

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2013</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                                                                                                                                                                                                 |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                 |
| 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:                                                                             | <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or<br><input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____                                               |
| B This return/report is:                                                                                 | <input type="checkbox"/> the first return/report; <input checked="" type="checkbox"/> the final return/report;<br><input checked="" type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months). |
| C If the plan is a collectively-bargained plan, check here. . . . .                                      | <input checked="" type="checkbox"/>                                                                                                                                                                                                                             |
| D Check box if filing under:                                                                             | <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;<br><input type="checkbox"/> special extension (enter description)                                                       |

|                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                     |            |                                                             |  |                                                             |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------|-------------------------------------------------------------|--|-------------------------------------------------------------|--|--|--|
| <b>Part II</b>                                                                                                                                                                                                                         | <b>Basic Plan Information—enter all requested information</b>                                                                                                                                                                                                                                                                                                                                                                     |                                                                     |            |                                                             |  |                                                             |  |  |  |
| <b>1a</b> Name of plan<br><u>VAN LEEUWEN PIPE &amp; TUBE CORPORATION EMPLOYEES' PENSION PLAN</u>                                                                                                                                       | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>009</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>03/01/1979</u></td> </tr> </table>                                                                                                                   | <b>1b</b> Three-digit plan number (PN) ▶                            | <u>009</u> | <b>1c</b> Effective date of plan<br><u>03/01/1979</u>       |  |                                                             |  |  |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                               | <u>009</u>                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                     |            |                                                             |  |                                                             |  |  |  |
| <b>1c</b> Effective date of plan<br><u>03/01/1979</u>                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                     |            |                                                             |  |                                                             |  |  |  |
| <b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)<br><br><u>NATIONAL OILWELL VARCO, L.P.</u><br><br><u>7909 PARKWOOD CIRCLE DRIVE</u><br><u>HOUSTON, TX 77036-6565</u> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>2b</b> Employer Identification Number (EIN)<br/><u>76-0488987</u></td> </tr> <tr> <td colspan="2"><b>2c</b> Sponsor's telephone number<br/><u>713-375-3700</u></td> </tr> <tr> <td colspan="2"><b>2d</b> Business code (see instructions)<br/><u>333100</u></td> </tr> <tr> <td colspan="2" style="height: 40px;"></td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br><u>76-0488987</u> |            | <b>2c</b> Sponsor's telephone number<br><u>713-375-3700</u> |  | <b>2d</b> Business code (see instructions)<br><u>333100</u> |  |  |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>76-0488987</u>                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                     |            |                                                             |  |                                                             |  |  |  |
| <b>2c</b> Sponsor's telephone number<br><u>713-375-3700</u>                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                     |            |                                                             |  |                                                             |  |  |  |
| <b>2d</b> Business code (see instructions)<br><u>333100</u>                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                     |            |                                                             |  |                                                             |  |  |  |
|                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                     |            |                                                             |  |                                                             |  |  |  |

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

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

|                                                                                                            |                                                   |            |                                                              |
|------------------------------------------------------------------------------------------------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                           | Filed with authorized/valid electronic signature. | 12/03/2014 | BRENDA WILLIAMS                                              |
|                                                                                                            | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b>                                                                                           | Filed with authorized/valid electronic signature. | 12/03/2014 | BRENDA WILLIAMS                                              |
|                                                                                                            | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b>                                                                                           |                                                   |            |                                                              |
|                                                                                                            | 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)                       |

|                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor Name <input type="checkbox"/> Same as Plan Sponsor Address                                                                                                                                                                                                                                                                   |  | <b>3b</b> Administrator's EIN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |
| <b>4</b> 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:<br><b>a</b> Sponsor's name                                                                                                                                                                                                                     |  | <b>3c</b> Administrator's telephone number<br><br><b>4b</b> EIN<br><b>4c</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                              |     |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                               |  | <b>5</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 122 |
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |
| <b>a</b> Active participants .....                                                                                                                                                                                                                                                                                                                                                                                                    |  | <b>6a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 0   |
| <b>b</b> Retired or separated participants receiving benefits .....                                                                                                                                                                                                                                                                                                                                                                   |  | <b>6b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 0   |
| <b>c</b> Other retired or separated participants entitled to future benefits .....                                                                                                                                                                                                                                                                                                                                                    |  | <b>6c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 0   |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....                                                                                                                                                                                                                                                                                                                                                              |  | <b>6d</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 0   |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits .....                                                                                                                                                                                                                                                                                                                            |  | <b>6e</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 0   |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                                                                                                                                                                                                                                                                                               |  | <b>6f</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 0   |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....                                                                                                                                                                                                                                                                                       |  | <b>6g</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested .....                                                                                                                                                                                                                                                                                           |  | <b>6h</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 0   |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                                                                                                                                                                                                                                                                                                  |  | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |     |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>1A 1I 3D                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |
| <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                         |  | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                |     |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary |  | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |     |

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
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| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2013</b><br><br><b>This Form is Open to Public Inspection</b> |
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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.

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>VAN LEEUWEN PIPE &amp; TUBE CORPORATION EMPLOYEES' PENSION PLAN</u>                                           | <b>B</b> Three-digit plan number (PN) ▶ <u>009</u>                                                                                                      |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>NATIONAL OILWELL VARCO, L.P.</u>                           | <b>D</b> Employer Identification Number (EIN)<br><u>76-0488987</u>                                                                                      |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|                                                                                                                                                                                                                |                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|
| <b>Part I</b>                                                                                                                                                                                                  | <b>Basic Information</b>              |
| <b>1</b> Enter the valuation date: Month _____ Day _____ Year _____                                                                                                                                            |                                       |
| <b>2</b> Assets:                                                                                                                                                                                               |                                       |
| <b>a</b> Market value .....                                                                                                                                                                                    | <b>2a</b> <u>4671471</u>              |
| <b>b</b> Actuarial value .....                                                                                                                                                                                 | <b>2b</b> <u>4618560</u>              |
| <b>3</b> Funding target/participant count breakdown:                                                                                                                                                           |                                       |
| <b>a</b> For retired participants and beneficiaries receiving payment.....                                                                                                                                     | <b>3a</b> <u>4</u> <u>586691</u>      |
| <b>b</b> For terminated vested participants.....                                                                                                                                                               | <b>3b</b> <u>56</u> <u>2247376</u>    |
| <b>c</b> For active participants:                                                                                                                                                                              |                                       |
| <b>(1)</b> Non-vested benefits .....                                                                                                                                                                           | <b>3c(1)</b> <u>0</u>                 |
| <b>(2)</b> Vested benefits .....                                                                                                                                                                               | <b>3c(2)</b> <u>2079285</u>           |
| <b>(3)</b> Total active.....                                                                                                                                                                                   | <b>3c(3)</b> <u>60</u> <u>2079285</u> |
| <b>d</b> Total.....                                                                                                                                                                                            | <b>3d</b> <u>120</u> <u>4913352</u>   |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                          |                                       |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                      | <b>4a</b>                             |
| <b>b</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..... | <b>4b</b>                             |
| <b>5</b> Effective interest rate .....                                                                                                                                                                         | <b>5</b> <u>6.31</u> %                |
| <b>6</b> Target normal cost .....                                                                                                                                                                              | <b>6</b> <u>6500</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.

|                                                                                                       |  |                                        |
|-------------------------------------------------------------------------------------------------------|--|----------------------------------------|
| <b>SIGN HERE</b>                                                                                      |  | <u>10/07/2014</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><br><u>ONE HOUSTON CENTER, SUITE 2600</u><br><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**

| <b>Part II Beginning of Year Carryover and Prefunding Balances</b>                                                                         |                       |                        |
|--------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
|                                                                                                                                            | (a) Carryover balance | (b) Prefunding balance |
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                   | 131748                | 0                      |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                | 125152                | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                      | 6596                  | 0                      |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>8.93</u> % .....                                                       | 589                   |                        |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                             |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                            |                       | 132527                 |
| <b>b</b> Interest on (a) using prior year's effective interest rate of <u>6.74</u> % except as otherwise provided (see instructions) ..... |                       | 11673                  |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                              |                       | 144200                 |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                            |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                          | 7185                  | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                               | 0                     | 0                      |

| <b>Part III Funding Percentages</b>                                                                                                                                        |           |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 94.00 %  |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 94.00 %  |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 101.20 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %        |

| <b>Part IV Contributions and Liquidity Shortfalls</b>                                    |                                   |                                 |                          |                                   |                                 |
|------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| <b>18</b> Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                 |                          |                                   |                                 |
| (a) Date<br>(MM-DD-YYYY)                                                                 | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
| 03/14/2013                                                                               | 300000                            |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 | <b>Totals ►</b>          | <b>18(b)</b>                      | 300000                          |
|                                                                                          |                                   |                                 |                          | <b>18(c)</b>                      | 0                               |

|                                                                                                                                                                                             |            |        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------|
| <b>19</b> Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:                                                        |            |        |
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years. ....                                                                                        | <b>19a</b> |        |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                                                                                          | <b>19b</b> |        |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....                                                                     | <b>19c</b> | 296301 |
| <b>20</b> Quarterly contributions and liquidity shortfalls:                                                                                                                                 |            |        |
| <b>a</b> Did the plan have a "funding shortfall" for the prior year? ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                              |            |        |
| <b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |            |        |
| <b>c</b> If line 20a is "Yes," see instructions and complete the following table as applicable:                                                                                             |            |        |

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

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

|                                                                                                                                                                                              |                       |                       |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                       |                       |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>4.94% | 2nd segment:<br>6.15% | 3rd segment:<br>6.76 %                              |
|                                                                                                                                                                                              |                       |                       | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....                                                                                                                                                  |                       |                       | <b>21b</b> 3                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                       |                       | <b>22</b> 65                                        |
| <b>23</b> Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                       |                       |                                                     |

**Part VI Miscellaneous Items**

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

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

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

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6).....                                                                                                                                            |                     | <b>31a</b>         | 6500          |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           |                     | <b>31b</b>         | 0             |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance |                    | Installment   |
| <b>a</b> Net shortfall amortization installment.....                                                                                                                                 | 294792              |                    | 96852         |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   |                    | 0             |
| <b>33</b> 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 ..... |                     | <b>33</b>          | 0             |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...                                                            |                     | <b>34</b>          | 103352        |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement.....                                                                                                                | 0                   | 0                  | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35).....                                                                                                                   |                     | <b>36</b>          | 103352        |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....                                                   |                     | <b>37</b>          | 296301        |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       |                     | <b>38a</b>         | 192949        |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                |                     | <b>38b</b>         | 0             |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      |                     | <b>39</b>          | 0             |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  |                     | <b>40</b>          | 0             |

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

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

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>2013</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |

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

|                                                                                               |                                                             |     |
|-----------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----|
| <b>A</b> Name of plan<br>VAN LEEUWEN PIPE & TUBE CORPORATION EMPLOYEES' PENSION PLAN          | <b>B</b> Three-digit plan number (PN) ▶                     | 009 |
|                                                                                               |                                                             |     |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>NATIONAL OILWELL VARCO, L.P. | <b>D</b> Employer Identification Number (EIN)<br>76-0488987 |     |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| VANGUARD INFLATION PROT SEC FD                                                                                    |

92-2031737

|                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation |
| VANGUARD TOTAL MARKET VIPER                                                                                      |

92-2908769

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

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

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

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

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

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

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

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

---

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

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

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

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

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

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

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

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

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

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

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

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

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

**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<br>(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<br>(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<br>(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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2013</b><br><br><b>This Form is Open to Public Inspection.</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

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

|                                                                                                             |                                                                        |            |
|-------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><u>VAN LEEUWEN PIPE &amp; TUBE CORPORATION EMPLOYEES' PENSION PLAN</u>             | <b>B</b> Three-digit plan number (PN)                                  | <u>009</u> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>NATIONAL OILWELL VARCO, L.P.</u> | <b>D</b> Employer Identification Number (EIN)<br><br><u>76-0488987</u> |            |

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

|                                                                                           |                               |                                                                                                              |
|-------------------------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>FOREIGN EQUITY INDEX FUND</u>           |                               |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): <u>COMERICA BANK</u>                    |                               |                                                                                                              |
| <b>c</b> EIN-PN <u>38-6589861-001</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>S&amp;P 500 INDEX</u>                   |                               |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): <u>COMERICA BANK</u>                    |                               |                                                                                                              |
| <b>c</b> EIN-PN <u>38-6555647-001</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>BOND INDEX FUND</u>                     |                               |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): <u>COMERICA BANK</u>                    |                               |                                                                                                              |
| <b>c</b> EIN-PN <u>38-6555716-001</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>MEDIUM CAP INDEX FUND</u>               |                               |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): <u>COMERICA BANK</u>                    |                               |                                                                                                              |
| <b>c</b> EIN-PN <u>38-6589863-001</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK INTNL EQTY INDX CIT N</u>     |                               |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): <u>WELLS FARGO N.A.</u>                 |                               |                                                                                                              |
| <b>c</b> EIN-PN <u>52-2265229-001</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK U.S. AGGREGATE BOND INDEX</u> |                               |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): <u>WELLS FARGO BANK N.A.</u>            |                               |                                                                                                              |
| <b>c</b> EIN-PN <u>20-5699010-001</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>SMALL CAP INDEX FUND</u>                |                               |                                                                                                              |
| <b>b</b> Name of sponsor of entity listed in (a): <u>COAMERICA BANK</u>                   |                               |                                                                                                              |
| <b>c</b> EIN-PN <u>38-3192888-001</u>                                                     | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u> |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: TOTAL U.S. TIPS INDEX FUND**b** Name of sponsor of entity listed in (a): COMERICA BANK

|                                |                        |                                                                                                       |
|--------------------------------|------------------------|-------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 27-6889044-001 | <b>d</b> Entity code C | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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):

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> 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  
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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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2013</b><br><br><b>This Form is Open to Public Inspection</b> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

|                                                                                                          |                                                                        |            |
|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------|
| For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u> |                                                                        |            |
| <b>A</b> Name of plan<br><u>VAN LEEUWEN PIPE &amp; TUBE CORPORATION EMPLOYEES' PENSION PLAN</u>          | <b>B</b> Three-digit plan number (PN) ▶                                | <u>009</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>NATIONAL OILWELL VARCO, L.P.</u>     | <b>D</b> Employer Identification Number (EIN)<br><br><u>76-0488987</u> |            |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement |                       |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions. |                               |                       |                 |
| Assets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | (a) Beginning of Year | (b) End of Year |
| <b>a</b> Total noninterest-bearing cash .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               | <b>1a</b>             |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                       |                 |
| <b>(1)</b> Employer contributions.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | <b>1b(1)</b>          | 2000000         |
| <b>(2)</b> Participant contributions .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>1b(2)</b>          |                 |
| <b>(3)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               | <b>1b(3)</b>          | 4530            |
| <b>c</b> General investments:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               | <b>1c(1)</b>          | 618080          |
| <b>(2)</b> U.S. Government securities .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               | <b>1c(2)</b>          |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>1c(3)(A)</b>       |                 |
| <b>(B)</b> All other .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>1c(3)(B)</b>       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                       |                 |
| <b>(A)</b> Preferred .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>1c(4)(A)</b>       |                 |
| <b>(B)</b> Common.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | <b>1c(4)(B)</b>       | 0               |
| <b>(5)</b> Partnership/joint venture interests .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                               | <b>1c(5)</b>          |                 |
| <b>(6)</b> Real estate (other than employer real property).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               | <b>1c(6)</b>          |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                               | <b>1c(7)</b>          |                 |
| <b>(8)</b> Participant loans.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               | <b>1c(8)</b>          |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                               | <b>1c(9)</b>          | 44097180        |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                               | <b>1c(10)</b>         |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                               | <b>1c(11)</b>         |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                               | <b>1c(12)</b>         |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               | <b>1c(13)</b>         | 0               |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               | <b>1c(14)</b>         |                 |
| <b>(15)</b> Other.....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               | <b>1c(15)</b>         |                 |

**1d** Employer-related investments:

|                                                                      |       | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|-------|-----------------------|-----------------|
| (1) Employer securities .....                                        | 1d(1) |                       |                 |
| (2) Employer real property .....                                     | 1d(2) |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | 1e    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | 1f    | 4671979               | 0               |

**Liabilities**

|                                                                           |    |   |   |
|---------------------------------------------------------------------------|----|---|---|
| <b>g</b> Benefit claims payable .....                                     | 1g |   |   |
| <b>h</b> Operating payables .....                                         | 1h |   |   |
| <b>i</b> Acquisition indebtedness .....                                   | 1i |   |   |
| <b>j</b> Other liabilities .....                                          | 1j | 0 |   |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | 1k | 0 | 0 |

**Net Assets**

|                                                           |    |         |   |
|-----------------------------------------------------------|----|---------|---|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | 1l | 4671979 | 0 |
|-----------------------------------------------------------|----|---------|---|

**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 |
|------------------------------------------------------------------------------------------------------|----------|------------|-----------|
| <b>a Contributions:</b>                                                                              |          |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                  | 2a(1)(A) | 300000     |           |
| <b>(B)</b> Participants .....                                                                        | 2a(1)(B) |            |           |
| <b>(C)</b> 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)    |            | 300000    |
| <b>b Earnings on investments:</b>                                                                    |          |            |           |
| (1) Interest:                                                                                        |          |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) ..... | 2b(1)(A) | 93         |           |
| <b>(B)</b> U.S. Government securities .....                                                          | 2b(1)(B) |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                          | 2b(1)(C) |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                  | 2b(1)(D) |            |           |
| <b>(E)</b> Participant loans .....                                                                   | 2b(1)(E) |            |           |
| <b>(F)</b> Other .....                                                                               | 2b(1)(F) |            |           |
| <b>(G)</b> Total interest. Add lines 2b(1)(A) through (F) .....                                      | 2b(1)(G) |            | 93        |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                      | 2b(2)(A) |            |           |
| <b>(B)</b> Common stock .....                                                                        | 2b(2)(B) |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                            | 2b(2)(C) | 14499      |           |
| <b>(D)</b> Total dividends. Add lines 2b(2)(A), (B), and (C) .....                                   | 2b(2)(D) |            | 14499     |
| (3) Rents .....                                                                                      | 2b(3)    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                           | 2b(4)(A) |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                        | 2b(4)(B) |            |           |
| <b>(C)</b> Subtract line 2b(4)(B) from line 2b(4)(A) and enter result .....                          | 2b(4)(C) |            | 0         |
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                   | 2b(5)(A) |            |           |
| <b>(B)</b> Other .....                                                                               | 2b(5)(B) |            |           |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) .....                 | 2b(5)(C) |            | 0         |

|                                                                                                 |        | (a) Amount | (b) Total |
|-------------------------------------------------------------------------------------------------|--------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | 2b(6)  |            | 336241    |
| (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) |            | 171526    |
| c Other income .....                                                                            | 2c     |            |           |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total .....               | 2d     |            | 822359    |

**Expenses**

|                                                                                      |       |        |        |
|--------------------------------------------------------------------------------------|-------|--------|--------|
| e Benefit payment and payments to provide benefits:                                  |       |        |        |
| (1) Directly to participants or beneficiaries, including direct rollovers .....      | 2e(1) | 537459 |        |
| (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) |        | 537459 |
| 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) | 2060   |        |
| (2) Contract administrator fees .....                                                | 2i(2) |        |        |
| (3) Investment advisory and management fees .....                                    | 2i(3) |        |        |
| (4) Other .....                                                                      | 2i(4) |        |        |
| (5) Total administrative expenses. Add lines 2i(1) through (4) .....                 | 2i(5) |        | 2060   |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | 2j    |        | 539519 |

**Net Income and Reconciliation**

|                                                          |       |  |         |
|----------------------------------------------------------|-------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d ..... | 2k    |  | 282840  |
| l Transfers of assets:                                   |       |  |         |
| (1) To this plan .....                                   | 2l(1) |  | 0       |
| (2) From this plan .....                                 | 2l(2) |  | 4954819 |

**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: BDO USA, LLP

(2) EIN: 13-5381590

**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   |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----------|
| <b>c</b> 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  |          |
| <b>d</b> 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  |          |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | X   |    | 10000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                       |     | X  |          |
| <b>g</b> 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  |          |
| <b>h</b> 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  |          |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                |     | X  |          |
| <b>j</b> 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   |    |          |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                           | X   |    |          |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                            |     | X  |          |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  |     |    |          |
| <b>n</b> 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)

|                         |                       |
|-------------------------|-----------------------|
| <b>6a</b> Name of trust | <b>6b</b> Trust's EIN |
|                         |                       |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2013</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

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

|                                                                                                      |                                                                    |
|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>VAN LEEUWEN PIPE &amp; TUBE CORPORATION EMPLOYEES' PENSION PLAN</u>      | <b>B</b> Three-digit plan number (PN) ▶<br><u>009</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>NATIONAL OILWELL VARCO, L.P.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>76-0488987</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                                                                                                                     |          |          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                                                                                                                               | <b>1</b> | <u>0</u> |
| <b>2</b> 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):<br><br>EIN(s): <u>74-1830967</u> <u>41-6257133</u><br><br><b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b> |          |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                                                                                                                     | <b>3</b> | <u>4</u> |

|                |                                                                                                                                                                              |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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) |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                           |                              |                                        |                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------|-----------------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....                                                                                                                                                                                                                                                       | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <b>If the plan is a defined benefit plan, go to line 8.</b>                                                                                                                                                                                                                                                                                                               |                              |                                        |                                         |
| <b>5</b> 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. <b>Date:</b> Month _____ Day _____ Year _____<br><b>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</b> |                              |                                        |                                         |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....                                                                                                                                                                                                                             | <b>6a</b>                    |                                        |                                         |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year.....                                                                                                                                                                                                                                                                                 | <b>6b</b>                    |                                        |                                         |
| <b>c</b> 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) .....                                                                                                                                                                                                                          | <b>6c</b>                    |                                        |                                         |
| <b>If you completed line 6c, skip lines 8 and 9.</b>                                                                                                                                                                                                                                                                                                                      |                              |                                        |                                         |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline?.....                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A            |
| <b>8</b> 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?.....                                                                                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No            | <input checked="" type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                            |                                   |                                   |                               |                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|
| <b>9</b> 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..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input checked="" type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                             |                              |                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....                                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.)..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                              | <input type="checkbox"/> Yes | <input type="checkbox"/> 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:

|                                                                          |            |  |
|--------------------------------------------------------------------------|------------|--|
| <b>a</b> The current year .....                                          | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year ..... | <b>14b</b> |  |
| <b>c</b> The second preceding plan year .....                            | <b>14c</b> |  |

- 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:

|                                                                                                       |            |  |
|-------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

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

|                                                                                                                                                                        |            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                               | <b>16a</b> |  |
| <b>b</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 ..... | <b>16b</b> |  |

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

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

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

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

**a** Enter the percentage of plan assets held as:  
 Stock: \_\_\_\_\_% Investment-Grade Debt: \_\_\_\_\_% High-Yield Debt: \_\_\_\_\_% Real Estate: \_\_\_\_\_% Other: \_\_\_\_\_%

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

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

**Van Leeuwen Pipe and Tube  
Corporation Employees' Pension  
Trust**

Financial Statements and Supplemental  
Schedule  
Years Ended December 31, 2013 and 2012

**Van Leeuwen Pipe and Tube  
Corporation Employees' Pension  
Trust**

Financial Statements and Supplemental  
Schedule  
Years Ended December 31, 2013 and 2012

**Van Leeuwen Pipe and Tube Corporation  
Employees' Pension Trust**

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100 Park Avenue  
New York, NY 10017

## **Independent Auditor's Report**

To the Administrative Committee of the  
Van Leeuwen Pipe and Tube Corporation Employees' Pension Trust  
Houston, Texas

### ***Report on the Financial Statements***

We were engaged to audit the accompanying financial statements of the Van Leeuwen Pipe and Tube Corporation Employees' Pension Trust Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, and the related statements of changes in net assets available for benefits for the years the ended, and the related notes to the financial statements.

### ***Management's Responsibility for the Financial Statements***

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

### ***Auditor's Responsibility***

Our responsibility is to express an opinion on these financial statements based on conducting the 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 ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Comerica Bank and Wells Fargo Bank, N.A., 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 October 2, 2013 to December 31, 2013, and that Comerica Bank held the Plan's investment assets and executed investment transactions as of December 31, 2012 and for the period January 1, 2012 to October 1, 2013. The Plan administrator has obtained certifications from the trustees as of December 31, 2013 and 2012, and for the periods noted, that the information provided to the Plan administrator by the trustees is complete and accurate.

BDO USA, LLP, a Delaware limited liability partnership, is the U.S. member of BDO International Limited, a UK company limited by guarantee, and forms part of the international BDO network of independent member firms.

BDO is the brand name for the BDO network and for each of the BDO Member Firms.

***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 Matters***

The supplemental Schedule H, Line 4j - Schedule of Reportable Transactions for the year ended December 31, 2013 is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is 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 this supplemental schedule.

***Report on Form and Content in Compliance With DOL's Rules and Regulations***

The form and content of the information included in the financial statements and supplemental schedule, 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

**BDO USA, LLP**

October 31, 2014

**Van Leeuwen Pipe and Tube Corporation  
Employees' Pension Trust**

**Statements of Net Assets Available for Benefits**

| <i>December 31,</i>                                  | <b>2013</b>        | <b>2012</b>        |
|------------------------------------------------------|--------------------|--------------------|
| <b>Assets</b>                                        |                    |                    |
| Investments, at fair value (Notes 1, 2, 3, 4 and 5): |                    |                    |
| Collective trusts                                    | \$2,613,761        | \$4,409,718        |
| Mutual funds                                         | 2,301,477          | -                  |
| Short-term investment fund                           | 39,578             | 61,808             |
| <b>Total Investments</b>                             | <b>4,954,816</b>   | <b>4,471,526</b>   |
| Receivables:                                         |                    |                    |
| Employer contribution                                | -                  | 200,000            |
| Interest and dividends                               | 3                  | 453                |
| <b>Total Receivables</b>                             | <b>3</b>           | <b>200,453</b>     |
| <b>Net Assets Available for Benefits</b>             | <b>\$4,954,819</b> | <b>\$4,671,979</b> |

*See accompanying notes to financial statements.*

**Van Leeuwen Pipe and Tube Corporation  
Employees' Pension Trust**

**Statements of Changes in Net Assets Available for Benefits**

| <i>Year ended December 31,</i>                              | <b>2013</b>         | <b>2012</b>        |
|-------------------------------------------------------------|---------------------|--------------------|
| <b>Additions:</b>                                           |                     |                    |
| Employer contributions                                      | \$ 300,000          | \$ 200,000         |
| Investment income:                                          |                     |                    |
| Net appreciation in fair value of investments               | 507,767             | 404,302            |
| Interest and dividends                                      | 14,592              | 6,966              |
| <b>Net Investment Income</b>                                | <b>522,359</b>      | <b>411,268</b>     |
| <b>Total Additions</b>                                      | <b>822,359</b>      | <b>611,268</b>     |
| <b>Deductions:</b>                                          |                     |                    |
| Benefits paid to participants                               | 537,459             | 892,394            |
| Administrative expenses                                     | 2,060               | 24,298             |
| <b>Total Deductions</b>                                     | <b>539,519</b>      | <b>916,692</b>     |
| <b>Net Increase (Decrease)</b>                              | <b>282,840</b>      | <b>(305,424)</b>   |
| <b>Net Assets Available for Benefits, Beginning of Year</b> | <b>4,671,979</b>    | <b>4,977,403</b>   |
| <b>Net Assets Available for Benefits, End of Year</b>       | <b>\$ 4,954,819</b> | <b>\$4,671,979</b> |

*See accompanying notes to financial statements.*

# Van Leeuwen Pipe and Tube Corporation Employees' Pension Trust

## Notes to Financial Statements

---

### 1. Description of the Plan

The following description of the Van Leeuwen Pipe and Tube Corporation Employees' Pension Trust (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions, a copy of which is available from Wilson International, Inc., the General Partner of Wilson Industries, L.P. ("Wilson").

#### *(a) General*

The Plan is a defined benefit plan sponsored by Wilson that covers certain former employees of Van Leeuwen Pipe and Tube Corporation ("Van Leeuwen") that met the eligibility requirements of the Plan. The Plan was established on March 1, 1979 and was subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended. Wilson International, Inc. is a wholly-owned subsidiary of Smith International, Inc. ("Smith"). On August 27, 2010, Schlumberger Limited ("Schlumberger") acquired all of the outstanding shares of Smith and assumed sponsorship of all plans sponsored by Smith and its subsidiaries.

Effective May 16, 2001, Wilson froze the benefits of active participants who were not covered by a collective bargaining agreement. Pursuant to collective bargaining, the Plan was amended to freeze the participation and benefits of all active Plan participants who were employed at Wilson's Trainer, Pennsylvania, South Plainfield, New Jersey, and Chicago, Illinois facilities, effective March 31, 2002, May 1, 2002 and May 1, 2003, respectively.

Effective April 10, 2012, Wilson International, Inc. and its remaining subsidiaries, including Wilson Industries, L.P., were sold to National Oilwell Varco ("NOV" or the "Company"). As a result of the sale, the Company assumed sponsorship of the Plan.

In December 2012, the Plan was amended to revise the forms of benefit available to participants and review the applicable interest rates for annuities, in accordance with the Internal Revenue Code of 1986, as amended (the "Code"). The effects of these amendments were included in the calculation of accumulated Plan benefits as disclosed in Note 6.

Effective after the close of business on December 31, 2013, the Plan was merged with and into the National-Oilwell Defined Benefit Pension Plan (the "NOV plan"). As a result, net assets amounting to \$4,954,819 were transferred to the NOV plan in January 2014, and all benefits accrued under the Plan were incorporated into the NOV plan for use solely with respect to the funds transferred from the Plan to the extent required by law.

#### *(b) Benefits Paid to Participants*

The Plan allows participants to receive benefit payments after the later of age 65 or five years of participation. Benefit payments are calculated as a percentage of compensation, subject to certain limitations and provisions as defined by the Plan. Benefits are reduced proportionately for less than 35 years of participation. If married at retirement, participants will receive payments made as an actuarially equivalent qualified joint and survivor annuity which provides for a specified pension for the participant's life. Should the participant die after retirement, 50 percent to 100 percent of the pension benefit, as elected, will be paid to the participant's beneficiary. The maximum benefit is limited to the lesser of 100 percent of the average annual compensation or the amount allowed under the Code. Alternatively, a lump-sum payment will be paid with spousal consent.

The Plan also provides for death benefits to the beneficiaries of vested participants who die before retirement.

**Van Leeuwen Pipe and Tube Corporation  
Employees' Pension Trust**

**Notes to Financial Statements**

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*(c) Administration and Trustee*

Wilson is the Plan administrator as defined under ERISA. The Plan's operations are monitored by an administrative committee which is comprised of officers and employees of the Company. Wells Fargo Bank, N.A. ("Wells Fargo") served as the Trustee of the Plan investments from October 2, 2013 to December 31, 2013. Comerica Bank ("Comerica") served as the Trustee of Plan investments during the period from January 1, 2013 to October 1, 2013 and during the year ended December 31, 2012.

*(d) Funding Policy*

Employer contributions are determined by an independent actuary (Towers Watson), and are designed to fund the Plan's estimated costs in accordance with the funding standards of ERISA. The Plan has met the minimum funding requirements of ERISA for the years ended December 31, 2013 and 2012.

*(e) Vesting*

All Plan participants were fully vested at December 31, 2013 and 2012.

**2. Summary of Significant Accounting Policies**

*(a) Basis of Accounting*

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

*(b) Use of Estimates*

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

*(c) Risks and Uncertainties*

The Plan invests in a short-term investment fund and various collective trusts (consisting of various debt and equity index funds). Investment securities, in general, are exposed to various risks such as interest rate, credit and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

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 estimates and assumptions in the near term could materially affect the amounts reported in the financial statements.

**Van Leeuwen Pipe and Tube Corporation  
Employees' Pension Trust**

**Notes to Financial Statements**

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**(d) *Investment Valuation and Income Recognition***

The Plan's investments are stated at fair value. Fair value is defined as 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 (the exit price).

Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 820, "Fair Value Measurement," 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 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are as described as follows:

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

Level 2 - Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability; and
- 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's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of relevant observable inputs and minimize the use of unobservable inputs. Observable inputs are inputs that reflect the assumptions market participants would use in pricing the asset or liability developed based on market data obtained from sources independent of the Plan. Unobservable inputs are inputs that reflect the Plan's own assumptions about the assumptions market participants would use in pricing the asset or liability developed based on the best information available in the circumstances. Changes in economic conditions or valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the end of the reporting period. See Note 5 for the disclosures required by ASC 820 with regard to Plan investments.

In determining the fair value of investments, the Plan uses various inputs and valuation methodologies which are described in Note 5. There have been no significant changes in the inputs or valuation methodologies used at December 31, 2013 and 2012.

The Plan presents in the statements of changes in net assets available for benefits the net appreciation or depreciation in the fair value of investments, which consists of realized gains or losses on investments sold and unrealized gains or losses on investments held.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

**Van Leeuwen Pipe and Tube Corporation  
Employees' Pension Trust**

**Notes to Financial Statements**

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Management fees and operating expenses charged to the Plan for investments in collective trusts and a short-term investment fund are deducted from income earned on a daily basis and are not separately reflected. Consequently, management fees and operating expenses are reflected as a reduction of investment return for such investments.

**(e) Benefits Paid to Participants**

Benefits paid to participants are recorded upon distribution. There were no benefits payable to participants as of December 31, 2013 or 2012.

**(f) Administrative Expenses**

The Plan is responsible for its administrative expenses. The Company may elect to pay administrative expenses on behalf of the Plan. Investment-related expenses are included in net appreciation in fair value of investments.

**3. Information Certified by the Plan's Trustees**

The following is a summary of the information regarding the Plan as of December 31, 2013 and 2012, and for the years then ended, included in the Plan's financial statements (including footnotes) and supplemental schedule, that was prepared by or derived from information prepared by the Trustees of the Plan, and furnished to the Plan administrator for the periods noted in Note 1(c). The Plan administrator has obtained certification from the Trustees that such information is complete and accurate.

| <i>December 31,</i>                           | <b>2013</b>        | <b>2012</b>        |
|-----------------------------------------------|--------------------|--------------------|
| Investments, at fair value:                   |                    |                    |
| Collective trusts                             | <b>\$2,613,761</b> | <b>\$4,409,718</b> |
| Mutual funds                                  | <b>2,301,477</b>   | <b>-</b>           |
| Short-term investment fund                    | <b>39,578</b>      | <b>61,808</b>      |
| Receivables:                                  |                    |                    |
| Interest and dividends                        | <b>3</b>           | <b>453</b>         |
| <i>Year ended December 31,</i>                | <b>2013</b>        | <b>2012</b>        |
| Net appreciation in fair value of investments | <b>\$507,767</b>   | <b>\$404,302</b>   |
| Interest and dividends                        | <b>14,592</b>      | <b>6,966</b>       |

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

**Van Leeuwen Pipe and Tube Corporation  
Employees' Pension Trust**

**Notes to Financial Statements**

#### 4. Investments

The Plan's investments which represented 5 percent or more of the Plan's net assets available for benefits as of December 31, 2013 and 2012 are as follows:

| <i>December 31,</i>                                  | <b>2013</b> | <b>2012</b> |
|------------------------------------------------------|-------------|-------------|
| Wells Fargo/Blackrock U.S. Aggregate Bond Index CIT  | \$2,144,069 | \$ -        |
| Vanguard Total Market Viper                          | 2,093,262   | -           |
| Wells Fargo/Blackrock International Equity Index CIT | 469,692     | -           |
| Comerica Bond Index Fund                             | -           | 2,196,175   |
| Comerica S&P 500 Index Fund                          | -           | 1,168,315   |
| Comerica Foreign Equity Index Fund                   | -           | 409,633     |
| Comerica Medium Cap Index Fund                       | -           | 253,386     |

For the years ended December 31, 2013 and 2012, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value, as follows:

| <i>Year ended December 31,</i> | <b>2013</b> | <b>2012</b> |
|--------------------------------|-------------|-------------|
| Collective trusts              | \$336,242   | \$404,302   |
| Mutual funds                   | 171,525     | -           |

#### 5. Fair Value Measurements

The following tables set forth by level within the fair value hierarchy, the Plan's investments measured at fair value as of December 31, 2013 and 2012 as discussed in Note 2:

| <b>Investment Assets at Fair Value as of December 31, 2013</b> |                    |                    |                |                    |
|----------------------------------------------------------------|--------------------|--------------------|----------------|--------------------|
|                                                                | <b>Level 1</b>     | <b>Level 2</b>     | <b>Level 3</b> | <b>Total</b>       |
| Debt securities:                                               |                    |                    |                |                    |
| Collective trusts                                              | \$ -               | \$2,144,069        | \$-            | \$2,144,069        |
| Mutual fund                                                    | 208,215            | -                  | -              | 208,215            |
| Equity securities:                                             |                    |                    |                |                    |
| Collective trusts                                              | -                  | 469,692            | -              | 469,692            |
| Mutual fund                                                    | 2,093,262          | -                  | -              | 2,093,262          |
| Short-term investment fund                                     | -                  | 39,578             | -              | 39,578             |
|                                                                | <b>\$2,301,477</b> | <b>\$2,653,339</b> | <b>\$-</b>     | <b>\$4,954,816</b> |

| <b>Investment Assets at Fair Value as of December 31, 2012</b> |                |                    |                |                    |
|----------------------------------------------------------------|----------------|--------------------|----------------|--------------------|
|                                                                | <b>Level 1</b> | <b>Level 2</b>     | <b>Level 3</b> | <b>Total</b>       |
| Debt securities:                                               |                |                    |                |                    |
| Collective trusts                                              | \$-            | \$2,428,443        | \$-            | \$2,428,443        |
| Equity securities:                                             |                |                    |                |                    |
| U.S.:                                                          |                |                    |                |                    |
| Collective trusts                                              | -              | 1,571,642          | -              | 1,571,642          |
| International:                                                 |                |                    |                |                    |
| Collective trust                                               | -              | 409,633            | -              | 409,633            |
| Short-term investment fund                                     | -              | 61,808             | -              | 61,808             |
|                                                                | <b>\$-</b>     | <b>\$4,471,526</b> | <b>\$-</b>     | <b>\$4,471,526</b> |

# Van Leeuwen Pipe and Tube Corporation Employees' Pension Trust

## Notes to Financial Statements

The following is a description of the valuation methodologies used for assets measured at fair value as of December 31, 2013 and 2012:

- **Collective trusts** - Collective trusts are stated at net asset value ("NAV") as determined by the issuer of the respective trust. The NAV is used as a practical expedient to estimate fair value and is based on the fair value of the underlying investments held by each trust less its liabilities.
- **Mutual funds** - Mutual funds are valued at unadjusted quoted market prices, which represent the NAV of shares held by the Plan at year-end.
- **Short-term investment fund** - The short-term investment fund is stated at amortized cost which approximates fair value.

The valuation methods as described in Note 2 and above 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 table summarizes the Level 2 investments measured at fair value and reported at NAV per share as of December 31, 2013 and 2012:

|                                                                        | Fair Value         |                    | Unfunded<br>Commitments at<br>December 31,<br>2013 | Redemption<br>Frequency<br>(if Currently<br>Eligible) | Redemption<br>Notice Period |
|------------------------------------------------------------------------|--------------------|--------------------|----------------------------------------------------|-------------------------------------------------------|-----------------------------|
|                                                                        | 2013               | 2012               |                                                    |                                                       |                             |
| <b>Collective trusts:</b>                                              |                    |                    |                                                    |                                                       |                             |
| Wells Fargo/Blackrock U.S.<br>Aggregate Bond Index CIT <sup>(a)</sup>  | \$2,144,069        | \$ -               | \$-                                                | Daily                                                 | 1 day                       |
| Wells Fargo/Blackrock International<br>Equity Index CIT <sup>(b)</sup> | 469,692            | -                  | -                                                  | Daily                                                 | 1 day                       |
| Comerica Bond Index Fund <sup>(c)</sup>                                | -                  | 2,196,175          | -                                                  | Daily                                                 | Same day                    |
| Comerica S&P 500 Index Fund <sup>(d)</sup>                             | -                  | 1,168,315          | -                                                  | Daily                                                 | Same day                    |
| Comerica Foreign Equity Fund <sup>(e)</sup>                            | -                  | 409,633            | -                                                  | Daily                                                 | Same day                    |
| Comerica Medium Cap Index<br>Fund <sup>(f)</sup>                       | -                  | 253,386            | -                                                  | Daily                                                 | Same day                    |
| Comerica Total U.S. TIPS Index<br>Fund <sup>(g)</sup>                  | -                  | 232,268            | -                                                  | Daily                                                 | Same day                    |
| Comerica Small Cap Index Fund <sup>(h)</sup>                           | -                  | 149,941            | -                                                  | Daily                                                 | Same day                    |
|                                                                        | <b>\$2,613,761</b> | <b>\$4,409,718</b> | <b>\$-</b>                                         |                                                       |                             |

(a) The fund is an index fund that invests in the debt securities of companies that compose the U.S. Aggregate Bond Index to approximate as closely as practicable the total return of that index, before deduction of fees and expenses, by investing in one or more underlying collective investment funds maintained by BlackRock Institutional Trust Company, N.A.

(b) The fund is an index fund that invests in the equity securities of companies that compose the Morgan Stanley Capital International Europe, Australasia and Far East Index to approximate as closely as practicable the total return of that index, before deduction of fees and expenses, by investing in one or more underlying collective investment funds maintained by BlackRock Institutional Trust Company, N.A.

(c) The Bond Index Fund invests in investment-grade fixed income securities and U.S. treasury obligations with maturity of 1-30 years, with a strategy of producing income through investments in fixed income securities. The Bond Index Fund was designed to closely duplicate the investment return of the Barclay's Capital Aggregate Bond Index.

(d) The S&P 500 Index Fund was designed to provide investment results that correspond to the price and yield performance of publicly traded common stocks of companies as represented by the Standard & Poor ("S&P") 500 Index, or in other instruments with the same investment objective.

(e) The Foreign Equity Fund invests in common stocks of foreign corporations traded on the New York Stock Exchange, the American Stock Exchange or the National Association of Securities Dealers Automated Quotations.

# Van Leeuwen Pipe and Tube Corporation Employees' Pension Trust

## Notes to Financial Statements

- (f) The Medium Cap Index Fund was designed to provide investment results that correspond to the price and yield performance of common stocks as represented by the S&P Mid Cap 400 Index.
- (g) The Total U.S. TIPS Index Fund utilizes a full replication approach that generally corresponds to the Barclays Capital U.S. TIPS Index, which is comprised of treasury inflated protected securities ("TIPS") issued by the U.S. Treasury.
- (h) The Small Cap Index Fund was designed to provide investment results that correspond to the price and yield of publicly traded common stocks of small-size domestic companies as represented by the S&P Small Cap Index.

### 6. Accumulated Plan Benefits

Accumulated Plan benefits are those estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered to the valuation freeze date. Accumulated Plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries and (b) present employees or their beneficiaries.

The actuarial method employed by the Actuary in calculating contribution requirements is the unit credit actuarial cost method.

The significant actuarial assumptions used by the Actuary in the valuation as of January 1, 2013 and 2012 were as follows:

| <i>January 1,</i>          | <b>2013</b>              | <b>2012</b>              |
|----------------------------|--------------------------|--------------------------|
| Discount rate:             | 5.50%                    | 5.50%                    |
| Lump sum conversion rates: |                          |                          |
| Interest rate              |                          | 1st: 5.54%               |
|                            | 3 segment ratio          | 2nd: 6.85%               |
|                            | reflecting corridors     | 3rd: 7.52%               |
| Mortality rate             | IRC §417(e)(3)           | IRC §417(e)(3)           |
|                            | prescribed mortality for | prescribed mortality for |
|                            | 2013 commencements       | 2012 commencements       |
| Retirement age:            | 65                       | 65                       |
| Mortality:                 |                          |                          |
| Pre-retirement             | None                     | None                     |
| Post-retirement            | Prescribed mortality     | Prescribed mortality     |
|                            | assumption under         | assumption under         |
|                            | IRC §430(h)(3)(A) using  | IRC §430(h)(3)(A) using  |
|                            | static tables with       | static tables with       |
|                            | separate mortality       | separate mortality       |
|                            | rates for annuitants     | rates for annuitants     |
|                            | and non-annuitants       | and non-annuitants       |

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were terminate, different assumptions and other factors would likely apply in determining the actuarial present value of accumulated Plan benefits.

**Van Leeuwen Pipe and Tube Corporation  
Employees' Pension Trust**

**Notes to Financial Statements**

The actuarial present value of accumulated Plan benefits as determined by the Plan's Actuary as of January 1 was as follows:

| <i>January 1,</i>                                          | <b>2013</b>        | <b>2012</b>        |
|------------------------------------------------------------|--------------------|--------------------|
| Vested benefits:                                           |                    |                    |
| Active participants with vested benefits                   | \$2,140,679        | \$2,325,153        |
| Terminated participants with deferred vested benefits      | 2,272,581          | 2,638,273          |
| Participants currently receiving benefits                  | 618,107            | 257,152            |
| Total actuarial present value of accumulated Plan benefits | <b>\$5,031,367</b> | <b>\$5,220,578</b> |

The changes in the actuarial present value of accumulated Plan benefits were as follows:

|                                                                         |                    |
|-------------------------------------------------------------------------|--------------------|
| Actuarial present value of accumulated Plan benefits at January 1, 2012 | \$5,220,578        |
| Change during the year attributable to:                                 |                    |
| Actuarial losses                                                        | 215,742            |
| Increase for interest related to the decrease in the discount period    | 262,591            |
| Assumptions changes                                                     | 224,850            |
| Benefits paid                                                           | (892,394)          |
| Net change                                                              | (189,211)          |
| Actuarial present value of accumulated Plan benefits at January 1, 2013 | <b>\$5,031,367</b> |

## **7. Exempt Party-in-Interest Transactions**

During the period from October 2, 2013 to December 31, 2013, the Plan invested in certain shares of collective trust funds and a short-term investment fund managed by Wells Fargo. Fees paid by the Plan for investment management services were included as a reduction of the return earned on each fund. During the period from January 1, 2013 to October 1, 2013 and the year ended December 31, 2012, the Plan invested in certain shares of collective trust funds that are managed by Comerica. Fees paid to Comerica, as Trustee, were \$2,060 and \$4,683 for the years ended December 31, 2013 and 2012, respectively. Such transactions, while considered party-in-interest transactions under ERISA regulations, are permitted under the provisions of the Plan and are specifically exempt from the prohibition of party-in-interest transactions under ERISA.

## **8. Federal Income Tax Status**

The Plan is a non-standardized prototype plan, offered through the Guardian Retirement Services, which received an opinion letter from the Internal Revenue Service (the "IRS") dated April 29, 2002, indicating that the prototype plan and related trust are designed in accordance with the applicable sections of the Code. The Plan has been amended and restated since the date of the letter. On February 9, 2012, the Plan received a favorable determination with respect to the amended and restated Plan. The Plan administrator believes the Plan is designed and is currently being operated in compliance with the applicable requirements of the Code and that the Plan continues to be tax-exempt.

**Van Leeuwen Pipe and Tube Corporation  
Employees' Pension Trust**

**Notes to Financial Statements**

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U.S. GAAP requires 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 in progress for any tax periods. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2010.

**9. Reconciliation of Financial Statements to Form 5500**

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of December 31, 2013:

*December 31, 2013*

|                                                            |              |
|------------------------------------------------------------|--------------|
| Net assets available for benefits per financial statements | \$ 4,954,819 |
| Transfer to the NOV plan                                   | (4,954,819)  |
| Net assets available for benefits per Form 5500            | \$ -         |

**10. Subsequent Events**

For the purposes of determining the effect of subsequent events on these financial statements, management has evaluated events through October 31, 2014, the date on which the financial statements were available to be issued.

## **Supplemental Schedule**

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# Van Leeuwen Pipe and Tube Corporation Employees' Pension Trust

## Schedule H, Line 4j - Schedule of Reportable Transactions Plan No.: 009

EIN: 76-0488987

Year ended December 31, 2013

| (a)                                                                                              | (b)                                                                           | (c)            | (d)           | (e)          | (f)                               | (g)            | (h)                                        | (i)       |
|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|----------------|---------------|--------------|-----------------------------------|----------------|--------------------------------------------|-----------|
| Identity of Party Involved                                                                       | Description of Asset (Including Interest Rate and Maturity in Case of a Loan) | Purchase Price | Selling Price | Lease Rental | Expense Incurred With Transaction | Cost of Assets | Current Value of Asset on Transaction Date | Net Gain  |
| <b>Category (i) - Single Transactions Exceeding 5% of the Current Value of Plan Assets:</b>      |                                                                               |                |               |              |                                   |                |                                            |           |
| Comerica Bank                                                                                    | Comerica Medium Cap Index Fund                                                | \$ -           | \$ 312,457    | \$ -         | \$ -                              | \$ 211,449     | \$ 312,457                                 | \$101,008 |
| Comerica Bank                                                                                    | Comerica S&P 500 Index Fund                                                   | -              | 1,413,613     | -            | -                                 | 981,689        | 1,413,613                                  | 431,924   |
| Comerica Bank                                                                                    | Comerica Foreign Equity Fund                                                  | -              | 446,580       | -            | -                                 | 240,380        | 446,580                                    | 206,200   |
| Comerica Bank                                                                                    | Comerica Bond Index Fund                                                      | -              | 2,146,844     | -            | -                                 | 1,845,131      | 2,146,844                                  | 301,713   |
| Goldman Sachs                                                                                    | Goldman Sachs FS Money Market Fund                                            | 300,000        | -             | -            | -                                 | 300,000        | 300,000                                    | -         |
| Goldman Sachs                                                                                    | Goldman Sachs FS Money Market Fund                                            | -              | 327,911       | -            | -                                 | 327,911        | 327,911                                    | -         |
| Goldman Sachs                                                                                    | Goldman Sachs FS Money Market Fund                                            | 3,560,457      | -             | -            | -                                 | 3,560,457      | 3,560,457                                  | -         |
| Goldman Sachs                                                                                    | Goldman Sachs FS Money Market Fund                                            | -              | 3,620,201     | -            | -                                 | 3,620,201      | 3,620,201                                  | -         |
| Wells Fargo Bank, N.A.                                                                           | Wells Fargo Short Term Investment Fund                                        | 4,781,407      | -             | -            | -                                 | 4,781,407      | 4,781,407                                  | -         |
| Wells Fargo Bank, N.A.                                                                           | Wells Fargo Short Term Investment Fund                                        | -              | 2,810,000     | -            | -                                 | 2,810,000      | 2,810,000                                  | -         |
| Wells Fargo Bank, N.A.                                                                           | Wells Fargo Short Term Investment Fund                                        | -              | 1,914,951     | -            | -                                 | 1,914,951      | 1,914,951                                  | -         |
| Wells Fargo Bank, N.A.                                                                           | Wells Fargo/Blackrock International Equity Index CIT N                        | 445,000        | -             | -            | -                                 | 445,000        | 445,000                                    | -         |
| Wells Fargo Bank, N.A.                                                                           | Wells Fargo/Blackrock International Equity Index CIT N                        | -              | 469,692       | -            | -                                 | 445,000        | 469,692                                    | 24,692    |
| Wells Fargo Bank, N.A.                                                                           | Wells Fargo/Blackrock US Aggregate Bond Index CIT N                           | 2,150,000      | -             | -            | -                                 | 2,150,000      | 2,150,000                                  | -         |
| Wells Fargo Bank, N.A.                                                                           | Wells Fargo/Blackrock US Aggregate Bond Index CIT N                           | -              | 2,144,069     | -            | -                                 | 2,150,000      | 2,144,069                                  | (5,931)   |
| Vanguard                                                                                         | Vanguard Total Stock Market ETF                                               | 1,914,951      | -             | -            | -                                 | 1,914,951      | 1,914,951                                  | -         |
| Vanguard                                                                                         | Vanguard Total Stock Market ETF                                               | -              | 2,093,262     | -            | -                                 | 1,914,951      | 2,093,262                                  | 178,311   |
| <b>Category (iii) - Series of Transactions Exceeding 5% of the Current Value of Plan Assets:</b> |                                                                               |                |               |              |                                   |                |                                            |           |
| Comerica Bank                                                                                    | Comerica Medium Cap Index Fund                                                | -              | 312,457       | -            | -                                 | 211,449        | 312,457                                    | 101,008   |
| Comerica Bank                                                                                    | Comerica S&P 500 Index Fund                                                   | -              | 1,413,613     | -            | -                                 | 981,689        | 1,413,613                                  | 431,924   |
| Comerica Bank                                                                                    | Comerica Foreign Equity Fund                                                  | -              | 446,580       | -            | -                                 | 240,380        | 446,580                                    | 206,200   |
| Comerica Bank                                                                                    | Comerica Bond Index Fund                                                      | -              | 2,146,844     | -            | -                                 | 1,845,131      | 2,146,844                                  | 301,713   |
| Goldman Sachs                                                                                    | Goldman Sachs FS Money Market Fund                                            | 4,063,381      | -             | -            | -                                 | 4,063,381      | 4,063,381                                  | -         |
| Goldman Sachs                                                                                    | Goldman Sachs FS Money Market Fund                                            | -              | 4,125,189     | -            | -                                 | 4,125,189      | 4,125,189                                  | -         |
| Wells Fargo Bank, N.A.                                                                           | Wells Fargo Short Term Investment Fund                                        | 4,793,970      | -             | -            | -                                 | 4,793,970      | 4,793,970                                  | -         |
| Wells Fargo Bank, N.A.                                                                           | Wells Fargo Short Term Investment Fund                                        | -              | 4,793,970     | -            | -                                 | 4,793,970      | 4,793,970                                  | -         |
| Wells Fargo Bank, N.A.                                                                           | Wells Fargo/Blackrock International Equity Index CIT N                        | 445,000        | -             | -            | -                                 | 445,000        | 445,000                                    | -         |
| Wells Fargo Bank, N.A.                                                                           | Wells Fargo/Blackrock International Equity Index CIT N                        | -              | 469,692       | -            | -                                 | 445,000        | 469,692                                    | 24,692    |
| Wells Fargo Bank, N.A.                                                                           | Wells Fargo/Blackrock US Aggregate Bond Index CIT N                           | 2,150,000      | -             | -            | -                                 | 2,150,000      | 2,150,000                                  | -         |
| Wells Fargo Bank, N.A.                                                                           | Wells Fargo/Blackrock US Aggregate Bond Index CIT N                           | -              | 2,144,069     | -            | -                                 | 2,150,000      | 2,144,069                                  | (5,931)   |
| Vanguard                                                                                         | Vanguard Total Stock Market ETF                                               | 1,914,951      | -             | -            | -                                 | 1,914,951      | 1,914,951                                  | -         |
| Vanguard                                                                                         | Vanguard Total Stock Market ETF                                               | -              | 2,093,262     | -            | -                                 | 1,914,951      | 2,093,262                                  | 178,311   |

There were no category (ii) or (iv) reportable transactions.

# SCHEDULE SB ATTACHMENTS

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## Schedule SB – Statement by Enrolled Actuary

|                          |                                                             |
|--------------------------|-------------------------------------------------------------|
| <b>Plan Sponsor</b>      | National Oilwell Varco, L.P.                                |
| <b>EIN/PN</b>            | 76-0488987/009                                              |
| <b>Plan Name</b>         | Van Leeuwen Pipe & Tube Corporation Employees' Pension Plan |
| <b>Valuation Date</b>    | January 1, 2013                                             |
| <b>Enrolled Actuary</b>  | Jennifer L. Grant                                           |
| <b>Enrollment Number</b> | 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.

The plan sponsor has elected to not apply corridor extensions under HATFA for funding (IRC §430) or benefit restriction purposes (IRC §436) for the 2013 plan year. Thus corridors for the 2013 plan year are set at 85%/115%.

**SCHEDULE SB  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service  
Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan  
Actuarial Information**

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

► File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

**2013**

This Form is Open to Public  
Inspection

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

► Round off amounts to nearest dollar.

► Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

**A** Name of plan**B** Three-digit  
plan number (PN) ►

009

Van Leeuwen Pipe &amp; Tube Corporation Employees' Pension Plan

**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF**D** Employer Identification Number (EIN)

National-Oilwell Varco, L.P.

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 1 Day 1 Year 2013**2** Assets:**a** Market value**2a**

4,671,471

**b** Actuarial value**2b**

4,618,560

**3** Funding target/participant count breakdown:**(1)** Number of participants**(2)** Funding Target**a** For retired participants and beneficiaries receiving payment**3a**

4

586,691

**b** For terminated vested participants**3b**

56

2,247,376

**c** For active participants:**(1)** Non-vested benefits**3c(1)**

0

**(2)** Vested benefits**3c(2)**

2,079,285

**(3)** Total active**3c(3)**

60

2,079,285

**d** Total**3d**

120

4,913,352

**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**

6.31 %

**6** Target normal cost**6**

6,500

**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

10/7/2014

Date

Jennifer L. Grant

Type or print name of actuary

14-06854

Most recent enrollment number

Towers Watson Delaware Inc.

Firm name

(713) 754-5400

Telephone number (including area code)

1221 McKinney Street

One Houston Center, Suite 2600

Houston

TX 77010-1006

Address of the firm

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

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

Schedule SB (Form 5500) 2013  
v. 130118

**Part II Beginning of Year Carryover and Prefunding Balances**

|                                                                                                                                      | (a) Carryover balance | (b) Prefunding balance |
|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year)                                   | 131,748               | 0                      |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year)                                | 125,152               | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8)                                                                                      | 6,596                 | 0                      |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>8.93</u> %                                                       | 589                   |                        |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                       |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year)                                                            |                       | 132,527                |
| <b>b</b> Interest on (a) using prior year's effective interest rate of <u>6.74</u> % except as otherwise provided (see instructions) |                       | 11,673                 |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance                                              |                       | 144,200                |
| <b>d</b> Portion of (c) to be added to prefunding balance                                                                            |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections                                                          | 7,185                 | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)                                               | 0                     | 0                      |

**Part III Funding Percentages**

|                                                                                                                                                                      |           |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b> Funding target attainment percentage                                                                                                                       | <b>14</b> | 94.00 %  |
| <b>15</b> Adjusted funding target attainment percentage                                                                                                              | <b>15</b> | 94.00 %  |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement | <b>16</b> | 101.20 % |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage                                        | <b>17</b> | %        |

**Part IV Contributions and Liquidity Shortfalls**

| <b>18</b> Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                 |                          |                                   |                                 |
|------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| (a) Date<br>(MM-DD-YYYY)                                                                 | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
| 03/14/2013                                                                               | 300,000                           |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals ▶</b>                                                                          |                                   |                                 | <b>18(b)</b>             | 300,000                           | <b>18(c)</b> 0                  |

|                                                                                                                                      |                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>19</b> Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year: |                                                                     |
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years                                       | <b>19a</b>                                                          |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date                                                         | <b>19b</b>                                                          |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date                    | <b>19c</b> 296,301                                                  |
| <b>20</b> Quarterly contributions and liquidity shortfalls:                                                                          |                                                                     |
| <b>a</b> Did the plan have a "funding shortfall" for the prior year?                                                                 | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?                    | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>c</b> If line 20a is "Yes," see instructions and complete the following table as applicable:                                      |                                                                     |

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

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

|                                                 |                                                                                                                                              |                        |                        |                                                     |
|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                        |                                                                                                                                              |                        |                        |                                                     |
| <b>a</b> Segment rates:                         | 1st segment:<br>4.94 %                                                                                                                       | 2nd segment:<br>6.15 % | 3rd segment:<br>6.76 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code):         |                                                                                                                                              |                        |                        | <b>21b</b> 3                                        |
| <b>22</b> Weighted average retirement age:      |                                                                                                                                              |                        |                        | <b>22</b> 65                                        |
| <b>23</b> Mortality table(s) (see instructions) | <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                                                     |

**Part VI Miscellaneous Items**

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

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

|                                                                                                                                |           |   |
|--------------------------------------------------------------------------------------------------------------------------------|-----------|---|
| <b>28</b> Unpaid minimum required contributions for all prior years                                                            | <b>28</b> | 0 |
| <b>29</b> Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) | <b>29</b> |   |
| <b>30</b> Remaining amount of unpaid minimum required contributions (line 28 minus line 29)                                    | <b>30</b> | 0 |

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                             |                     |                    |               |
| <b>a</b> Target normal cost (line 6)                                                                                                                                           | <b>31a</b>          | 6,500              |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a                                                                                                           | <b>31b</b>          | 0                  |               |
| <b>32</b> Amortization installments:                                                                                                                                           |                     |                    |               |
| <b>a</b> Net shortfall amortization installment                                                                                                                                | Outstanding Balance | Installment        |               |
|                                                                                                                                                                                | 294,792             | 96,852             |               |
| <b>b</b> Waiver amortization installment                                                                                                                                       | 0                   | 0                  |               |
| <b>33</b> 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 | <b>33</b>           | 0                  |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)                                                         | <b>34</b>           | 103,352            |               |
|                                                                                                                                                                                | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement                                                                                                               | 0                   | 0                  | 0             |
| <b>36</b> Additional cash requirement (line 34 minus line 35)                                                                                                                  | <b>36</b>           | 103,352            |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)                                                  | <b>37</b>           | 296,301            |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                            |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36)                                                                                                                       | <b>38a</b>          | 192,949            |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances                                                                | <b>38b</b>          | 0                  |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)                                                                      | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years                                                                                                                  | <b>40</b>           | 0                  |               |

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

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

## **SCHEDULE SB ATTACHMENTS**

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### **Schedule SB – Statement by Enrolled Actuary**

|                          |                                                             |
|--------------------------|-------------------------------------------------------------|
| <b>Plan Sponsor</b>      | National Oilwell Varco, L.P.                                |
| <b>EIN/PN</b>            | 76-0488987/009                                              |
| <b>Plan Name</b>         | Van Leeuwen Pipe & Tube Corporation Employees' Pension Plan |
| <b>Valuation Date</b>    | January 1, 2013                                             |
| <b>Enrolled Actuary</b>  | Jennifer L. Grant                                           |
| <b>Enrollment Number</b> | 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.

The plan sponsor has elected to not apply corridor extensions under HATFA for funding (IRC §430) or benefit restriction purposes (IRC §436) for the 2013 plan year. Thus corridors for the 2013 plan year are set at 85%/115%.

## **SCHEDULE SB ATTACHMENTS**

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**Schedule SB, Line 22**  
**Description of Weighted Average Retirement Age**  
**as of January 1, 2013**

Employees are assumed to retire at age 65, or valuation date if later.

|                 |                                                             |
|-----------------|-------------------------------------------------------------|
| Plan Name:      | Van Leeuwen Pipe & Tube Corporation Employees' Pension Plan |
| EIN / PN:       | 76-0488987 / 009                                            |
| Plan Sponsor:   | National Oilwell Varco, L.P.                                |
| Valuation Date: | January 1, 2013                                             |

# SCHEDULE SB ATTACHMENTS

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

### Interest rate basis:

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

### Interest rates:

|                           | Reflecting<br>Corridors | Not Reflecting<br>Corridors |
|---------------------------|-------------------------|-----------------------------|
| • First segment rate      | 4.94%                   | 1.72%                       |
| • Second segment rate     | 6.15%                   | 4.58%                       |
| • Third segment rate      | 6.76%                   | 5.67%                       |
| • Effective interest rate | 6.31%                   | 4.89%                       |

### Assumed cost of living adjustments

None.

### Inclusion date

The valuation date coincident with or next following the date on which the employee becomes a participant.

### Plan-related expenses

The amount included this year for plan-related expenses is \$6,500.

### Mortality

Pre-Retirement: None

Post-Retirement: The prescribed mortality assumption under IRC §430(h)(3)(A) using static tables with separate mortality rates for annuitants and non-annuitants.

Plan Name: Van Leeuwen Pipe & Tube Corporation Employees' Pension Plan  
EIN / PN: 76-0488987 / 009  
Plan Sponsor: National Oilwell Varco, L.P.  
Valuation Date: January 1, 2013

# **SCHEDULE SB ATTACHMENTS**

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## **Retirement**

Employees are assumed to retire at age 65, or the valuation date if later.

## **Disability Rates**

None

## **Disabled Mortality**

None

## **Compensation increases**

None. The Plan was fully frozen effective April 30, 2003.

## **Future increases in social security**

Not Applicable

## **Future increases in maximum benefits and plan compensation limitations**

Not Applicable

## **Representative termination rates (not due to disability, retirement, or mortality)**

None

## **Form of payment**

100% of participants assumed to elect a Lump sum.

## **Marriage**

None

|                 |                                                             |
|-----------------|-------------------------------------------------------------|
| Plan Name:      | Van Leeuwen Pipe & Tube Corporation Employees' Pension Plan |
| EIN / PN:       | 76-0488987 / 009                                            |
| Plan Sponsor:   | National Oilwell Varco, L.P.                                |
| Valuation Date: | January 1, 2013                                             |

# **SCHEDULE SB ATTACHMENTS**

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## **Timing of benefit payments**

Lump sum payments are payable on date of decrement.

## **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.

## **Employees**

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

## **Actuarial value of assets**

Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22) . The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2012 plan year.)

The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

## **Participant data**

Participant data was supplied by the employer as of the valuation date.

|                 |                                                             |
|-----------------|-------------------------------------------------------------|
| Plan Name:      | Van Leeuwen Pipe & Tube Corporation Employees' Pension Plan |
| EIN / PN:       | 76-0488987 / 009                                            |
| Plan Sponsor:   | National Oilwell Varco, L.P.                                |
| Valuation Date: | January 1, 2013                                             |

# SCHEDULE SB ATTACHMENTS

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## 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.

## Changes in assumptions and methods since last actuarial valuation

The following changes in assumptions and methods were made as part of this valuation:

- The segment interest rates used to calculate the funding target and target normal cost were updated from an applicable month of October 2011 to October 2012 and the segment interest rate corridors of MAP-21 were applied.
- 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.
- The assumed plan-related expenses added to the target normal cost were updated from \$50,000 for 2012 to \$6,500 for 2013.

|                 |                                                             |
|-----------------|-------------------------------------------------------------|
| Plan Name:      | Van Leeuwen Pipe & Tube Corporation Employees' Pension Plan |
| EIN / PN:       | 76-0488987 / 009                                            |
| Plan Sponsor:   | National Oilwell Varco, L.P.                                |
| Valuation Date: | January 1, 2013                                             |

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Part V Summary of Plan Provisions

### Plan Provisions

The most recent amendment reflected in the following plan provisions was adopted effective May 1, 2003. The Plan was initially adopted effective March 1, 1979 and was assumed by Wilson Industries, Inc. effective January 31, 2001.

|                    |                                                                                                    |
|--------------------|----------------------------------------------------------------------------------------------------|
| Covered Employees  | All eligible employees                                                                             |
| Participation Date | First day of the plan year nearest the completion of one year of service and attainment of age 21. |

Effective April 30, 2003, future benefit accruals were frozen for Chicago Union active participants. Thus, benefits are frozen for all eligible participants in the plan as follows:

| <u>Group</u>     | <u>Accrued Benefit<br/>Frozen Effective</u> |
|------------------|---------------------------------------------|
| Non-Union        | May 16, 2001                                |
| Trainer Union    | March 31, 2002                              |
| South Plainfield | May 31, 2002                                |
| All others       | May 1, 2003                                 |

### Definitions

|                              |                                                                                                                                                   |
|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| Vesting service              | One year for each 12-month period, starting on the employee's date of hire, in which the employee is paid for at least 1,000 hours of employment. |
| Benefit service              | One year of service is granted for each fiscal year in which the employee is paid for at least 1,000 hours of employment.                         |
| Normal Form of Payment       | Life only for single participants; 50% Qualified J&S for married participants.                                                                    |
| Normal Retirement date (NRD) | First day of the Plan Year nearest the 65 <sup>th</sup> birthday and 5 years of completion of participation in the Plan.                          |
| Compensation                 | W-2 Pay                                                                                                                                           |
| Plan Year                    | Calendar Year                                                                                                                                     |
| Average Monthly Compensation | The monthly average of the highest five consecutive calendar year's Compensation during the entire period of employment.                          |

|                 |                                                             |
|-----------------|-------------------------------------------------------------|
| Plan Name:      | Van Leeuwen Pipe & Tube Corporation Employees' Pension Plan |
| EIN / PN:       | 76-0488987 / 009                                            |
| Plan Sponsor:   | National Oilwell Varco, L.P.                                |
| Valuation Date: | January 1, 2013                                             |

## SCHEDULE SB ATTACHMENTS

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|                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Monthly pension benefit             | <p>The benefit is equal to 44.02% of average compensation up to covered compensation plus 68.52% of average compensation in excess of covered compensation prorated for service at normal retirement less than 35 years, and multiplied by the service at termination divided by service at normal retirement. Certain other adjustments may be made if necessary to satisfy social security integration requirements.</p> <p>If a participant also participated in the Guyon plan, then the total benefit is the sum of the accrued benefit under the Guyon plan plus the benefit under this plan accrued for service after July 6, 1992.</p> |
| Monthly preretirement death benefit | The Present value of the Participant's Vested Interest in his Accrued Benefit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

### NAFEligibility for Benefits

|                             |                                                                                                                     |
|-----------------------------|---------------------------------------------------------------------------------------------------------------------|
| Normal Retirement           | Retirement on NRD                                                                                                   |
| Early Retirement            | The plan does not provide for early retirement                                                                      |
| Late Retirement             | Retirement after NRD                                                                                                |
| Vested Termination          | Termination for reasons other than death or retirement after completing three years of vesting service.             |
| Disability                  | Disability after completing three years of vesting service.                                                         |
| Preretirement Death Benefit | Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse. |
| Disablement                 | A reduced benefit based on the vested termination benefit and age at any time following disablement.                |
| Preretirement Death         | Present value of the participant's vested accrued benefit.                                                          |

|                 |                                                             |
|-----------------|-------------------------------------------------------------|
| Plan Name:      | Van Leeuwen Pipe & Tube Corporation Employees' Pension Plan |
| EIN / PN:       | 76-0488987 / 009                                            |
| Plan Sponsor:   | National Oilwell Varco, L.P.                                |
| Valuation Date: | January 1, 2013                                             |

## SCHEDULE SB ATTACHMENTS

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### Other Plan Provisions

#### Forms of payment

The plan provides optional payment forms of lump sums for all participants and the qualified 50%, 75% and 100% J&S options for married participants on an actuarially equivalent basis. Actuarial Equivalence for this purpose is based on the following;

|               | Pre-Retirement | Post-Retirement                                                                      |
|---------------|----------------|--------------------------------------------------------------------------------------|
| Interest Rate | 8%             | 7.75%                                                                                |
| Mortality     | None           | 1983 Basic Gender Neutral with 3 year setback; projected for 10 years using Scale G. |

#### Changes in plan provisions since last actuarial valuation

There have been no changes in the principal plan provisions since the prior valuation.

Plan Name: Van Leeuwen Pipe & Tube Corporation Employees' Pension Plan  
EIN / PN: 76-0488987 / 009  
Plan Sponsor: National Oilwell Varco, L.P.  
Valuation Date: January 1, 2013

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 26

### Schedule of Active Participant Data for Frozen Plans as of January 1, 2013

| Years of Credited Service |         |           |        |           |        |           |          |           |          |           |          |           |          |           |          |           |          |           |           |           |
|---------------------------|---------|-----------|--------|-----------|--------|-----------|----------|-----------|----------|-----------|----------|-----------|----------|-----------|----------|-----------|----------|-----------|-----------|-----------|
| Attained Age              | Under 1 |           | 1 to 4 |           | 5 to 9 |           | 10 to 14 |           | 15 to 19 |           | 20 to 24 |           | 25 to 29 |           | 30 to 34 |           | 35 to 39 |           | 40 & Over |           |
|                           | No.     | Avg. Ben. | No.    | Avg. Ben. | No.    | Avg. Ben. | No.      | Avg. Ben. | No.      | Avg. Ben. | No.      | Avg. Ben. | No.      | Avg. Ben. | No.      | Avg. Ben. | No.      | Avg. Ben. | No.       | Avg. Ben. |
| Under 25                  |         |           |        |           |        |           |          |           |          |           |          |           |          |           |          |           |          |           |           |           |
| 25 - 29                   |         |           |        |           |        |           |          |           |          |           |          |           |          |           |          |           |          |           |           |           |
| 30 - 34                   |         |           |        |           |        |           |          |           |          |           |          |           |          |           |          |           |          |           |           |           |
| 35 - 39                   |         |           | 3      |           |        |           |          |           |          |           |          |           |          |           |          |           |          |           |           |           |
| 40 - 44                   |         |           | 2      |           | 1      |           | 1        |           |          |           |          |           |          |           |          |           |          |           |           |           |
| 45 - 49                   |         |           | 2      |           | 6      |           | 2        |           | 1        |           |          |           |          |           |          |           |          |           |           |           |
| 50 - 54                   |         |           | 1      |           | 5      |           | 1        |           | 1        |           |          |           |          |           |          |           |          |           |           |           |
| 55 - 59                   |         |           | 3      |           | 6      |           | 4        |           | 3        |           | 1        |           |          |           |          |           |          |           |           |           |
| 60 - 64                   |         |           | 3      |           | 3      |           | 6        |           | 2        |           |          |           |          |           |          |           |          |           |           |           |
| 65 - 69                   |         |           | 2      |           | 1      |           |          |           |          |           |          |           |          |           |          |           |          |           |           |           |
| 70 & Over                 |         |           |        |           |        |           |          |           |          |           |          |           |          |           |          |           |          |           |           |           |

\* Average frozen benefit is shown only for those cells containing at least 20 participants.

Plan Name:  
 EIN / PN:  
 Plan Sponsor:  
 Valuation Date:

Van Leeuwen Pipe & Tube Corporation Employees' Pension Plan  
 76-0488987 / 009  
 National Oilwell Varco, L.P.  
 January 1, 2013

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 32 Schedule of Amortization Bases as of January 1, 2013

| Type of Base | Date Established | Initial Amount | Remaining Amortization Period (Years) | Outstanding Balance | Amortization Payment |
|--------------|------------------|----------------|---------------------------------------|---------------------|----------------------|
| 1 Shortfall  | 01/01/2013       | (195,751)      | 7                                     | (195,751)           | (32,669)             |
| 2 Shortfall  | 01/01/2011       | 58,505         | 5                                     | 43,643              | 9,590                |
| 3 Shortfall  | 01/01/2010       | 713,895        | 4                                     | 446,900             | 119,931              |
| Total        |                  |                |                                       | 294,792             | 96,852               |

Plan Name: Van Leeuwen Pipe & Tube Corporation Employees' Pension Plan  
EIN / PN: 76-0488987 / 009  
Plan Sponsor: National Oilwell Varco, L.P.  
Valuation Date: January 1, 2013

## **SCHEDULE SB ATTACHMENTS**

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**Schedule SB, Line 22**  
**Description of Weighted Average Retirement Age**  
**as of January 1, 2013**

Employees are assumed to retire at age 65, or valuation date if later.

Plan Name: Van Leeuwen Pipe & Tube Corporation Employees' Pension Plan  
EIN / PN: 76-0488987 / 009  
Plan Sponsor: National Oilwell Varco, L.P.  
Valuation Date: January 1, 2013

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Line 26

### Schedule of Active Participant Data for Frozen Plans 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 & Over |           |
|              | No.                       | Avg. Ben. | No.    | Avg. Ben. | No.    | Avg. Ben. | No.      | Avg. Ben. | No.      | Avg. Ben. | No.      | Avg. Ben. | No.      | Avg. Ben. | No.      | Avg. Ben. | No.      | Avg. Ben. | No.       | Avg. Ben. |
| Under 25     |                           |           |        |           |        |           |          |           |          |           |          |           |          |           |          |           |          |           |           |           |
| 25 - 29      |                           |           |        |           |        |           |          |           |          |           |          |           |          |           |          |           |          |           |           |           |
| 30 - 34      |                           |           |        |           |        |           |          |           |          |           |          |           |          |           |          |           |          |           |           |           |
| 35 - 39      |                           |           | 3      |           |        |           |          |           |          |           |          |           |          |           |          |           |          |           |           |           |
| 40 - 44      |                           |           | 2      |           | 1      |           | 1        |           |          |           |          |           |          |           |          |           |          |           |           |           |
| 45 - 49      |                           |           | 2      |           | 6      |           | 2        |           | 1        |           |          |           |          |           |          |           |          |           |           |           |
| 50 - 54      |                           |           | 1      |           | 5      |           | 1        |           | 1        |           |          |           |          |           |          |           |          |           |           |           |
| 55 - 59      |                           |           | 3      |           | 6      |           | 4        |           | 3        |           | 1        |           |          |           |          |           |          |           |           |           |
| 60 - 64      |                           |           | 3      |           | 3      |           | 6        |           | 2        |           |          |           |          |           |          |           |          |           |           |           |
| 65 - 69      |                           |           | 2      |           | 1      |           |          |           |          |           |          |           |          |           |          |           |          |           |           |           |
| 70 & Over    |                           |           |        |           |        |           |          |           |          |           |          |           |          |           |          |           |          |           |           |           |

<sup>1</sup> Average frozen benefit is shown only for those cells containing at least 20 participants.

Plan Name: Van Leeuwen Pipe & Tube Corporation Employees' Pension Plan  
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 Valuation Date: January 1, 2013

## SCHEDULE SB ATTACHMENTS

**Schedule SB, Line 32**  
**Schedule of Amortization Bases**  
**as of January 1, 2013**

| Type of Base |           | Date Established | Initial Amount | Remaining Amortization Period (Years) | Outstanding Balance | Amortization Payment |
|--------------|-----------|------------------|----------------|---------------------------------------|---------------------|----------------------|
| 1            | Shortfall | 01/01/2013       | (195,751)      | 7                                     | (195,751)           | (32,669)             |
| 2            | Shortfall | 01/01/2011       | 58,505         | 5                                     | 43,643              | 9,590                |
| 3            | Shortfall | 01/01/2010       | 713,895        | 4                                     | 446,900             | 119,931              |
| Total        |           |                  |                |                                       | 294,792             | 96,852               |

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# SCHEDULE SB ATTACHMENTS

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

### Interest rate basis:

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

### Interest rates:

|                           | Reflecting<br>Corridors | Not Reflecting<br>Corridors |
|---------------------------|-------------------------|-----------------------------|
| ● First segment rate      | 4.94%                   | 1.72%                       |
| ● Second segment rate     | 6.15%                   | 4.58%                       |
| ● Third segment rate      | 6.76%                   | 5.67%                       |
| ● Effective interest rate | 6.31%                   | 4.89%                       |

### Assumed cost of living adjustments

None.

### Inclusion date

The valuation date coincident with or next following the date on which the employee becomes a participant.

### Plan-related expenses

The amount included this year for plan-related expenses is \$6,500.

### Mortality

Pre-Retirement: None

Post-Retirement: The prescribed mortality assumption under IRC §430(h)(3)(A) using static tables with separate mortality rates for annuitants and non-annuitants.

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# **SCHEDULE SB ATTACHMENTS**

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## **Retirement**

Employees are assumed to retire at age 65, or the valuation date if later.

## **Disability Rates**

None

## **Disabled Mortality**

None

## **Compensation increases**

None. The Plan was fully frozen effective April 30, 2003.

## **Future increases in social security**

Not Applicable

## **Future increases in maximum benefits and plan compensation limitations**

Not Applicable

## **Representative termination rates (not due to disability, retirement, or mortality)**

None

## **Form of payment**

100% of participants assumed to elect a Lump sum.

## **Marriage**

None

|                 |                                                             |
|-----------------|-------------------------------------------------------------|
| Plan Name:      | Van Leeuwen Pipe & Tube Corporation Employees' Pension Plan |
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# SCHEDULE SB ATTACHMENTS

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## Timing of benefit payments

Lump sum payments are payable on date of decrement.

## 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.

## Employees

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

## Actuarial value of assets

Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22) . The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the 2012 plan year.)

The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.

## Participant data

Participant data was supplied by the employer as of the valuation date.

|                 |                                                             |
|-----------------|-------------------------------------------------------------|
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# SCHEDULE SB ATTACHMENTS

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## 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.

## Changes in assumptions and methods since last actuarial valuation

The following changes in assumptions and methods were made as part of this valuation:

- The segment interest rates used to calculate the funding target and target normal cost were updated from an applicable month of October 2011 to October 2012 and the segment interest rate corridors of MAP-21 were applied.
- 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.
- The assumed plan-related expenses added to the target normal cost were updated from \$50,000 for 2012 to \$6,500 for 2013.

|                 |                                                             |
|-----------------|-------------------------------------------------------------|
| Plan Name:      | Van Leeuwen Pipe & Tube Corporation Employees' Pension Plan |
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# SCHEDULE SB ATTACHMENTS

## Schedule SB, Part V Summary of Plan Provisions

### Plan Provisions

The most recent amendment reflected in the following plan provisions was adopted effective May 1, 2003. The Plan was initially adopted effective March 1, 1979 and was assumed by Wilson Industries, Inc. effective January 31, 2001.

|                    |                                                                                                    |
|--------------------|----------------------------------------------------------------------------------------------------|
| Covered Employees  | All eligible employees                                                                             |
| Participation Date | First day of the plan year nearest the completion of one year of service and attainment of age 21. |

Effective April 30, 2003, future benefit accruals were frozen for Chicago Union active participants. Thus, benefits are frozen for all eligible participants in the plan as follows:

| <u>Group</u>     | <u>Accrued Benefit<br/>Frozen Effective</u> |
|------------------|---------------------------------------------|
| Non-Union        | May 16, 2001                                |
| Trainer Union    | March 31, 2002                              |
| South Plainfield | May 31, 2002                                |
| All others       | May 1, 2003                                 |

### Definitions

|                              |                                                                                                                                                   |
|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| Vesting service              | One year for each 12-month period, starting on the employee's date of hire, in which the employee is paid for at least 1,000 hours of employment. |
| Benefit service              | One year of service is granted for each fiscal year in which the employee is paid for at least 1,000 hours of employment.                         |
| Normal Form of Payment       | Life only for single participants; 50% Qualified J&S for married participants.                                                                    |
| Normal Retirement date (NRD) | First day of the Plan Year nearest the 65 <sup>th</sup> birthday and 5 years of completion of participation in the Plan.                          |
| Compensation                 | W-2 Pay                                                                                                                                           |
| Plan Year                    | Calendar Year                                                                                                                                     |
| Average Monthly Compensation | The monthly average of the highest five consecutive calendar year's Compensation during the entire period of employment.                          |

|                 |                                                             |
|-----------------|-------------------------------------------------------------|
| Plan Name:      | Van Leeuwen Pipe & Tube Corporation Employees' Pension Plan |
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## SCHEDULE SB ATTACHMENTS

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|                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Monthly pension benefit             | <p>The benefit is equal to 44.02% of average compensation up to covered compensation plus 68.52% of average compensation in excess of covered compensation prorated for service at normal retirement less than 35 years, and multiplied by the service at termination divided by service at normal retirement. Certain other adjustments may be made if necessary to satisfy social security integration requirements.</p> <p>If a participant also participated in the Guyon plan, then the total benefit is the sum of the accrued benefit under the Guyon plan plus the benefit under this plan accrued for service after July 6, 1992.</p> |
| Monthly preretirement death benefit | The Present value of the Participant's Vested Interest in his Accrued Benefit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

### NAFEligibility for Benefits

|                             |                                                                                                                     |
|-----------------------------|---------------------------------------------------------------------------------------------------------------------|
| Normal Retirement           | Retirement on NRD                                                                                                   |
| Early Retirement            | The plan does not provide for early retirement                                                                      |
| Late Retirement             | Retirement after NRD                                                                                                |
| Vested Termination          | Termination for reasons other than death or retirement after completing three years of vesting service.             |
| Disability                  | Disability after completing three years of vesting service.                                                         |
| Preretirement Death Benefit | Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse. |
| Disablement                 | A reduced benefit based on the vested termination benefit and age at any time following disablement.                |
| Preretirement Death         | Present value of the participant's vested accrued benefit.                                                          |

|                 |                                                             |
|-----------------|-------------------------------------------------------------|
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## SCHEDULE SB ATTACHMENTS

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### Other Plan Provisions

#### Forms of payment

The plan provides optional payment forms of lump sums for all participants and the qualified 50%, 75% and 100% J&S options for married participants on an actuarially equivalent basis. Actuarial Equivalence for this purpose is based on the following;

|               | Pre-Retirement | Post-Retirement                                                                      |
|---------------|----------------|--------------------------------------------------------------------------------------|
| Interest Rate | 8%             | 7.75%                                                                                |
| Mortality     | None           | 1983 Basic Gender Neutral with 3 year setback; projected for 10 years using Scale G. |

#### Changes in plan provisions since last actuarial valuation

There have been no changes in the principal plan provisions since the prior valuation.

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## **SCHEDULE H ATTACHMENTS**

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The required Information is included in the  
Accountants Opinion attachment