
DISBURSEMENT TRANSFER TO SUCCESSOR PLAN(5) Total deductions **7e(5)** 499391**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection
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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 <u>AMERON PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>NATIONAL OILWELL VARCO, L.P.</u>	D Employer Identification Number (EIN) <u>76-0488987</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month _____ Day _____ Year _____	
2 Assets:	
a Market value	2a <u>208929606</u>
b Actuarial value	2b <u>208929606</u>
3 Funding target/participant count breakdown:	
a For retired participants and beneficiaries receiving payment.....	3a <u>1811</u> <u>124217290</u>
b For terminated vested participants.....	3b <u>1049</u> <u>32161143</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>1734316</u>
(2) Vested benefits	3c(2) <u>45878013</u>
(3) Total active.....	3c(3) <u>841</u> <u>47612329</u>
d Total.....	3d <u>3701</u> <u>203990762</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b
5 Effective interest rate	5 <u>6.28</u> %
6 Target normal cost	6 <u>812588</u>

Statement by Enrolled Actuary

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

SIGN HERE		<u>10/01/2014</u>
Signature of actuary		Date
<u>JENNIFER L. GRANT</u>		<u>14-06854</u>
Type or print name of actuary		Most recent enrollment number
<u>TOWERS WATSON DELAWARE INC.</u>		<u>713-754-5400</u>
Firm name		Telephone number (including area code)
<u>1221 MCKINNEY STREET</u> <u>ONE HOUSTON CENTER, SUITE 2600</u> <u>HOUSTON, TX 77010-1006</u>		
Address of the firm		

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

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

Schedule SB (Form 5500) 2013
v. 130118

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>0.87</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
b	Interest on (a) using prior year's effective interest rate of <u>6.97</u> % except as otherwise provided (see instructions)		
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	102.42 %
15	Adjusted funding target attainment percentage	15	102.42 %
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	109.82 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ►			18(b)	0	18(c) 0

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

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.94%	2nd segment: 6.15%	3rd segment: 6.76 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....	31a	812588	
b Excess assets, if applicable, but not greater than line 31a	31b	812588	
32 Amortization installments:	Outstanding Balance		
a Net shortfall amortization installment.....	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b		
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		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 <u>AMERON PENSION PLAN</u>	B Three-digit plan number (PN) <u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>NATIONAL OILWELL VARCO, L.P.</u>	D Employer Identification Number (EIN) <u>76-0488987</u>

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

36-3608252

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

36-2723087

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

06-6275604

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

94-3112180

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

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

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

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

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

NORTHERN TRUST COMPANY

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
25 50	NONE	77805	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

JP MORGAN INVESTMENT MGMT INC

13-3200244

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 27 50 51	NONE	96206	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BLACKROCK CORP

94-6052285

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 24 28 34 50 51	NONE	37095	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

(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 ☐

(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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection.
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013		
A Name of plan AMERON PENSION PLAN	B Three-digit plan number (PN) ►	004
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 NATIONAL OILWELL VARCO, L.P.	D Employer Identification Number (EIN) 76-0488987	

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

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK INTERN'L EQUITY INDEX FD		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST		
c EIN-PN 94-3112180-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: JP MORGAN CB EAFE PLUS GROUP FD		
b Name of sponsor of entity listed in (a): JP MORGAN ASSET MANAGEMENT		
c EIN-PN 26-0001051-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: NT COLTV US MARKETCAP EQTY INDEX FD		
b Name of sponsor of entity listed in (a): NORTHERN TRUST GLOBAL INVESTMENT		
c EIN-PN 45-6138589-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: NTGI COLVT SHORT-TERM INVESTMENT FD		
b Name of sponsor of entity listed in (a): NORTHERN TRUST GLOBAL INVESTMENT		
c EIN-PN 36-6036794-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK MONEY MARKET FUND		
b Name of sponsor of entity listed in (a): BLACKROCK INSTITUTIONAL TRUST		
c EIN-PN 94-3112180-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0
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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2013 This Form is Open to Public Inspection
For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>		
A Name of plan <u>AMERON PENSION PLAN</u>		B Three-digit plan number (PN) <u>004</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>NATIONAL OILWELL VARCO, L.P.</u>		D Employer Identification Number (EIN) <u>76-0488987</u>

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.				
	Assets			
a	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	9000000	0
	(2) Participant contributions	1b(2)		
	(3) Other	1b(3)	95674	0
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		0
	(2) U.S. Government securities	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other	1c(3)(B)	3	0
	(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)	155528290	0
	(10) Value of interest in pooled separate accounts	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	44100332	0
	(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	499391	0
	(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	209223690	0

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	19834	
i Acquisition indebtedness	1i		
j Other liabilities	1j	92603	
k Total liabilities (add all amounts in lines 1g through 1j)	1k	112437	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	209111253	0
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	18945	
(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)		18945
(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)	1687034	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1687034
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	137274288	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	137274269	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		19
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-3	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-3

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		26298714
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		9179324
c Other income.....	2c		-3246
d Total income. Add all income amounts in column (b) and enter total.....	2d		37180787

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	13594072	
(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)		13594072
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)	77805	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	133301	
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		211106
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		13805178

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		23375609
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		232486862

Part III Accountant's Opinion

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

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

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

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: **FABER HASS HURLEY LLP**

(2) EIN: **20-4207759**

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

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

Part IV Compliance Questions

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

During the plan year:

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

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
e Was this plan covered by a fidelity bond?	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)		X	
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	X		
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)
NATIONAL OILWELL DEFINED BENEFIT PENSION PLAN	76-0488987	002

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

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

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>36-3046063</u> <u>41-6257133</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>0</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....	6a		
b Enter the amount contributed by the employer to the plan for this plan year.....	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?.....	☐ Yes	☐ No	☒ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☒ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

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

Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Stock: 65% Investment-Grade Debt: 34% High-Yield Debt: 1% Real Estate: _____% Other: _____%

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

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

INDEPENDENT AUDITORS' REPORT

To the Benefit Plans Administrative Committee
Ameron Pension Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Ameron 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 year ended December 31, 2013 and the one month ended December 31, 2012, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Wells Fargo Bank N.A. and The Northern Trust Company, the trustees of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that Wells Fargo Bank N.A. held the Plan's investment assets and executed investment transactions from September 23, 2013 to December 31, 2013, and that The Northern Trust Company held the Plan's investment assets and executed investment transactions as of December 31, 2012, and for the period December 1, 2012 to December 13, 2013. The plan administrator has obtained certifications from the trustees as of December 31, 2013 and 2012, and for the year ended December 31, 2013 and one month ended December 31, 2012, that the information provided to the plan administrator by the trustees 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.

Other Matter

The supplemental schedules: (1) Schedule H, line 4i-Schedule of Assets (Held at End of Year) and (2) Schedule H, line 4j-Schedule of Reportable Transactions, as of or for the year ended December 31, 2013 and as of December 31, 2012, are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustees, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Farber Hass Hunley LLP

Valencia, California
October 15, 2014

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	National Oilwell Varco, L.P.
EIN/PN	76-0488987/004
Plan Name	Ameron Pension Plan
Valuation Date	January 1, 2013
Enrolled Actuary	Jennifer L. Grant, FSA, EA
Enrollment Number	14-06854

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

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

SCHEDULE SB ATTACHMENTS

Description of Weighted Average Retirement Age as of January 1, 2013

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

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

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

Plan Name: Ameron Pension Plan
 EIN / PN: 76-0488987 / 004
 Plan Sponsor: National Oilwell Varco, L.P.
 Valuation Date: January 1, 2013

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions and Methods as of January 1, 2013

Economic Assumptions

Interest rate basis:

- | | |
|-----------------------|-----------------|
| ● Applicable month | September |
| ● Interest rate basis | 3-Segment Rates |

Interest rates:

- | | |
|---------------------------|-------------------------|
| | Reflecting
Corridors |
| ● First segment rate | 4.94% |
| ● Second segment rate | 6.15% |
| ● Third segment rate | 6.76% |
| ● Effective interest rate | 6.28% |

Annual rates of increase

- | | |
|-------------------------------------|-----|
| ● Compensation: | N/A |
| ● Future Social Security wage bases | N/A |
| ● Statutory limits on compensation | N/A |

Plan Name: Ameron Pension Plan
EIN / PN: 76-0488987 / 004
Plan Sponsor: National Oilwell Varco, L.P.
Valuation Date: January 1, 2013

SCHEDULE SB ATTACHMENTS (cont.)

Schedule SB, Part V Statement of Actuarial Assumptions and Methods as of January 1, 2013 (cont.)

Demographic Assumptions

Inclusion date All union participants and those non-union participants who met eligibility requirements prior to December 31, 2011 are included.

New or rehired employees It was assumed there will be no new or rehired employees.

Mortality

● **Healthy** Separate rates for non-annuitants (based on RP2000 "Employees" table without collar or amount adjustments, projected to 2027 using Scale AA) and annuitants (based on RP2000 "Healthy Annuitants" table without collar or amount adjustments, projected to 2019 using Scale AA).

● **Disabled** Alternative disabled life mortality tables as defined under Revenue Ruling 96-7.

Termination Rates varying by age.

Representative Termination Rates

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

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

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

Plan Name: Ameron Pension Plan
EIN / PN: 76-0488987 / 004
Plan Sponsor: National Oilwell Varco, L.P.
Valuation Date: January 1, 2013

SCHEDULE SB ATTACHMENTS (cont.)

Schedule SB, Part V Statement of Actuarial Assumptions and Methods as of January 1, 2013 (cont.)

Retirement

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

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

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

Form of payment

Single life annuity 48%, 10 year certain and life 7%, 50% joint and survivor 15%, 66⅔% joint and survivor 15% and 75% joint and survivor 15%.

Percent married

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

Spouse age

Wife three years younger than husband.

Covered pay

Not applicable. Accrued benefits for the salaried benefits are frozen as of December 31, 2011.

Administrative expenses

\$55,000; administrative expenses of \$53,606 paid during 2011 plan year, rounded to nearest \$5,000.

At-risk assumptions

None.

Timing of benefit payments

Annuity payments are payable monthly at the beginning of the month.

Plan Name: Ameron Pension Plan
EIN / PN: 76-0488987 / 004
Plan Sponsor: National Oilwell Varco, L.P.
Valuation Date: January 1, 2013

SCHEDULE SB ATTACHMENTS (cont.)

Schedule SB, Part V Statement of Actuarial Assumptions and Methods as of January 1, 2013 (cont.)

Methods	
Valuation date	First day of plan year
Funding target	Present value of accrued benefits
Target normal cost	Present value of benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets during plan year.
Actuarial value of assets	The actuarial value of assets is equal to the market value of assets as of the valuation date plus the discounted present value of contributions made after the valuation date for the prior plan year, discounted using the effective interest rate for the prior plan year.
Benefits not valued	All benefits described in the Plan Provisions section of this report were valued. Towers Watson has reviewed the Plan Provisions with National Oilwell Varco, L.P. and based on that review, is not aware of any significant benefits required to be valued that were not.
Change in assumptions and methods since prior valuation	<p>The segment interest rates used to calculate the funding target and target normal cost were updated to an applicable month of September 2012.</p> <p>The required mortality table used to calculate the funding target and target normal cost was updated to include one additional year of projected mortality improvements.</p> <p>The assumed plan-related expenses added to the target normal cost were changed from \$5,000 for the short plan year to \$55,000 for 2013.</p> <p>The plan was amended on December 27, 2012 to change the plan year from December 1 through November 30 to the calendar year. The valuation date was changed from December 1 to January 1 to reflect this change in plan year. Therefore, this change receives automatic approval.</p>

Plan Name: Ameron Pension Plan
EIN / PN: 76-0488987 / 004
Plan Sponsor: National Oilwell Varco, L.P.
Valuation Date: January 1, 2013

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Summary of Plan Provisions as of January 1, 2013

Summary of plan provisions for the hourly participants

Plan Provisions

The most recent amendment reflected in the following plan provisions was adopted on December 27, 2012.

Covered employees	All hourly employees; participation closed December 31, 2011 for non-union employees
Participation date	Date of employment

Definitions

Vesting service	One year for each Plan year participant works at least 700 hours.
Pension service	One-twelfth of a year of service of each 100 hours, up to one year. No service accrual past December 31, 2011 for non-union employees.
Normal retirement date (NRD)	First of month coinciding with or next following the attainment of age 65 or five years from the date of hire if hired after age 60.
Monthly pension benefit	Monthly benefit rate ¹ times pension service. Monthly benefit rates are determined according to the bargaining unit the participant is employed by at retirement.
Monthly preretirement death benefit	50% of the monthly pension benefit as of the date of death, reduced for the 50% joint and survivor election and reduced for payment as early as the participant's 55th birthday.

Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	Retirement before NRD and on or after both attaining age 55 and completing ten years of vesting service.
Postponed retirement	Retirement after NRD.
Vested termination	Termination for reasons other than death or retirement after completing five years of vesting service.
Disability	Permanent and total disability prior to NRD after completing five years of vesting service ² .

¹ Schedule of Monthly Benefit Rates attached.

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

Plan Name: Ameron Pension Plan
EIN / PN: 76-0488987 / 004
Plan Sponsor: National Oilwell Varco, L.P.
Valuation Date: January 1, 2013

SCHEDULE SB ATTACHMENTS (cont.)

Schedule SB, Part V Statement of Summary of Plan Provisions as of January 1, 2013 (cont.)

Preretirement death benefit	Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse.
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Benefits Paid Upon the Following Events

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

Other Plan Provisions

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

Plan Name:	Ameron Pension Plan
EIN / PN:	76-0488987 / 004
Plan Sponsor:	National Oilwell Varco, L.P.
Valuation Date:	January 1, 2013

SCHEDULE SB ATTACHMENTS (cont.)

Schedule SB, Part V Statement of Summary of Plan Provisions as of January 1, 2013 (cont.)

**Benefit for transfers to or from
Salaried Status**

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

Plan Name: Ameron Pension Plan
EIN / PN: 76-0488987 / 004
Plan Sponsor: National Oilwell Varco, L.P.
Valuation Date: January 1, 2013

SCHEDULE SB ATTACHMENTS (cont.)

Schedule SB, Part V Statement of Summary of Plan Provisions as of January 1, 2013 (cont.)

Monthly benefit rates for Hourly Employees as of January 1, 2013

Bargaining Plan	Group Div.	Loc.	Normal	Disability	Effective Date	Description
H01	065	002	N/A	N/A	6/96***	Protective Coatings/Brea (Plant Sold 8/1/06)
H01	067	002	N/A	N/A	Leased employees	Protective Linings/Brea
H06	043	003	20.00	20.00	11/30/96****, plus	Pole Products/Fillmore
			24.00	24.00	12/01/96 – 11/30/97, plus	
			28.00	28.00	12/01/97 – 11/30/98, plus	
			32.00	32.00	12/01/98 – 11/30/00, plus	
			36.00	36.00	12/01/00 – 11/30/02, plus	
			43.00	43.00	12/01/02 – 11/30/05, plus	
			45.00	45.00	12/01/05 – 11/30/07, plus	
			47.00	47.00	12/01/07 – 11/30/09, plus	
			48.00	48.00	12/01/09 – 11/30/10, plus	
			49.00	49.00	12/01/10 – 11/30/11, plus	
			50.00	50.00	12/01/11 – 11/30/12, plus	
			51.00	51.00	12/01/12 and after	
H15	046	001	12.00	12.00	12/01/89****	PCG/Little Rock (Plant Sold 8/1/06)
			13.00	13.00	12/01/98****	
			14.00	14.00	12/01/99****	
			15.00	15.00	12/01/00****, plus	
			20.00	20.00	12/01/2005	
*H16	008	000	36.00	36.00	12/01/00****	Fab Div/So. Gate
			37.00	37.00	12/01/01****	
			38.00	38.00	12/01/02****, plus	
			39.00	39.00	12/01/03 – 11/30/04, plus	
			40.00	40.00	12/01/04 – 11/30/05, plus	
			41.00	41.00	12/01/2005	
*H16	011	002			Same as 008-000 above	WTG/So. Gate
*H16	011	007	36.00	36.00	12/01/00****	WTG/Etiwanda
			37.00	37.00	12/01/01****	
			38.00	38.00	12/01/02****, plus	
			39.50	39.50	01/16/04 – 01/15/05, plus	
			41.00	41.00	01/16/05 – 01/15/06, plus	
			42.50	42.50	01/16/06 – 01/15/07, plus	
			44.00	44.00	01/16/07 – 01/15/08, plus	
			45.00	45.00	12/01/08 – 11/30/09, plus	
			46.00	46.00	12/01/09 – 11/30/10, plus	
			47.00	47.00	12/01/10 – 11/30/11, plus	
			48.00	48.00	12/01/11 – 11/30/12, plus	
			49.00	49.00	12/01/12 – 11/30/13, plus	
			50.00	50.00	12/01/13 – 11/30/14, plus	
			51.00	51.00	12/01/14 – 11/30/15, plus	
			52.00	52.00	12/1/15 and thereafter	
H17	081	010	28.00	28.00	1/01/96**	Ameron HI/Maui
			29.00	29.00	1/01/97****	
			42.00	42.00	12/01/99****	

* Full retirement at age 62, and 30 & Out.

** Benefit rates apply only for service after 1/1/66.

*** Production moved to Little Rock.

**** Rate applies to all service, both retrospective and prospective.

***** No accruals past December 31, 2011.

Plan Name: Ameron Pension Plan
 EIN / PN: 76-0488987 / 004
 Plan Sponsor: National Oilwell Varco, L.P.
 Valuation Date: January 1, 2013

SCHEDULE SB ATTACHMENTS (cont.)

Schedule SB, Part V Statement of Summary of Plan Provisions as of January 1, 2013 (cont.)

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

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

Plan Name: Ameron Pension Plan
 EIN / PN: 76-0488987 / 004
 Plan Sponsor: National Oilwell Varco, L.P.
 Valuation Date: January 1, 2013

SCHEDULE SB ATTACHMENTS (cont.)

Schedule SB, Part V Statement of Summary of Plan Provisions as of January 1, 2013 (cont.)

Summary of plan provisions for the salaried participants

Plan Provisions

The most recent amendment reflected in the following plan provisions was adopted on December 27, 2012.

Covered employees All salaried employees; participation closed December 31, 2011

Participation date Date of employment

Definitions

Vesting service Continuous service from date of hire including fractional years

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

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

Average earnings The average of the highest 60 consecutive months of pensionable pay during the 120 months ending on the earlier of the participant's termination date, retirement date or December 31, 2011.

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

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

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

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

Plan Name: Ameron Pension Plan
EIN / PN: 76-0488987 / 004
Plan Sponsor: National Oilwell Varco, L.P.
Valuation Date: January 1, 2013

SCHEDULE SB ATTACHMENTS (cont.)

Schedule SB, Part V Statement of Summary of Plan Provisions as of January 1, 2013 (cont.)

Eligibility for Benefits

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

Benefits Paid Upon the Following Events

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

Plan Name: Ameron Pension Plan
EIN / PN: 76-0488987 / 004
Plan Sponsor: National Oilwell Varco, L.P.
Valuation Date: January 1, 2013

SCHEDULE SB ATTACHMENTS (cont.)

Schedule SB, Part V Statement of Summary of Plan Provisions as of January 1, 2013 (cont.)

Other Plan Provisions

Forms of payment	Preretirement death benefits are payable only as described above. Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a 75% joint and survivor annuity, a 66 2/3% joint and survivor annuity, a ten-year certain and life annuity, a level income option or (for married participants) a life annuity.
Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.
Benefit for transfers to or from Salaried Status	Hourly employees who transfer to salaried status will receive the greater of two benefits: (1) a benefit under the salaried employee formula based on service as both an hourly and salaried employee and (2) a benefit under the hourly employee formula based on service as an hourly employee plus a benefit under the salaried employee formula based on service from the transfer date. Salaried employees who transfer to hourly status will receive a benefit under the salaried employee formula based on service as a salaried employee and a benefit under the hourly employee formula based on service from the transfer date.

Changes in Plan Provisions Since Last Actuarial Valuation Report

There have been no changes in plan provisions since prior valuation except for the following:

- For the Etiwanda Hourly active participants, the benefit formula was changed to reflect change in monthly benefit rates as follows:

Effective Date	Old Monthly Rate	New Monthly Rate
12/01/12 – 11/30/13	\$48	\$49
12/01/13 – 11/30/14	\$48	\$50
12/01/14 – 11/30/15	\$48	\$51
12/01/15 and thereafter	\$48	\$52

Plan Name: Ameron Pension Plan
EIN / PN: 76-0488987 / 004
Plan Sponsor: National Oilwell Varco, L.P.
Valuation Date: January 1, 2013

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 25
Change in Method
as of January 1, 2013

The following change in non-prescribed assumptions were made for the 2013 plan year:

- The plan was amended on December 27, 2012 to change the plan year from December 1 through November 30 to the calendar year. The valuation date was changed from December 1 to January 1 to reflect this change in plan year. Therefore, this change receives automatic approval.

Plan Name: Ameron Pension Plan
EIN / PN: 76-0488987 / 004
Plan Sponsor: National Oilwell Varco, L.P.
Valuation Date: January 1, 2013

SCHEDULE SB ATTACHMENTS

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

Attained Age	Years of Credited Service									
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & Up
	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.
Under 25	2	14	2							
25 - 29	1	21	26							
30 - 34	6	24	30	12						
35 - 39	2	23	18	24	9					
40 - 44	1	26	21	17	9	3				
45 - 49	3	25	29	29	13	13	7			
50 - 54	3	29	22	19	26	21	17	9	1	
55 - 59	3	17	18	17	23	30	15	30	5	
60 - 64	1	7	10	11	3	23	11	21	2	4
65 - 69		3	7	5	1	7		7		1
70 & Up	1				1					

Plan Name: Ameron Pension Plan
 EIN / PN: 76-0488987 / 004
 Plan Sponsor: National Oilwell Varco, L.P.
 Valuation Date: January 1, 2013

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection
For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>		

- **Round off amounts to nearest dollar.**
- **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan Ameron Pension Plan	B Three-digit plan number (PN) ►	004
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF National Oilwell Varco, L.P.	D Employer Identification Number (EIN) 76-0488987	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500		

Part I Basic Information			
1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2013</u>			
2 Assets:			
a Market value	2a		208,929,606
b Actuarial value	2b		208,929,606
3 Funding target/participant count breakdown:		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	1,811	124,217,290
b For terminated vested participants	3b	1,049	32,161,143
c For active participants:			
(1) Non-vested benefits	3c(1)		1,734,316
(2) Vested benefits	3c(2)		45,878,013
(3) Total active	3c(3)	841	47,612,329
d Total	3d	3,701	203,990,762
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	6.28 %	
6 Target normal cost	6	812,588	

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	Jennifer L. Grant Signature of actuary	<u>10/1/2014</u> Date
	Jennifer L. Grant Type or print name of actuary	<u>14-06854</u> Most recent enrollment number
	Towers Watson Delaware Inc. Firm name	<u>(713) 754-5400</u> Telephone number (including area code)
	1221 McKinney Street One Houston Center, Suite 2600 Houston TX 77010-1006 Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>0.87</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b Interest on (a) using prior year's effective interest rate of <u>6.97</u> % except as otherwise provided (see instructions)		
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	102.42 %
15 Adjusted funding target attainment percentage	15	102.42 %
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	109.82 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
Totals ▶			18(b)	0	18(c)
					0

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

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

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:				
a Segment rates:	1st segment: 4.94 %	2nd segment: 6.15 %	3rd segment: 6.76 %	☐ N/A, full yield curve used
b Applicable month (enter code).....			21b	4
22 Weighted average retirement age			22	62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....		31a	812,588
b Excess assets, if applicable, but not greater than line 31a		31b	812,588
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment.....	0		0
b Waiver amortization installment	0		0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33	0
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..		34	0
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	0
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	
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 ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	National Oilwell Varco, L.P.
EIN/PN	76-0488987/004
Plan Name	Ameron Pension Plan
Valuation Date	January 1, 2013
Enrolled Actuary	Jennifer L. Grant, FSA, EA
Enrollment Number	14-06854

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

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

SCHEDULE SB ATTACHMENTS

Description of Weighted Average Retirement Age as of January 1, 2013

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

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

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

Plan Name: Ameron Pension Plan
 EIN / PN: 76-0488987 / 004
 Plan Sponsor: National Oilwell Varco, L.P.
 Valuation Date: January 1, 2013

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions and Methods as of January 1, 2013

Economic Assumptions

Interest rate basis:

- Applicable month September
- Interest rate basis 3-Segment Rates

Interest rates:

- First segment rate 4.94%
- Second segment rate 6.15%
- Third segment rate 6.76%
- Effective interest rate 6.28%

Annual rates of increase

- Compensation: N/A
- Future Social Security wage bases N/A
- Statutory limits on compensation N/A

Plan Name: Ameron Pension Plan
EIN / PN: 76-0488987 / 004
Plan Sponsor: National Oilwell Varco, L.P.
Valuation Date: January 1, 2013

SCHEDULE SB ATTACHMENTS (cont.)

Schedule SB, Part V Statement of Actuarial Assumptions and Methods as of January 1, 2013 (cont.)

Demographic Assumptions

Inclusion date All union participants and those non-union participants who met eligibility requirements prior to December 31, 2011 are included.

New or rehired employees It was assumed there will be no new or rehired employees.

Mortality

● **Healthy** Separate rates for non-annuitants (based on RP2000 "Employees" table without collar or amount adjustments, projected to 2027 using Scale AA) and annuitants (based on RP2000 "Healthy Annuitants" table without collar or amount adjustments, projected to 2019 using Scale AA).

● **Disabled** Alternative disabled life mortality tables as defined under Revenue Ruling 96-7.

Termination Rates varying by age.

Representative Termination Rates

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

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

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

Plan Name: Ameron Pension Plan
EIN / PN: 76-0488987 / 004
Plan Sponsor: National Oilwell Varco, L.P.
Valuation Date: January 1, 2013

SCHEDULE SB ATTACHMENTS (cont.)

Schedule SB, Part V Statement of Actuarial Assumptions and Methods as of January 1, 2013 (cont.)

Retirement

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

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

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

Form of payment

Single life annuity 48%, 10 year certain and life 7%, 50% joint and survivor 15%, 66⅔% joint and survivor 15% and 75% joint and survivor 15%.

Percent married

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

Spouse age

Wife three years younger than husband.

Covered pay

Not applicable. Accrued benefits for the salaried benefits are frozen as of December 31, 2011.

Administrative expenses

\$55,000; administrative expenses of \$53,606 paid during 2011 plan year, rounded to nearest \$5,000.

At-risk assumptions

None.

Timing of benefit payments

Annuity payments are payable monthly at the beginning of the month.

Plan Name: Ameron Pension Plan
EIN / PN: 76-0488987 / 004
Plan Sponsor: National Oilwell Varco, L.P.
Valuation Date: January 1, 2013

SCHEDULE SB ATTACHMENTS (cont.)

Schedule SB, Part V Statement of Actuarial Assumptions and Methods as of January 1, 2013 (cont.)

Methods	
Valuation date	First day of plan year
Funding target	Present value of accrued benefits
Target normal cost	Present value of benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets during plan year.
Actuarial value of assets	The actuarial value of assets is equal to the market value of assets as of the valuation date plus the discounted present value of contributions made after the valuation date for the prior plan year, discounted using the effective interest rate for the prior plan year.
Benefits not valued	All benefits described in the Plan Provisions section of this report were valued. Towers Watson has reviewed the Plan Provisions with National Oilwell Varco, L.P. and based on that review, is not aware of any significant benefits required to be valued that were not.
Change in assumptions and methods since prior valuation	<p>The segment interest rates used to calculate the funding target and target normal cost were updated to an applicable month of September 2012.</p> <p>The required mortality table used to calculate the funding target and target normal cost was updated to include one additional year of projected mortality improvements.</p> <p>The assumed plan-related expenses added to the target normal cost were changed from \$5,000 for the short plan year to \$55,000 for 2013.</p> <p>The plan was amended on December 27, 2012 to change the plan year from December 1 through November 30 to the calendar year. The valuation date was changed from December 1 to January 1 to reflect this change in plan year. Therefore, this change receives automatic approval.</p>

Plan Name: Ameron Pension Plan
EIN / PN: 76-0488987 / 004
Plan Sponsor: National Oilwell Varco, L.P.
Valuation Date: January 1, 2013

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Summary of Plan Provisions as of January 1, 2013

Summary of plan provisions for the hourly participants

Plan Provisions

The most recent amendment reflected in the following plan provisions was adopted on December 27, 2012.

Covered employees	All hourly employees; participation closed December 31, 2011 for non-union employees
Participation date	Date of employment

Definitions

Vesting service	One year for each Plan year participant works at least 700 hours.
Pension service	One-twelfth of a year of service of each 100 hours, up to one year. No service accrual past December 31, 2011 for non-union employees.
Normal retirement date (NRD)	First of month coinciding with or next following the attainment of age 65 or five years from the date of hire if hired after age 60.
Monthly pension benefit	Monthly benefit rate ¹ times pension service. Monthly benefit rates are determined according to the bargaining unit the participant is employed by at retirement.
Monthly preretirement death benefit	50% of the monthly pension benefit as of the date of death, reduced for the 50% joint and survivor election and reduced for payment as early as the participant's 55th birthday.

Eligibility for Benefits

Normal retirement	Retirement on NRD
Early retirement	Retirement before NRD and on or after both attaining age 55 and completing ten years of vesting service.
Postponed retirement	Retirement after NRD.
Vested termination	Termination for reasons other than death or retirement after completing five years of vesting service.
Disability	Permanent and total disability prior to NRD after completing five years of vesting service ² .

¹ Schedule of Monthly Benefit Rates attached.

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

Plan Name: Ameron Pension Plan
EIN / PN: 76-0488987 / 004
Plan Sponsor: National Oilwell Varco, L.P.
Valuation Date: January 1, 2013

SCHEDULE SB ATTACHMENTS (cont.)

Schedule SB, Part V Statement of Summary of Plan Provisions as of January 1, 2013 (cont.)

Preretirement death benefit	Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse.
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Benefits Paid Upon the Following Events

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

Other Plan Provisions

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

Plan Name:	Ameron Pension Plan
EIN / PN:	76-0488987 / 004
Plan Sponsor:	National Oilwell Varco, L.P.
Valuation Date:	January 1, 2013

SCHEDULE SB ATTACHMENTS (cont.)

Schedule SB, Part V Statement of Summary of Plan Provisions as of January 1, 2013 (cont.)

**Benefit for transfers to or from
Salaried Status**

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

Plan Name: Ameron Pension Plan
EIN / PN: 76-0488987 / 004
Plan Sponsor: National Oilwell Varco, L.P.
Valuation Date: January 1, 2013

SCHEDULE SB ATTACHMENTS (cont.)

Schedule SB, Part V Statement of Summary of Plan Provisions as of January 1, 2013 (cont.)

Monthly benefit rates for Hourly Employees as of January 1, 2013

Bargaining Plan	Group Div.	Loc.	Normal	Disability	Effective Date	Description
H01	065	002	N/A	N/A	6/96***	Protective Coatings/Brea (Plant Sold 8/1/06)
H01	067	002	N/A	N/A	Leased employees	Protective Linings/Brea
H06	043	003	20.00	20.00	11/30/96****, plus	Pole Products/Fillmore
			24.00	24.00	12/01/96 – 11/30/97, plus	
			28.00	28.00	12/01/97 – 11/30/98, plus	
			32.00	32.00	12/01/98 – 11/30/00, plus	
			36.00	36.00	12/01/00 – 11/30/02, plus	
			43.00	43.00	12/01/02 – 11/30/05, plus	
			45.00	45.00	12/01/05 – 11/30/07, plus	
			47.00	47.00	12/01/07 – 11/30/09, plus	
			48.00	48.00	12/01/09 – 11/30/10, plus	
			49.00	49.00	12/01/10 – 11/30/11, plus	
			50.00	50.00	12/01/11 – 11/30/12, plus	
			51.00	51.00	12/01/12 and after	
H15	046	001	12.00	12.00	12/01/89****	PCG/Little Rock
			13.00	13.00	12/01/98****	(Plant Sold 8/1/06)
			14.00	14.00	12/01/99****	
			15.00	15.00	12/01/00****, plus	
			20.00	20.00	12/01/2005	
*H16	008	000	36.00	36.00	12/01/00****	Fab Div/So. Gate
			37.00	37.00	12/01/01****	
			38.00	38.00	12/01/02****, plus	
			39.00	39.00	12/01/03 – 11/30/04, plus	
			40.00	40.00	12/01/04 – 11/30/05, plus	
			41.00	41.00	12/01/2005	
*H16	011	002			Same as 008-000 above	WTG/So. Gate
*H16	011	007	36.00	36.00	12/01/00****	WTG/Etiwanda
			37.00	37.00	12/01/01****	
			38.00	38.00	12/01/02****, plus	
			39.50	39.50	01/16/04 – 01/15/05, plus	
			41.00	41.00	01/16/05 – 01/15/06, plus	
			42.50	42.50	01/16/06 – 01/15/07, plus	
			44.00	44.00	01/16/07 – 01/15/08, plus	
			45.00	45.00	12/01/08 – 11/30/09, plus	
			46.00	46.00	12/01/09 – 11/30/10, plus	
			47.00	47.00	12/01/10 – 11/30/11, plus	
			48.00	48.00	12/01/11 – 11/30/12, plus	
			49.00	49.00	12/01/12 – 11/30/13, plus	
			50.00	50.00	12/01/13 – 11/30/14, plus	
			51.00	51.00	12/01/14 – 11/30/15, plus	
			52.00	52.00	12/1/15 and thereafter	
H17	081	010	28.00	28.00	1/01/96**	Ameron HI/Maui
			29.00	29.00	1/01/97****	
			42.00	42.00	12/01/99****	

* Full retirement at age 62, and 30 & Out.

** Benefit rates apply only for service after 1/1/66.

*** Production moved to Little Rock.

**** Rate applies to all service, both retrospective and prospective.

***** No accruals past December 31, 2011.

Plan Name: Ameron Pension Plan
 EIN / PN: 76-0488987 / 004
 Plan Sponsor: National Oilwell Varco, L.P.
 Valuation Date: January 1, 2013

SCHEDULE SB ATTACHMENTS (cont.)

Schedule SB, Part V Statement of Summary of Plan Provisions as of January 1, 2013 (cont.)

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

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

Plan Name: Ameron Pension Plan
 EIN / PN: 76-0488987 / 004
 Plan Sponsor: National Oilwell Varco, L.P.
 Valuation Date: January 1, 2013

SCHEDULE SB ATTACHMENTS (cont.)

Schedule SB, Part V Statement of Summary of Plan Provisions as of January 1, 2013 (cont.)

Summary of plan provisions for the salaried participants

Plan Provisions

The most recent amendment reflected in the following plan provisions was adopted on December 27, 2012.

Covered employees All salaried employees; participation closed December 31, 2011

Participation date Date of employment

Definitions

Vesting service Continuous service from date of hire including fractional years

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

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

Average earnings The average of the highest 60 consecutive months of pensionable pay during the 120 months ending on the earlier of the participant's termination date, retirement date or December 31, 2011.

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

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

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

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

Plan Name: Ameron Pension Plan
EIN / PN: 76-0488987 / 004
Plan Sponsor: National Oilwell Varco, L.P.
Valuation Date: January 1, 2013

SCHEDULE SB ATTACHMENTS (cont.)

Schedule SB, Part V Statement of Summary of Plan Provisions as of January 1, 2013 (cont.)

Eligibility for Benefits

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

Benefits Paid Upon the Following Events

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

Plan Name: Ameron Pension Plan
EIN / PN: 76-0488987 / 004
Plan Sponsor: National Oilwell Varco, L.P.
Valuation Date: January 1, 2013

SCHEDULE SB ATTACHMENTS (cont.)

Schedule SB, Part V Statement of Summary of Plan Provisions as of January 1, 2013 (cont.)

Other Plan Provisions

Forms of payment	Preretirement death benefits are payable only as described above. Monthly pension benefits are paid as described above as a life annuity, if the participant has no spouse as of the date payments begin, or if the participant so elects. Otherwise, benefits are paid in the form of 50% joint and survivor annuity option or, if the participant elects and the spouse consents, another actuarially equivalent optional form offered by the plan. Optional forms are a 75% joint and survivor annuity, a 66 2/3% joint and survivor annuity, a ten-year certain and life annuity, a level income option or (for married participants) a life annuity.
Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.
Benefit for transfers to or from Salaried Status	Hourly employees who transfer to salaried status will receive the greater of two benefits: (1) a benefit under the salaried employee formula based on service as both an hourly and salaried employee and (2) a benefit under the hourly employee formula based on service as an hourly employee plus a benefit under the salaried employee formula based on service from the transfer date. Salaried employees who transfer to hourly status will receive a benefit under the salaried employee formula based on service as a salaried employee and a benefit under the hourly employee formula based on service from the transfer date.

Changes in Plan Provisions Since Last Actuarial Valuation Report

There have been no changes in plan provisions since prior valuation except for the following:

- For the Etiwanda Hourly active participants, the benefit formula was changed to reflect change in monthly benefit rates as follows:

Effective Date	Old Monthly Rate	New Monthly Rate
12/01/12 – 11/30/13	\$48	\$49
12/01/13 – 11/30/14	\$48	\$50
12/01/14 – 11/30/15	\$48	\$51
12/01/15 and thereafter	\$48	\$52

Plan Name: Ameron Pension Plan
EIN / PN: 76-0488987 / 004
Plan Sponsor: National Oilwell Varco, L.P.
Valuation Date: January 1, 2013

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 25 Change in Method as of January 1, 2013

The following change in non-prescribed assumptions were made for the 2013 plan year:

- The plan was amended on December 27, 2012 to change the plan year from December 1 through November 30 to the calendar year. The valuation date was changed from December 1 to January 1 to reflect this change in plan year. Therefore, this change receives automatic approval.

Plan Name: Ameron Pension Plan
EIN / PN: 76-0488987 / 004
Plan Sponsor: National Oilwell Varco, L.P.
Valuation Date: January 1, 2013

SCHEDULE SB ATTACHMENTS

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

Attained Age	Years of Credited Service									
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & Up
	No.	No.	No.	No.	No.	No.	No.	No.	No.	No.
Under 25	2	14	2							
25 - 29	1	21	26							
30 - 34	6	24	30	12						
35 - 39	2	23	18	24	9					
40 - 44	1	26	21	17	9	3				
45 - 49	3	25	29	29	13	13	7			
50 - 54	3	29	22	19	26	21	17	9	1	
55 - 59	3	17	18	17	23	30	15	30	5	
60 - 64	1	7	10	11	3	23	11	21	2	4
65 - 69		3	7	5	1	7		7		1
70 & Up	1				1					

Plan Name: Ameron Pension Plan
 EIN / PN: 76-0488987 / 004
 Plan Sponsor: National Oilwell Varco, L.P.
 Valuation Date: January 1, 2013

FINANCIAL STATEMENTS

AMERON PENSION PLAN

DECEMBER 31, 2013 AND 2012

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INDEPENDENT AUDITORS' REPORT

To the Benefit Plans Administrative Committee
Ameron Pension Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Ameron 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 year ended December 31, 2013 and the one month ended December 31, 2012, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Wells Fargo Bank N.A. and The Northern Trust Company, the trustees of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that Wells Fargo Bank N.A. held the Plan's investment assets and executed investment transactions from September 23, 2013 to December 31, 2013, and that The Northern Trust Company held the Plan's investment assets and executed investment transactions as of December 31, 2012, and for the period December 1, 2012 to December 13, 2013. The plan administrator has obtained certifications from the trustees as of December 31, 2013 and 2012, and for the year ended December 31, 2013 and one month ended December 31, 2012, that the information provided to the plan administrator by the trustees 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.

Other Matter

The supplemental schedules: (1) Schedule H, line 4i-Schedule of Assets (Held at End of Year) and (2) Schedule H, line 4j-Schedule of Reportable Transactions, as of or for the year ended December 31, 2013 and as of December 31, 2012, are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustees, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Farber Hass Hunley LLP

Valencia, California
October 15, 2014

AMERON PENSION PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
AS OF DECEMBER 31, 2013 AND 2012
(IN THOUSANDS)

	<u>2013</u>	<u>2012</u>
Assets:		
Investments, non-participant directed:		
Cash equivalents	\$ 41,670	\$ -
Mutual funds	171,317	44,101
Common/collective trusts	18,999	155,528
Insurance annuity contract	<u>496</u>	<u>499</u>
Total investments	232,482	200,128
Receivables:		
Accrued investment income	5	96
Company contribution	<u>-</u>	<u>9,000</u>
Total receivables	<u>5</u>	<u>9,096</u>
Total assets	232,487	209,224
Liabilities:		
Securities purchased	-	93
Accrued expenses	<u>-</u>	<u>20</u>
Total liabilities	<u>-</u>	<u>113</u>
Net assets available for benefits	<u><u>\$ 232,487</u></u>	<u><u>\$ 209,111</u></u>

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

AMERON PENSION PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2013 AND
ONE MONTH ENDED DECEMBER 31, 2012
(IN THOUSANDS)

	<u>2013</u> (Year)	<u>2012</u> (One Month)
Additions to net assets:		
Investment income:		
Net appreciation in fair value of assets	\$ 35,475	\$ 1,631
Interest and dividend income	1,706	99
Less: Investment expenses	<u>(211)</u>	<u>(22)</u>
Total additions	<u>36,970</u>	<u>1,708</u>
Deductions from net assets:		
Benefits paid	<u>13,594</u>	<u>1,134</u>
Increase in net assets	23,376	574
Net assets available for benefits:		
Beginning of year	<u>209,111</u>	<u>208,537</u>
End of year	<u><u>\$ 232,487</u></u>	<u><u>\$ 209,111</u></u>

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

AMERON PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2013 and 2012

1. Description of the Plan

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

General

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

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

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

Effective after the close of business on December 31, 2013, the Plan was merged into the National Oilwell Defined Benefit Pension Plan (NOV Plan). As a result, all benefits under the Plan were incorporated into the NOV Plan on January 1, 2014 for use solely with the respect to the funds transferred from the Plan to the extent required by law.

Plan Administration

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

AMERON PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2013 and 2012

1. Description of the Plan (Continued)

Trustee, Custodian, and Fund Manager of Investments

The Northern Trust Company, together with its affiliates, served as trustee and custodian of the Plan's investments until October 1, 2013 when Wells Fargo Bank N.A. was appointed as successor trustee and custodian (together, the "Trustees"). The Trustees account for all assets of the Plan, independently determine the value of the Plan's investments, and provide a regular accounting of all receipts, disbursements, and transactions made on behalf of the Plan. Investments of the Plan are managed by PIMCO, BlackRock, Western Asset Management Company, The Northern Trust Company, JP Morgan Chase Bank, Wells Fargo, and John Hancock Life Insurance Company.

Eligibility

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

Vesting

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

Funding Policy

Contributions to provide benefits under the Plan are made solely by the Company. The Company's funding policy is to make cash contributions to the Plan in amounts as determined by the Plan's independent actuary, as mandated and that are tax deductible. Contributions were not required and therefore not made for the year and one month ended December 31, 2013 and 2012, respectively.

Pension Benefits

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

AMERON PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2013 and 2012

1. Description of the Plan (Continued)

Death and Disability Benefits

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

2. Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

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

Investment Valuation and Income Recognition

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

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

AMERON PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2013 and 2012

2. Summary of Significant Accounting Policies

Administrative and Investment Expenses

Administrative and investment expenses may be paid by the Plan, but the Company, at its discretion, may elect to pay all or part of such expenses. The Company elected to have the Plan pay certain expenses, which amounted to approximately \$211,106 and \$22,285 for the years ended December 31, 2013 and 2012, respectively. These expenses represent trustee and investment management services for the year and one month ended December 31, 2013 and 2012, respectively.

Payment of Benefits

Benefit payments are recorded upon distribution.

Risks and Uncertainties

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

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

AMERON PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2013 and 2012

3. Insurance Annuity Contract

The Plan has purchased a guaranteed annuity contract with John Hancock Life Insurance Company. The annuity contract is allocated specifically to participants and/or beneficiaries of a division purchased by Ameron International Corporation, where the pension assets were transferred and contributions ceased. The annuity contract is a participating annuity contract, where the Company may participate in the experience of the insurance company. Under this contract, the insurance company pays dividends to the Company. The Plan has no further liability related to the contract; thus, the total value of the contract has been excluded from the Plan's assets. However, the fair value of the residual value (expected dividends) in the contract, to which the Plan is entitled, is presented in the financial statements at the present value of expected cash flows as determined by the Plan's actuary using an annual discount rate of 5.19% and 6.37% at December 31, 2013 and 2012, respectively.

		Fair Value at December 31,	
		2013	2012
		<u> </u>	<u> </u>
		(in thousands)	
John Hancock No. 190	\$	<u>496</u>	\$ <u>499</u>

4. Investments and Information Certified by the Trustees

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

- a. Total investments as shown in the accompanying Statements of Net Assets Available for Benefits (in thousands) of \$232,482 and \$200,128 at December 31, 2013 and 2012, respectively.
- b. Net investment earnings as shown in the accompanying Statements of Changes in Net Assets Available for Benefits (in thousands) of \$37,181 and \$1,730 for the year and one month ended December 31, 2013 and 2012, respectively.

AMERON PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2013 and 2012

4. Investments and Information Certified by the Trustees (Continued)

The Plan's investments that represented 5% or more of net assets available for benefits as of December 31, 2013 and 2012 were as follows (in thousands):

	<u>2013</u>	<u>2012</u>
Common/Collective Trusts:		
BlackRock Equity Index Fund	\$ 18,999	\$ 55,044
Northern Trust Global Investors U.S. Market Cap Equity Index Fund	\$ -	\$ 51,778
JP Morgan Chase Bank EAFE Plus Group Fund	\$ -	\$ 18,017
Northern Trust Global Investors Short-term Fund	\$ -	\$ 30,689
Mutual Funds:		
PIMCO Total Return Fund II Institutional	\$ 21,886	\$ 22,409
Western Asset Core Plus Bond Portfolio Institutional	\$ 21,392	\$ 21,692
Vanguard Group Total Market Viper	\$ 128,039	\$ -
Cash equivalents:		
Wells Fargo Short-Term Investment Fund	\$ 41,670	\$ -

During 2013 and 2012, the Plan's non-participant directed investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value as follows (in thousands):

	<u>2013</u> (Year)	<u>2012</u> (One Month)
Mutual funds	\$ 9,179	\$ 1,694
Common/collective trusts	26,299	(63)
Insurance annuity contract	<u>(3)</u>	<u>-</u>
Net appreciation in fair value of investments	<u>\$ 35,475</u>	<u>\$ 1,631</u>

5. Fair Value Measurements

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

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

AMERON PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2013 and 2012

5. Fair Value Measurements (Continued)

Level 2 Inputs to the valuation methodology include:

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2013 and 2012.

Cash Equivalents: Valued at \$1.00.

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

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

Common/collective trusts: Valued at estimated fair value, which has been determined based on the unit value of the funds. Unit value is determined by the sponsor of the trust by dividing the fund's net assets at fair value by its units outstanding at the valuation dates. There are no unfunded commitments or withdrawal restrictions related to the common collective trusts as of December 31, 2013. Investment strategies of the common collective trusts are as follows:

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

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

AMERON PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2013 and 2012

5. Fair Value Measurements (Continued)

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

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

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

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2013 and 2012 (in thousands):

<i>Assets at Fair Value as of December 31, 2013</i>				
	Level 1	Level 2	Level 3	Total
Cash equivalents:				
Short-term fund	\$ 41,670	\$ -	\$ -	\$ 41,670
Mutual funds:				
Income fund	21,886	-	-	21,886
Bond fund	21,392	-	-	21,392
Equity fund	128,039	-	-	128,039
Total mutual funds	171,317	-	-	171,317
Common/collective trusts:				
Foreign fund	-	18,999	-	18,999
Insurance annuity contract	-	-	496	496
Total assets at fair value	<u>\$ 212,987</u>	<u>\$ 18,999</u>	<u>\$ 496</u>	<u>\$ 232,482</u>

AMERON PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2013 and 2012

5. Fair Value Measurements (Continued)

Assets at Fair Value as of December 31, 2012

	Level 1	Level 2	Level 3	Total
Mutual funds:				
Income fund	\$ 22,409	\$ -	\$ -	\$ 22,409
Bond fund	21,692	-	-	21,692
Total mutual funds	44,101	-	-	44,101
Common/collective trusts:				
Equity funds	-	106,822	-	106,822
Short-term fund	-	30,689	-	30,689
Foreign fund	-	18,017	-	18,017
Total common/collective trusts	-	155,528	-	155,528
Insurance annuity contract	-	-	499	499
Total assets at fair value	<u>\$ 44,101</u>	<u>\$ 155,528</u>	<u>\$ 499</u>	<u>\$ 200,128</u>

The following table sets forth a summary of changes in the fair value of the Plan's level 3 assets for the year and one month ended December 31, 2013 and 2012, respectively (in thousands):

	2013 (Year)	2012 (One Month)
Balance, beginning of year	\$ 499	\$ 499
Unrealized gains (losses), net	(3)	-
Balance, end of year	<u>\$ 496</u>	<u>\$ 499</u>

6. Actuarial Present Value of Accumulated Plan Benefits

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

AMERON PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2013 and 2012

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

The actuarial present value of accumulated plan benefits as of January 1, 2013 and December 1, 2012 was as follows (in thousands):

	<u>2013</u>	<u>2012</u>
Vested benefits:		
Participants and/or beneficiaries currently receiving benefits	\$ 120,650	\$ 120,136
Other vested benefits	<u>77,194</u>	<u>76,503</u>
Total vested benefits	197,844	196,639
 Non-vested benefits:	 <u>1,465</u>	 <u>1,629</u>
 Total actuarial present value of accumulated plan benefits	 <u><u>\$ 199,309</u></u>	 <u><u>\$ 198,268</u></u>

The changes in the actuarial present value of the Plan's accumulated plan benefits for the year and one month ended December 31, 2013 and 2012, respectively, were as follows (in thousands):

	<u>November 30, 2012 to December 31, 2012</u>	<u>November 30, 2011 to November 30, 2012</u>
Actuarial present value of accumulated plan benefits at beginning of year	\$ 198,268	\$ 195,232
Increase (decrease) during the year attributable to:		
Benefits accumulated	65	1,184
Interest	1,042	12,335
Assumption changes	411	412
Benefits paid	(1,134)	(13,288)
Actuarial (gains)/losses	644	2,393
Plan amendments	<u>13</u>	<u>-</u>
Net increase	<u>1,041</u>	<u>3,036</u>
Actuarial present value of accumulated plan benefits at end of year	<u><u>\$ 199,309</u></u>	<u><u>\$ 198,268</u></u>

AMERON PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2013 and 2012

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

The significant actuarial assumptions used in the valuations as of January 1, 2013 and December 1, 2012 were:

- Mortality: Used the mortality tables mandated by the Pension Protection Act, projected 7 years from the valuation date for annuitants and 15 years for non-annuitants.
- Retirement age: Normal retirement age is assumed to be at 65 or completion of five years of service, whichever is later. Early retirement is assumed to be after age 55 with ten years of service.
- Investment return: 6.5% per annum to reflect the long term expected return on assets.
- The valuation date changed from December 1 to January 1.
- Covered employees: All salaried (non-union) employees; participation closed December 31, 2011.
- For the Etiwanda Hourly active participants, the benefit formula was changed to reflect change in monthly benefit rates according to the effective dates.

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

7. Related-Party Transactions

The Trustees are a party-in-interest as defined by ERISA. The Trustees invest certain plan assets in their investment funds. Such transactions qualify as party-in-interest transactions, for which a statutory exemption exists.

During 2013 and 2012, the Plan paid a Trustee amounts totaling \$97,639 and \$22,285, respectively, relating to trustee and investment management services.

8. Federal Income Tax Status

The Plan obtained its latest determination letter from the Internal Revenue Service (IRS) on December 17, 2013, which confirmed the Plan was deemed to be designed to satisfy the qualification requirements for tax exemption under the Internal Revenue Code (IRC). Although it has been subsequently amended, the plan administrator believes that the Plan continues to be designed and operated in compliance with the qualification requirements of the IRC, and the related trust was tax-exempt as of the financial statement date.

AMERON PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2013 and 2012

8. Federal Income Tax Status (Continued)

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2013, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to December 31, 2010.

9. Plan Termination

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

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

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

AMERON PENSION PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2013 and 2012

10. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to Schedule H of the Form 5500 at December 31, 2013 and 2012 (in thousands):

	<u>2013</u>	<u>2012</u>
Net assets available for benefits per the financial statements	\$ 232,487	\$ 209,111
Transfer to National Oilwell Defined Benefit Pension Plan	<u>(232,487)</u>	<u>-</u>
Net assets available for benefits per the Form 5500	<u>\$ -</u>	<u>\$ 209,111</u>

11. Subsequent Events

Plan management has evaluated subsequent events through October 15, 2014, the date the financial statements were available to be issued as follows.

SUPPLEMENTAL
SCHEDULES FURNISHED PURSUANT
TO DOL REQUIREMENTS UNDER ERISA
FOR THE YEAR ENDED DECEMBER 31, 2013 AND
ONE MONTH ENDED DECEMBER 31, 2012

AMERON PENSION PLAN
PLAN NUMBER: 004 EIN: 76-0488987
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2013

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value		(d) Cost	(e) Current Value
			<u>Shares/Par Value</u>		
	Cash Equivalents				
*	Wells Fargo	Short-term Investment Fund	41,669,979	\$ 41,669,979	\$ 41,669,979
	Common/Collective Trusts				
	BlackRock	Equity Index Fund	1,104,721	18,000,000	18,998,779
	Mutual Funds				
	Vanguard Group	Total Market Viper	1,334,849	116,999,915	128,038,716
	PIMCO Funds	Total Return Fund II Institutional	2,147,797	21,486,508	21,886,048
	Western Asset Mgmt	Core Plus Bond Portfolio Institutional	1,911,725	<u>19,974,738</u>	<u>21,392,198</u>
	Total Mutual Funds			<u>158,461,161</u>	<u>171,316,962</u>
	Insurance Annuity Contract				
	John Hancock Life Insurance Company	Guaranteed annuity contract	N/A	<u>1,357,595</u>	<u>496,145</u>
	Total Investments Held			<u><u>\$ 219,488,735</u></u>	<u><u>\$ 232,481,865</u></u>

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

Information certified as complete and accurate by the Trustee.

See Report of Independent Auditors.

AMERON PENSION PLAN
PLAN NUMBER: 004 EIN: 76-0488987
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2012

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value		(d) Cost	(e) Current Value
			<u>Shares/Par Value</u>		
	Equity Securities of Other Corporations				
	Pressure Piping Components Inc Com		10,000	\$ 3,896	\$ 3
	Common/Collective Trusts				
	BlackRock	Equity Index Fund	119,898	37,327,422	55,044,095
	BlackRock	Money Market Fund	93	93	93
	JP Morgan Chase Bank	EAFE Plus Group Fund	843,504	10,704,370	18,017,251
*	Northern Trust Global Investors	US Market Cap Equity Index Fund	1,442,244	37,268,616	51,777,994
*	Northern Trust Global Investors	Short-term Fund	30,688,857	30,688,857	30,688,857
	Total Common Collective Trusts			<u>115,989,358</u>	<u>155,528,290</u>
	Mutual Funds				
	PIMCO Funds	Total Return Fund II Institutional	2,098,196	20,969,924	22,408,730
	Western Asset Mgmt	Core Plus Bond Portfolio Institutional	1,858,749	19,369,967	21,691,602
	Total Mutual Funds			<u>40,339,891</u>	<u>44,100,332</u>
	Insurance Annuity Contract				
	John Hancock Life Insurance Company	Guaranteed annuity contract	N/A	1,357,595	499,391
	Total Investments Held			<u>\$ 157,690,740</u>	<u>\$ 200,128,016</u>

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

Information certified as complete and accurate by the Trustee.

See Report of Independent Auditors.

AMERON PENSION PLAN
PLAN NUMBER: 004 EIN: 76-0488987
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2013

(a) Identity of Party Involved	(b) Description of Asset (Including Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value Of Asset on Transaction Date	(i) Net Gain or (Loss)
* Wells Fargo	Short-term Investment Fund (30 purchases)	\$ 178,944,246	\$ -			\$ 178,944,246	\$ 178,944,246	\$ -
	(19 sales)	-	\$ 137,274,267			\$ 137,274,267	\$ 137,274,267	\$ -
JP Morgan Chase	EAFE Plus Group Fund (4 sales)	\$ -	\$ 20,597,913			\$ 10,704,370	\$ 20,597,913	\$ 9,893,543
BlackRock	Equity Index Fund (1 purchase)	\$ 18,000,000	\$ -			\$ 18,000,000	\$ 18,000,000	\$ -
	(4 sales)	\$ -	\$ 66,382,106			\$ 37,327,421	\$ 66,382,106	\$ 29,054,685
Vanguard	Total Market Viper (1 purchase)	\$ 116,999,915	\$ -			\$ 116,999,915	\$ 116,999,915	\$ -
* Northern Trust Global Investors	US Market Cap Equity Index Fund (1 sale)	\$ -	\$ 63,108,262			\$ 37,268,616	\$ 63,108,262	\$ 25,839,646
* Northern Trust Global Investors	Short-Term Fund (41 purchases)	\$ 92,615,148	\$ -			\$ 92,615,148	\$ -	\$ -
	(19 sales)	\$ -	\$ 123,304,005			\$ 123,304,005	\$ 123,304,005	\$ -

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

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

Information certified as complete and accurate by the Trustee.

See Report of Independent Auditor.

AMERON PENSION PLAN
PLAN NUMBER: 004 EIN: 76-0488987
SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2013

(a) Identity of Party Involved	(b) Description of Asset (Including Interest Rate and Maturity in Case of a Loan)	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value Of Asset on Transaction Date	(i) Net Gain or (Loss)
* Wells Fargo	Short-term Investment Fund							
	(30 purchases)	\$ 178,944,246	\$ -			\$ 178,944,246	\$ 178,944,246	\$ -
	(19 sales)	-	\$ 137,274,267			\$ 137,274,267	\$ 137,274,267	\$ -
JP Morgan Chase	EAFE Plus Group Fund							
	(4 sales)	\$ -	\$ 20,597,913			\$ 10,704,370	\$ 20,597,913	\$ 9,893,543
BlackRock	Equity Index Fund							
	(1 purchase)	\$ 18,000,000	\$ -			\$ 18,000,000	\$ 18,000,000	\$ -
	(4 sales)	\$ -	\$ 66,382,106			\$ 37,327,421	\$ 66,382,106	\$ 29,054,685
Vanguard	Total Market Viper							
	(1 purchase)	\$ 116,999,915	\$ -			\$ 116,999,915	\$ 116,999,915	\$ -
* Northern Trust Global Investors	US Market Cap Equity Index Fund							
	(1 sale)	\$ -	\$ 63,108,262			\$ 37,268,616	\$ 63,108,262	\$ 25,839,646
* Northern Trust Global Investors	Short-Term Fund							
	(41 purchases)	\$ 92,615,148	\$ -			\$ 92,615,148	\$ -	\$ -
	(19 sales)	\$ -	\$ 123,304,005			\$ 123,304,005	\$ 123,304,005	\$ -

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

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

Information certified as complete and accurate by the Trustee.

See Report of Independent Auditor.