

<div>Form 5500</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Annual Return/Report of Employee Benefit Plan</div> <div>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), and 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div>	<div>OMB Nos. 1210-0110 1210-0089</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009	
A	This return/report is for: <div><div>☐ a multiemployer plan;</div><div>☒ a single-employer plan;</div><div>☐ a multiple-employer plan; or</div><div>☐ a DFE (specify) ____</div></div>
B	This return/report is: <div><div>☐ the first return/report;</div><div>☐ the final return/report;</div><div>☐ an amended return/report;</div><div>☐ a short plan year return/report (less than 12 months).</div></div>
C	If the plan is a collectively-bargained plan, check here. ▶ ☒
D	Check box if filing under: <div><div>☒ Form 5558;</div><div>☐ automatic extension;</div><div>☐ the DFVC program;</div><div>☐ special extension (enter description)</div></div>

Part II	Basic Plan Information—enter all requested information	
1a	Name of plan RETIREMENT PLAN OF W.R.GRACE & CO.-CT -CAMBRIDGE PLANT	1b Three-digit plan number (PN) ▶ 051
		1c Effective date of plan 01/01/1963
2a	Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) W.R. GRACE & CO. - CT 7500 GRACE DRIVE, BUILDING ONE COLUMBIA, MD 21044	2b Employer Identification Number (EIN) 13-5114230 2c Sponsor's telephone number 410-531-4000 2d Business code (see instructions) 325100

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2010	PAMELA WAGONER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") ADMINISTRATIVE COMMITTEE W.R. GRACE & CO. 7500 GRACE DRIVE, BUILDING ONE COLUMBIA, MD 21044	3b Administrator's EIN 13-2880089 <hr/> 3c Administrator's telephone number 410-531-4000
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN	
5 Total number of participants at the beginning of the plan year	5	67
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	21
b Retired or separated participants receiving benefits.....	6b	26
c Other retired or separated participants entitled to future benefits.....	6c	6
d Subtotal. Add lines 6a , 6b , and 6c	6d	53
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	18
f Total. Add lines 6d and 6e	6f	71
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	1
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 1B 1G

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

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

▶ **Round off amounts to nearest dollar.**

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

A Name of plan <u>RETIREMENT PLAN OF W.R.GRACE & CO.-CT -CAMBRIDGE PLANT</u>	B Three-digit plan number (PN) ▶ <u>051</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>W.R. GRACE & CO. - CT</u>	D Employer Identification Number (EIN) <u>13-5114230</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2009</u>	
2 Assets:	
a Market value	2a <u>2287472</u>
b Actuarial value	2b <u>2516219</u>
3 Funding target/participant count breakdown	
	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment	3a <u>31</u> <u>873958</u>
b For terminated vested participants	3b <u>9</u> <u>351984</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>27345</u>
(2) Vested benefits	3c(2) <u>1099417</u>
(3) Total active	3c(3) <u>27</u> <u>1126762</u>
d Total	3d <u>67</u> <u>2352704</u>
4 If the plan is at-risk, check the box and complete items (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 at-risk for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>8.17</u> %
6 Target normal cost	6 <u>38058</u>

Statement by Enrolled Actuary

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

SIGN HERE	<u>09/20/2010</u>
Signature of actuary	Date
<u>JAMES RITCHIE</u>	<u>08-05643</u>
Type or print name of actuary	Most recent enrollment number
<u>AON CONSULTING, INC.</u>	<u>410-547-5932</u>
Firm name	Telephone number (including area code)
<u>500 EAST PRATT STREET</u> <u>BALTIMORE, MD 21202</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) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	624654	
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	32994	0
9	Amount remaining (Item 7 minus item 8).....	591660	0
10	Interest on item 9 using prior year's actual return of <u>-25.88</u> %	-153108	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		0
b	Interest on (a) using prior year's effective rate of <u>5.92</u> %		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance.....		0
12	Reduction in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	438552	0

Part III Funding percentages			
14	Funding target attainment percentage.....	14	88.31 %
15	Adjusted funding target attainment percentage.....	15	106.95 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	105.15 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

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

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a 0
b Contributions made to avoid restrictions adjusted to valuation date	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c 0
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No
c If 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of Quarter of this plan year	
(1) 1st	(2) 2nd
0	0
(3) 3rd	(4) 4th
0	0

Part V Assumptions used to determine funding target and target normal cost

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

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	38058
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	38058
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	38058	0
36 Additional cash requirement (item 34 minus item 35).....	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	0
38 Interest-adjusted excess contributions for current year (see instructions).....	38	0
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

<div>SCHEDULE I</div> <div>(Form 5500)</div> <div>Department of the Treasury</div> <div>Internal Revenue Service</div> <div>Department of Labor</div> <div>Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Financial Information—Small Plan</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
	For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009	
	<div>A Name of plan</div> <div>RETIREMENT PLAN OF W.R.GRACE & CO.-CT -CAMBRIDGE PLANT</div>	<div>B Three-digit plan number (PN)</div> <div>051</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500</div> <div>W.R. GRACE & CO. - CT</div>	<div>D Employer Identification Number (EIN)</div> <div>13-5114230</div>	

Complete Schedule I if the plan covered fewer than 100 participants as of the beginning of the plan year. You may also complete Schedule I if you are filing as a small plan under the 80-120 participant rule (see instructions). Complete Schedule H if reporting as a large plan or DFE.

Part I

Small Plan Financial Information

Report below the current value of assets and liabilities, income, expenses, transfers and changes in net assets during the plan year. Combine the value of plan assets held in more than one trust. Do not enter the value of the portion of an insurance contract that guarantees during this plan year to pay a specific dollar benefit at a future date. 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.

1	Plan Assets and Liabilities:		(a) Beginning of Year	(b) End of Year
a	Total plan assets	1a	2284621	2646942
b	Total plan liabilities	1b		
c	Net plan assets (subtract line 1b from line 1a).....	1c	2284621	2646942
2	Income, Expenses, and Transfers for this Plan Year:		(a) Amount	(b) Total
a	Contributions received or receivable:			
(1)	Employers	2a(1)		
(2)	Participants.....	2a(2)		
(3)	Others (including rollovers)	2a(3)		
b	Noncash contributions.....	2b		
c	Other income.....	2c	492906	
d	Total income (add lines 2a(1), 2a(2), 2a(3), 2b, and 2c).....	2d		492906
e	Benefits paid (including direct rollovers)	2e	115604	
f	Corrective distributions (see instructions)	2f		
g	Certain deemed distributions of participant loans (see instructions)	2g		
h	Administrative service providers (salaries, fees, and commissions).....	2h	14981	
i	Other expenses.....	2i		
j	Total expenses (add lines 2e, 2f, 2g, 2h, and 2i)	2j		130585
k	Net income (loss) (subtract line 2j from line 2d).....	2k		362321
l	Transfers to (from) the plan (see instructions)	2l		

3 Specific Assets: If the plan held assets at anytime during the plan year in any of the following categories, check "Yes" and enter the current value of any assets remaining in the plan as of the end of the plan year. Allocate the value of the plan's interest in a commingled trust containing the assets of more than one plan on a line-by-line basis unless the trust meets one of the specific exceptions described in the instructions.

		Yes	No	Amount
a	Partnership/joint venture interests.....	3a	X	
b	Employer real property.....	3b	X	
c	Real estate (other than employer real property)	3c	X	
d	Employer securities.....	3d	X	
e	Participant loans.....	3e	X	

	Yes	No	Amount
3f Loans (other than to participants)		X	
g Tangible personal property		X	

Part II	Compliance Questions
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4 During the plan year:	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of plan year or classified during the year as uncollectible? Disregard participant loans secured by the participant's account balance.		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible?		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a.)		X	
e Was the plan covered by a fidelity bond?	X		25000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan at any time hold 20% or more of its assets in any single security, debt, mortgage, parcel of real estate, or partnership/joint venture interest?		X	
j Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
k Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? If "No," attach an IQPA's report or 2520.104-50 statement. (See instructions on waiver eligibility and conditions.)	X		
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3			

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

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

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan <u>RETIREMENT PLAN OF W.R.GRACE & CO.-CT -CAMBRIDGE PLANT</u>	B Three-digit plan number (PN) ▶ <u>051</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>W.R. GRACE & CO. - CT</u>	D Employer Identification Number (EIN) <u>13-5114230</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>36-1561860</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>0</u>

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

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

- 19** If the total number of participants is 1,000 or more, complete items (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 item 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment 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

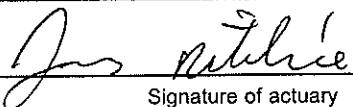
2009**This Form is Open to Public
Inspection**For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan WRGRACE & CO CONN CHEM GRP CAMBRIDGE PLANT		B Three-digit plan number (PN) ▶ 051
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF W R GRACE & CO		D Employer Identification Number (EIN) 13-5114230
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B F Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500		

Part I Basic Information			
1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2009</u>			
2 Assets:			
a Market value.....		2a	2,287,472
b Actuarial value.....		2b	2,516,219
3 Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment.....		3a 31	873,958
b For terminated vested participants.....		3b 9	351,984
c For active participants:			
(1) Non-vested benefits.....		3c(1)	27,345
(2) Vested benefits.....		3c(2)	1,099,417
(3) Total active.....		3c(3) 27	1,126,762
d Total.....		3d 67	2,352,704
4 If the plan is at-risk, check the box and complete items (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 at-risk for fewer than five consecutive years and disregarding loading factor.....		4b	
5 Effective interest rate.....		5	8.17 %
6 Target normal cost.....		6	38,058

Statement by Enrolled Actuary

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

SIGN HERE		<u>9/20/10</u> Date
James Ritchie Type or print name of actuary		08-05643 Most recent enrollment number
Aon Consulting, Inc. Firm name		(410) 547-5932 Telephone number (including area code)
500 East Pratt Street Baltimore MD 21202 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) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	624,654	N/A
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	32,994	0
9 Amount remaining (Item 7 minus item 8)	591,660	0
10 Interest on item 9 using prior year's actual return of <u>(25.88)%</u>	(153,108)	
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		0
b Interest on (a) using prior year's effective rate of <u>5.92 %</u>		
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Reduction in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	438,552	0

Part III Funding percentages

14 Funding target attainment percentage	14	88.31 %
15 Adjusted funding target attainment percentage	15	106.95 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	105.15 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

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

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

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

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If 20a is "Yes," see instructions and complete the following table as applicable:

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

Part V Assumptions used to determine funding target and target normal cost

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

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	31	38,058
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)	34	38,058
35 Balances used to offset funding requirement	Carryover balance 38,058	Prefunding balance 0
		Total balance 38,058
36 Additional cash requirement (item 34 minus item 35)	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	37	0
38 Interest-adjusted excess contributions for current year (see instructions)	38	0
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	39	0
40 Unpaid minimum required contribution for all years	40	0

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

W.R. GRACE & CO. HOURLY RETIREMENT PLANS

EIN 13-5114230/PN 051

CALCULATION OF WEIGHTED AVERAGE RETIREMENT AGE

<u>Retirement Age</u>		
The retirement age is determined by a weighted average of all assumed retirement ages. The weight at each age is assumed rate of retirement. A summary of the calculation is as follows:		
<u>Age</u> (A)	<u>Weight</u> (B)	<u>Weighted Age</u> (A)*(B)
55	7.00%	3.85
56	6.50%	3.64
57	6.10%	3.48
58	6.40%	3.71
59	6.70%	3.95
60	8.10%	4.86
61	7.70%	4.70
62	9.80%	6.08
63	7.90%	4.98
64	7.10%	4.54
65	9.10%	5.92
66	5.30%	3.50
67	3.70%	2.48
68	1.70%	1.16
69	1.40%	0.97
70	5.50%	3.85
Totals:	100.00%	61.67
Weighted Average =	<u>Sum Weighted Ages</u>	
=	Sum of Weights	
=	61.67/1.00	
	61.67	
Round to Nearest Age:	62.00	
Final Weighted Retirement Age:	62.00	

Schedule SB, Line 25 – Description of Method Changes

W.R. GRACE & CO. HOURLY RETIREMENT PLANS

EIN 13-5114230/PN 051

DESCRIPTION OF METHOD CHANGES

Target Liability interest rates were changed as shown below.

	01/01/2009	01/01/2008
for Minimum Required Contribution	October 2008 Yield Curve	5.66%, 5.85%, 6.03%
for Maximum Deductible Contribution	October 2008 Yield Curve	5.66%, 5.85%, 6.03%

Asset Method

The Actuarial Value of Assets has been determined using the Average Value Method, where asset appreciation or depreciation is only partially recognized in the year of occurrence. The result is a gradual recognition of 1/3 per year over a 24 month period of each year's appreciation or depreciation in excess of or less than that which was assumed. The Actuarial Value of Asset must be within 90% to 110% of the Market Value of Assets.

This was changed from the market value of Assets used as of January 1, 2008.

Schedule SB, Line 26 – Schedule of Active Participant Data

W.R. GRACE & CO. HOURLY RETIREMENT PLANS

EIN 13-5114230/PN 051

AGE-SERVICE DISTRIBUTIONS

AGE	Years of Service as of 01/01/2009										Total
	00-00	01-04	05-09	10-14	15-19	20-24	25-29	30-34	35-39	40+	
15 - 19	1	-	-	-	-	-	-	-	-	-	1
20 - 24	1	-	-	-	-	-	-	-	-	-	1
25 - 29	-	-	-	-	-	-	-	-	-	-	-
30 - 34	-	-	-	1	-	-	-	-	-	-	1
35 - 39	-	-	-	-	1	-	-	-	-	-	1
40 - 44	-	1	-	2	-	1	-	-	-	-	4
45 - 49	-	1	-	-	1	1	1	-	-	-	4
50 - 54	-	1	1	1	-	-	-	-	-	-	3
55 - 59	-	-	2	-	-	1	-	-	-	-	3
60 - 64	-	2	1	-	-	-	-	-	-	-	3
65 - 69	-	-	-	1	-	-	-	-	-	-	1
70 & Up	-	-	1	-	1	-	-	-	1	2	5
TOTALS	2	5	5	5	3	3	1	-	1	2	27

The following table shows averages for the costed participants in the current Valuation.

Averages	Amount
Age:	53.02
Service:	14.50
Earnings:	\$54,667

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

W.R. GRACE & CO. HOURLY RETIREMENT PLANS

EIN 13-5114230/PN 051

STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

Cost Method

Funding: Traditional Unit Credit.

FAS 87: Projected Unit Credit.

Asset Methods

Funding: The Actuarial Value of Assets has been determined using the Average Value Method, where asset appreciation or depreciation is only partially recognized in the year of occurrence. The result is a gradual recognition of 1/3 per year over a 24 month period of each year's appreciation or depreciation in excess of or less than that which was assumed. The Actuarial Value of Asset must be within 90% to 110% of the Market Value of Assets.

FAS 87: The Market Related Value of Assets is equal to the Market Value of Assets.

Dates of Calculations

Funding: The Valuation Date is January 1, 2009.

FAS 87: The Measurement Date is January 1, 2009.

Employees Included in the Calculations

All active employees who have met the Plan's eligibility requirements as of the Valuation Date are included in the calculations. Former employees or their survivors who are receiving or entitled to receive an immediate or deferred benefit under the provisions of the Plan are also included.

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

W.R. GRACE & CO. HOURLY RETIREMENT PLANS

EIN 13-5114230/PN 051

STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS

Source of Data

Participant data as of January 1, 2009 was provided on computer files from the Pension Service Center based on participant data provided by the Company for administration of the Retirement Plans. Data for participants in pay status has been compared and reconciled to the Northern Trust payroll file. The participant data has been reviewed and reconciled to participant data used in the prior Valuation and appears reasonable for Valuation purposes.

Asset amounts as of December 31, 2008 were derived from the Trustee reports from Northern Trust provided by the Company. The assets have been reviewed for reasonableness and are assumed to be appropriate for Valuation purposes.

Although we believe these to be accurate and complete, the data and financial information have not been audited by us.

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

W.R. GRACE & CO. HOURLY RETIREMENT PLANS

EIN 13-5114230/PN 051

**STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS
(continued)**

Below is a summary of interest and inflation rates used for the January 1, 2009 Valuation.

Interest Rates	Assumption
(1) Target Liability Interest Rates (by Segment):	November 2008 Yield Curve published by the IRS based on October 2008 high quality rates
(2) FAS 35	8.00%
(3) FAS 87:	
(a) Discount	6.25%
(b) Long-Term Rate of Return	8.00%

Other Rates	Assumption
(1) Social Security Wage Bases	4.25%
(2) CPI for Social Security	3.50%
(3) Increase Rate for the Maximum Benefit and Compensation Limits for FAS 87	3.50%
(4) Future Salaries:	

Age	Rate	Age	Rate
Under 25	5.00%	40 - 44	4.75%
25 - 29	7.25%	45 - 49	3.75%
30 - 34	6.00%	50 - 54	3.25%
35 - 39	5.75%	55 - 59	3.00%
		60 and Older	2.50%

Weighted Average Increase: 4.50%

Bonus Level: 120% of Target Bonus Percentage

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

W.R. GRACE & CO. HOURLY RETIREMENT PLANS

EIN 13-5114230/PN 051

**STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS
(continued)**

Below is a summary of decrements used in this Valuation.

Mortality Decrements		Description	
(5) Funding, FAS 35, and FAS 87:			
(a) Actives		RP-2000 IRS PPA@2009 Non-Annuitant projected 15 years	
(b) Non-Disabled Inactives		RP-2000 IRS PPA@2009 Annuitant projected 7 years	
(c) Disabled Inactives		Current Liability Disabled Table	

Retirement		Termination	
Decrement		Decrement Age	Sample Rates
Age	Rates		
55	0.070000	20 and Under	0.500000
56	0.070000	23	0.360000
57	0.070000	26	0.310000
58	0.080000	29	0.160000
59	0.090000	32	0.130000
60	0.120000	35	0.100000
61	0.130000	38	0.090000
62	0.190000	41	0.070000
63	0.190000	44	0.060000
64	0.210000	47	0.050000
65	0.340000	50	0.040000
66	0.300000	53	0.040000
67	0.300000		
68	0.200000		
69	0.200000		
70	1.000000		

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

W.R. GRACE & CO. HOURLY RETIREMENT PLANS

EIN 13-5114230/PN 051

**STATEMENT OF ACTUARIAL ASSUMPTIONS/METHODS
(continued)**

Decrements Assumptions (cont.)

—Disability—		—Disability—	
Decrement	Sample	Decrement	Sample
Age	Rates	Age	Rates
18 - 25	0.04%	51	0.37%
26 - 32	0.05%	52	0.41%
33 - 35	0.06%	53	0.45%
36 - 38	0.07%	54	0.50%
39 - 40	0.08%	55	0.55%
41 - 42	0.09%	56	0.61%
43	0.10%	57	0.72%
44	0.13%	58	0.83%
45	0.16%	59	0.91%
46	0.19%	60	1.04%
47	0.22%	61	1.19%
48	0.26%	62	1.37%
49	0.29%	63	1.57%
50	0.33%	64	2.04%

Other Assumptions

Assumption	
(1) Expenses	The Target Normal Cost includes Plan-related expenses expected to be paid from the Plan assets. The expected expenses are the 2008 actual expenses increased by 5.00%.

Schedule SB, Part V – Summary of Plan Provisions

W.R. GRACE & CO. HOURLY RETIREMENT PLANS

EIN 13-5114230/PN 051

SUMMARY OF PLAN PROVISIONS

The following summary describes principal Plan Provisions assumed in calculating the cost of your Pension Plan.

General Information

Original Effective Date	January 1, 1963
Effective Date of Last Amendment	December 1, 2006
Plan Year	January 1st to December 31st
Employer Fiscal Year	January 1st to December 31st
Employer ID Number	13-5114230
Plan Administrator's ID Number	13-5114230
Plan Number	051
Plan Administrator	Administrative Committee

Eligibility Date of Hire

Service

Credited Service	From date of hire
Vesting Service	1,000 hours of service

Normal Retirement

Eligibility	Age 65
Benefit	Benefit Level per month multiplied by Credited Service:

<u>Effective Date</u>	<u>Benefit Level</u>
01/01/2004	\$43.00
01/01/2008	\$44.50
01/01/2009	\$45.50

Average Compensation N/A

Early Retirement

Eligibility	Age 55
Benefit	Accrued benefit reduced 1/6% per month preceding age 62.

Schedule SB, Part V – Summary of Plan Provisions

W.R. GRACE & CO. HOURLY RETIREMENT PLANS

EIN 13-5114230/PN 051

**SUMMARY OF PLAN PROVISIONS
(continued)**

Disability Retirement

Eligibility	Age 45 and 10 years of service or age 40 and 5 years of service
-------------	---

Benefit	Accrued Benefit
---------	-----------------

Postponed Retirement

Eligibility	Actual retirement after age 65
-------------	--------------------------------

Benefit	A monthly benefit equal to the Accrued Benefit calculated as of the actual Retirement Date
---------	--

Pre-Retirement Death

Eligibility	5 years of service or age 55
-------------	------------------------------

Benefit	Accrued Benefit at age 55
---------	---------------------------

Severance Benefit

Eligibility

Fewer than 5 Years of Service	0%
-------------------------------	----

5 or More Years of Service	100%
----------------------------	------

Benefit	Accrued Benefit at age 65
---------	---------------------------

Normal Form of Payment

Married	Reduced 50% Joint & Survivor with 5 year certain
---------	--

Single	Life Annuity with 5 year certain
--------	----------------------------------

Optional Methods of Settlement

Reduced benefit to be paid during participant's lifetime with the provision that after his death, a benefit equal to either 100%, 75%, 66%, or 50% is paid to his beneficiary

Increased retirement benefit paid prior to Social Security Benefit eligibility and reduced benefit paid thereafter in order to provide a uniform income

A reduced benefit to be paid for 120 Months Certain and thereafter for life