# Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

**2009**

**This Form is Open to Public Inspection**

## 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:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

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

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

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

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
CENTURY ALUMINUM EMPLOYEES RETIREMENT PLAN

**1b** Three-digit plan number (PN) ▶ 001

**1c** Effective date of plan 02/07/1989

**2a** Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
CENTURY ALUMINUM COMPANY

2511 GARDEN ROAD
BUILDING A, SUITE 200
MONTEREY, CA 93940

**2b** Employer Identification Number (EIN)
13-3070826

**2c** Sponsor's telephone number
831-642-9300

**2d** Business code (see instructions)
331310

**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. | 10/15/2010 | WILLIAM LEATHERBERRY |
| | **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")

CENTURY ALUMINUM COMPANY

2511 GARDEN ROAD
BUILDING A, SUITE 200
MONTEREY, CA 93940

**3b** Administrator's EIN
13-3070826

**3c** Administrator's telephone number
831-642-9300

**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** | 510 |
| **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** | 176 |
| **b** | Retired or separated participants receiving benefits | **6b** | 173 |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 141 |
| **d** | Subtotal. Add lines **6a**, **6b**, and **6c** | **6d** | 490 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | **6e** | 15 |
| **f** | Total. Add lines **6d** and **6e** | **6f** | 505 |
| **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** | 29 |
| **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:

1A 1G 3H

**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)

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

**9b** Plan benefit arrangement (check all that apply)

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

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

**a Pension Schedules**

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

**b General Schedules**

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

# SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

**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
CENTURY ALUMINUM EMPLOYEES RETIREMENT PLAN

**B** Three-digit plan number (PN) ▶ 001

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

**D** Employer Identification Number (EIN)
13-3070826

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

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

## Part I Basic Information

| | | | | |
|---|---|---|---|---|
| **1** | Enter the valuation date: Month 01 Day 01 Year 2009 | | | |
| **2** | Assets: | | | |
| **a** | Market value | **2a** | | 26197776 |
| **b** | Actuarial value | **2b** | | 28817554 |
| **3** | Funding target/participant count breakdown | | **(1)** Number of participants | **(2)** Funding Target |
| **a** | For retired participants and beneficiaries receiving payment | **3a** | 155 | 15177831 |
| **b** | For terminated vested participants | **3b** | 83 | 2142962 |
| **c** | For active participants: | | | |
| | **(1)** Non-vested benefits | **3c(1)** | | 1323671 |
| | **(2)** Vested benefits | **3c(2)** | | 11256525 |
| | **(3)** Total active | **3c(3)** | 268 | 12580196 |
| **d** | Total | **3d** | 506 | 29900989 |
| **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** | | 2084424 |

**Statement by Enrolled Actuary**

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

**SIGN HERE**

Signature of actuary

09/30/2010
Date

AMY BEERT
Type or print name of actuary

08-07195
Most recent enrollment number

PRICEWATERHOUSECOOPERS LLP
Firm name

312-298-2000
Telephone number (including area code)

Address of the firm

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

## Part II Beginning of year carryover and prefunding balances

| | | (a) Carryover balance | (b) Prefunding balance |
|---|---|---|---|
| 7 | Balance at beginning of prior year after applicable adjustments (Item 13 from prior year) | 9104268 | 0 |
| 8 | Portion used to offset prior year's funding requirement (Item 35 from prior year) | 2339466 | 0 |
| 9 | Amount remaining (Item 7 minus item 8) | 6764802 | 0 |
| 10 | Interest on item 9 using prior year's actual return of -28.35 % | -1917838 | 0 |
| 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 _____% | | 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) | 4846964 | 0 |

## Part III Funding percentages

| | | | |
|---|---|---|---|
| 14 | Funding target attainment percentage | 14 | 80.16 % |
| 15 | Adjusted funding target attainment percentage | 15 | 96.37 % |
| 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 | 116.10 % |
| 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? [X] Yes [ ] No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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: % | [X] N/A, full yield curve used |
|---|---|---|---|

**b** Applicable month (enter code) — **21b**: 3

**22** Weighted average retirement age — **22**: 63

**23** Mortality table(s) (see instructions) [ ] Prescribed - combined [X] 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. [X] Yes [ ] No

**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. [ ] Yes [X] No

**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. [X] 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** | | 2084424 |
| **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** | | 2084424 |

| | Carryover balance | Prefunding balance | Total balance |
|---|---|---|---|
| **35** Balances used to offset funding requirement | 2084424 | 0 | 2084424 |

| | | |
|---|---|---|
| **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 C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2009**<br>**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 | **B** Three-digit plan number (PN) ▶ |
|---|---|
| CENTURY ALUMINUM EMPLOYEES RETIREMENT PLAN | 001 |

| **C** Plan sponsor's name as shown on line 2a of Form 5500 | **D** Employer Identification Number (EIN) |
|---|---|
| CENTURY ALUMINUM COMPANY | 13-3070826 |

## Part I Service Provider Information (see instructions)

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

### 1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

FRANK RUSSELL TRUST COMPANY

91-1116938

| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|---|---|---|---|---|---|---|
| 21 | NONE | 216559 | Yes [X] No [ ] | Yes [ ] No [X] | 0 | Yes [X] No [ ] |

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

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

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

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

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

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

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

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

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

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

## Part I Service Provider Information (continued)

**3** If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |
| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| | | |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |
| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| | | |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | |
| **(d)** Enter name and EIN (address) of source of indirect compensation | **(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. | |
| | | |

## Part II Service Providers Who Fail or Refuse to Provide Information

**4** Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

# SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

## DFE/Participating Plan Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**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
CENTURY ALUMINUM EMPLOYEES RETIREMENT PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan or DFE sponsor's name as shown on line 2a of Form 5500
CENTURY ALUMINUM COMPANY

**D** Employer Identification Number (EIN)
13-3070826

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL EQUITY I FUND

**b** Name of sponsor of entity listed in (a): FRANK RUSSELL TRUST COMPANY

| **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) |
|---|---|---|
| 91-1117282-003 | C | 8650338 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL EQUITY II FUND

**b** Name of sponsor of entity listed in (a): FRANK RUSSELL TRUST COMPANY

| **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) |
|---|---|---|
| 91-1117282-006 | C | 2479156 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL LARGE CAP STRUCTURED EQUITY

**b** Name of sponsor of entity listed in (a): FRANK RUSSELL TRUST COMPANY

| **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) |
|---|---|---|
| 91-1117282-032 | C | 4332677 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: RUSSELL MULTI-MGR BOND FUND

**b** Name of sponsor of entity listed in (a): FRANK RUSSELL TRUST COMPANY

| **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) |
|---|---|---|
| 91-1117282-038 | C | 10567383 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE: ALL INTERNATIONAL MARKETS FUND

**b** Name of sponsor of entity listed in (a): FRANK RUSSELL TRUST COMPANY

| **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) |
|---|---|---|
| 91-1117282-020 | C | 4615827 |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|
| | | |

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

| **c** EIN-PN | **d** Entity code | **e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|---|---|---|

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

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

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

**a** Plan name

| **b** Name of plan sponsor | **c** EIN-PN |
|---|---|

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**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
CENTURY ALUMINUM EMPLOYEES RETIREMENT PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
CENTURY ALUMINUM COMPANY

**D** Employer Identification Number (EIN)
13-3070826

## Part I Asset and Liability Statement

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

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | | |
| **(2)** Participant contributions | 1b(2) | | |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | | |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | | |
| **(9)** Value of interest in common/collective trusts | 1c(9) | 26197776 | 30645381 |
| **(10)** Value of interest in pooled separate accounts | 1c(10) | | |
| **(11)** Value of interest in master trust investment accounts | 1c(11) | | |
| **(12)** Value of interest in 103-12 investment entities | 1c(12) | | |
| **(13)** Value of interest in registered investment companies (e.g., mutual funds) | 1c(13) | | |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | | |

| | | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|---|
| **1d** | Employer-related investments: | | | |
| | **(1)** Employer securities | 1d(1) | | |
| | **(2)** Employer real property | 1d(2) | | |
| **e** | Buildings and other property used in plan operation | 1e | | |
| **f** | Total assets (add all amounts in lines 1a through 1e) | 1f | 26197776 | 30645381 |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | 1g | | |
| **h** | Operating payables | 1h | 40669 | 50122 |
| **i** | Acquisition indebtedness | 1i | | |
| **j** | Other liabilities | 1j | | |
| **k** | Total liabilities (add all amounts in lines 1g through1j) | 1k | 40669 | 50122 |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | 1l | 26157107 | 30595259 |

## Part II Income and Expense Statement

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

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

| | | (a) Amount | (b) Total |
|---|---|---|---|
| **2b** (5) Unrealized appreciation (depreciation) of assets: (A) Real estate | 2b(5)(A) | | |
| (B) Other | 2b(5)(B) | | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) | 2b(5)(C) | | 0 |
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | 6446791 |
| (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) | | |
| **c** Other income | 2c | | |
| **d** Total income. Add all **income** amounts in column (b) and enter total | 2d | | 6446791 |
| **Expenses** | | | |
| **e** Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 1839152 | |
| (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) | | 1839152 |
| **f** Corrective distributions (see instructions) | 2f | | |
| **g** Certain deemed distributions of participant loans (see instructions) | 2g | | |
| **h** Interest expense | 2h | | |
| **i** Administrative expenses: (1) Professional fees | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Investment advisory and management fees | 2i(3) | | |
| (4) Other | 2i(4) | 216559 | |
| (5) Total administrative expenses. Add lines 2i(1) through (4) | 2i(5) | | 216559 |
| **j** Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 2055711 |
| **Net Income and Reconciliation** | | | |
| **k** Net income (loss). Subtract line 2j from line 2d | 2k | | 4391080 |
| **l** Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | 47072 |
| (2) From this plan | 2l(2) | | |

## Part III Accountant's Opinion

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

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

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

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

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

(1) Name: DELOITTE & TOUCHE LLP (2) EIN: 13-3891517

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

During the plan year:

| | | Yes | No | Amount |
|---|---|---|---|---|
| **a** | Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | 4a | | X | |
| **b** | Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | 4b | | X | |
| **c** | Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | 4c | | X | |
| **d** | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | 4d | | X | |
| **e** | Was this plan covered by a fidelity bond? | 4e | X | | 5000000 |
| **f** | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 4f | | X | |
| **g** | Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4g | | X | |
| **h** | Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4h | | X | |
| **i** | Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | 4i | X | | |
| **j** | Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) | 4j | X | | |
| **k** | Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | 4k | | X | |
| **l** | Has the plan failed to provide any benefit when due under the plan? | 4l | | X | |
| **m** | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 4m | | | |
| **n** | If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | 4n | | | |

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

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

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

# 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
CENTURY ALUMINUM EMPLOYEES RETIREMENT PLAN

**B** Three-digit plan number (PN) ▶ 001

**C** Plan sponsor's name as shown on line 2a of Form 5500
CENTURY ALUMINUM COMPANY

**D** Employer Identification Number (EIN)
13-3070826

## Part I Distributions

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

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

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

EIN(s): 04-3581074

**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** 0

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

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

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

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

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

**6** **a** Enter the minimum required contribution for this plan year ..... **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

**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**

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

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

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

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

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

## Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

**a** Name of contributing employer

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

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

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

---

**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):

**ACCOUNTANT'S OPINION**

**Schedule H, Part III**

PLAN NAME: CENTURY ALUMINUM EMPLOYEES' RETIREMENT PLAN

EIN: 13-3070826

PLAN NUMBER: 001

The Accountant's Opinion is included in the attachment titled FINANCIAL STATEMENTS.

**Description of Weighted Average Retirement Age**

| Age | Retirement Rates | Lives Remaining | Retired | Weighted Age |
|---|---|---|---|---|
| 60 | 20% | 80.00 | 20.00 | 12.00 |
| 61 | 20% | 64.00 | 16.00 | 9.76 |
| 62 | 20% | 51.20 | 12.80 | 7.94 |
| 63 | 20% | 40.96 | 10.24 | 6.45 |
| 64 | 20% | 32.77 | 8.19 | 5.24 |
| 65 | 100% | 0.00 | 32.77 | 21.30 |
| | | | 100.00 | **62.7** |

**Summary of Plan Provisions**

| | |
|---|---|
| Plan Name | Century Aluminum Employees Retirement Plan. |
| Effective Date | February 7, 1989. |
| Eligibility | Any salaried employee who was employed on February 7, 1989 and who was a participant in the Kaiser Aluminum Salaried Employees Retirement Plan (Kaiser Plan) on February 6, 1989 shall be a participant.<br><br>Otherwise, a salaried employee becomes a participant on the earlier of January 1 or July 1 after completion of one year of service<br><br>As of April 1, 2001, non-bargained employees at the Century Aluminum Kentucky location are eligible to participate in the Salaried Employees Retirement Plan on the earlier of January 1 or July 1 after completion of one year of service. |
| Employee Contributions | None required or allowed. |
| Credited Service | Based on elapsed number of months worked at Century Aluminum.<br><br>Additionally, employees of Kaiser Aluminum and Chemical (KACC) receive credit for service performed for KACC prior to February 7, 1989 if they were employed by Ravenswood Aluminum Company on February 7, 1989.<br><br>Employees who transferred from Ormet Company shall receive Credited Service equal to that accrued under the Ormet Company Salaried Employees Pension Plan. If an employee transfers to Ormet Company, he will cease earning Credited Service under this plan.<br><br>Maximum 40 years. |
| Compensation | All compensation before any reductions for 401(k) and 125 contributions to the extent allowable by law, excluding accrued vacation pay and performance shares. |
| Final Average Monthly Compensation | Base salary averaged over the highest 36 consecutive monthly periods in the last 120 month period worked. |

**Summary of Plan Provisions (continued)**

Basic Benefit

A monthly benefit for life equal to the greater of 1. or 2. below less the total monthly vested benefits payable as a life annuity at age 62 from the Kaiser Plan and Ormet Company Salaried Employees Retirement Plan:

1. 1.5% of Final Average Monthly Compensation multiplied by Years of Credited Service (maximum of 40 years).

2. $32.25 multiplied by Years of Credited Service (maximum of 40 years).

Minimum Benefit

A minimum monthly benefit for life equal to the larger of

1. 1.5% of Final Average Monthly Compensation multiplied by Years of Credited Service after February 7, 1989 (maximum of 40 years).

2. $2,700 per annum.

Applies to Normal, Early and 30 Year Pensions.

Early Retirement Benefit

Participants eligible for Early Retirement who begin receiving benefits prior to age 62 will have their benefits reduced as follows:

| Commencement Age | Reduction Factor |
|---|---|
| 62 | 100% |
| 61 | 97.5% |
| 60 | 95% |
| 59 | 90% |
| 58 | 85% |
| 57 | 80% |
| 56 | 75% |
| 55 | 70% |

**Summary of Plan Provisions (continued)**

| | |
|---|---|
| Retirement Eligibility | |
| Normal Retirement | Participants who have attained age 62. |
| 55/10 or Rule of 70 | Participants who have attained age 55 with 10 years of Credited Service, or, whose age plus Credited Service is at least 70 shall be eligible to receive an Early Retirement Benefit. |
| Vested Termination | Participants who terminate after completing 5 years of service are vested in their accrued benefit.<br><br>Vested Terminated participants may receive an actuarially reduced benefit as early as age 55. |
| Pre-Retirement Surviving Spouse Benefit | If a participant who has completed 5 years of service, or is age 62 dies while actively employed, his eligible spouse will receive 50% of his unreduced monthly benefit beginning at his death. |
| Changes Since Previous Valuation | The plan was amended during 2007 to provide supplemental benefits to certain participants. |
| Benefits Not Valued | No disability benefits were valued.<br>REACT surviving spouse benefits were not valued. |

**Statement of Actuarial Assumptions**

Valuation Interest Rates

The Full Yield Curve as of October 2008. Illustrative rates are shown below:

| | |
|---|---|
| 1st Rate | 5.45% |
| 2nd Rate | 6.83% |
| 3rd Rate | 7.64% |
| 4th Rate | 7.95% |
| 5th Rate | 8.11% |
| 6th Rate | 8.25% |
| 7th Rate | 8.41% |

Mortality

Static separate, sex-distinct RP-2000 Healthy Annuitant tables projected 7 years from the valuation date and Non-Annuitant tables projected 15 years from the valuation date using projection scale AA

Turnover

According to Table T-3 of the Actuary's Pension Handbook. Sample annual rates of withdrawal are as follows:

| Age | Rates |
|---|---|
| 20 | 6.577% |
| 25 | 5.270% |
| 30 | 4.831% |
| 35 | 4.474% |
| 40 | 3.841% |
| 45 | 3.215% |
| 50 | 1.525% |
| 55 | 0.334% |
| 60 | 0.000% |

Salary Progression

4% per year, compounded annually.

Retirement Age

| Age | % Retire |
|---|---|
| 60 - 64 | 20% |
| 65 | 100% |

Married Participants

80% of all participants are assumed to be married. Female spouses are assumed to be three years younger than males.

**Statement of Actuarial Assumptions (continued)**

| | |
|---|---|
| Expenses | $225,000 |
| Disability Incidence | None assumed. |
| IRC Section 401(a)(17) Annual Compensation Limit | $245,000 in 2009. For funding purposes, this limit is assumed to remain constant in the future. |
| IRC Section 415 Maximum Benefit Limit | $195,000 in 2009. For funding purposes, this limit is assumed to remain constant in the future. |

**Statement of Actuarial Methods (continued)**

1. Actuarial Cost Method

The actuarial cost method is the Unit Credit Actuarial Cost Method.

Under this cost method, the actuarial accrued liability is defined as the present value of the accrued benefits on the valuation date. The unfunded actuarial accrued liability is the excess, if any, of the amount by which the accrued liability exceeds the actuarial value of plan assets.

The normal cost, determined on the valuatoin date, is the amount required to fund the benefit expected to be earned in the current year

2. Asset Valuation Method

In each year subsequent to the initial application of the method, an expected actuarial value of assets is determined by assuming a yield equal to the assumed investment return on the previous actuarial value of assets and on contributions to and payments from the fund. Actuarial value of assets equals the expected actuarial value plus a two-year straight line amortization of the annual gain/loss amounts. The annual gain/loss amount is equal to the expected actuarial value plus the difference between the expected actuarial value of assets and the actual market value less previously unrecognized gains/loss amounts.

**Change in Method**

The Actuarial Value of Asset was changed from using the Market Value to the using the average of the fair market value on the valuation date and the adjusted fair market value on each of the preceding two valuation dates, but not less than 90% nor more than 110% of the Fair Value of Assets. The adjusted fair market value as of any preceding valuation date is equal to the fair market value as of such date increased for contributions reflected in the fair market value of assets on the current valuation that were not reflected in the fair market value of assets as of such preceding valuation date, decreased for benefits payments and expenses reflected in the fair market value of assets on the current valuation that were not reflected in the fair market value of assets as of such preceding valuation date, and adjusted for expected earnings (not in excess of the third segment rate, with no phase-in, applicable to the corresponding valuation date).

**Change in Actuarial Assumptions**

The salary scale assumption was decreased from 5% to 4%

# Century Aluminum Company

Century Aluminum Employees Retirement Plan

EIN: 13-3070826; PN: 001

Schedule SB, Line 26 – Schedule of Active Participant Data

**Age and Service Distribution of Active Members**

Completed Years of Service on January 1, 2009

| Attained Age | Under 1 year | | 1 to 4 years | | 5 to 9 years | | 10 to 14 years | | 15 to 19 years | | 20 to 24 years | | 25 to 29 years | | 30 to 34 years | | 35 to 39 years | | Over 40 years | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | No. | Avg. Pay | No. | Avg. Pay | No. | Avg. Pay | No. | Avg. Pay | No. | Avg. Pay | No. | Avg. Pay | No. | Avg. Pay | No. | Avg. Pay | No. | Avg. Pay | No. | Avg. Pay | No. | Avg Pay |
| <25 | | | 3 | | | | | | | | | | | | | | | | | | 3 | |
| 25-29 | | | 10 | | 1 | | | | | | | | | | | | | | | | 11 | |
| 30-34 | | | 8 | | 5 | | 8 | | | | | | | | | | | | | | 21 | 79,022 |
| 35-39 | | | 9 | | 7 | | 6 | | | | | | | | | | | | | | 22 | 91,480 |
| 40-44 | | | 18 | | 5 | | 11 | | 1 | | 2 | | | | | | | | | | 37 | 84,176 |
| 45-49 | 1 | | 9 | | 9 | | 14 | | 8 | | | | | | | | | | | | 41 | 84,737 |
| 50-54 | | | 12 | | 6 | | 8 | | 3 | | 3 | | 6 | | 14 | | 2 | | | | 54 | 93,295 |
| 55-59 | | | 13 | | 7 | | 3 | | 1 | | 2 | | | | 6 | | 16 | | | | 48 | 87,046 |
| 60-64 | | | 3 | | 2 | | 3 | | 1 | | | | | | 5 | | 10 | | | | 24 | 103,025 |
| 65-69 | | | 1 | | | | | | | | | | 1 | | 1 | | 3 | | | | 6 | |
| 70&Up | | | 1 | | | | | | | | | | | | | | | | | | 1 | |
| Total | 1 | | 87 | 98,093 | 42 | 94,048 | 53 | 74,367 | 14 | | 7 | | 7 | | 26 | 81,524 | 31 | 76,244 | | | 268 | 86,105 |

| | January 1, 2009 |
|---|---|
| Number of active members | 268 |
| Average age | 48.45 |
| Average years of service | 14.05 |
| Average Compensation | $88,105 |

| SCHEDULE SB (Form 5500) | Single-Employer Defined Benefit Plan Actuarial Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury, Internal Revenue Service; Department of Labor, Employee Benefits Security Administration; Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF. | 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 | B Three-digit plan number (PN) ▶ | 001 |
|---|---|---|
| Century Aluminum Employees Retirement Plan | | |
| **C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF | **D** Employer Identification Number (EIN) | |
| Century Aluminum Company | 13-3070826 | |

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

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

## Part I Basic Information

**1** Enter the valuation date: Month 1 Day 1 Year 2009

| | | | | |
|---|---|---|---|---|
| **2** | Assets: | | | |
| | **a** Market value | | **2a** | 26,197,776 |
| | **b** Actuarial value | | **2b** | 28,817,554 |
| **3** | Funding target/participant count breakdown | | (1) Number of participants | (2) Funding Target |
| | **a** For retired participants and beneficiaries receiving payment | **3a** | 155 | 15,177,831 |
| | **b** For terminated vested participants | **3b** | 83 | 2,142,962 |
| | **c** For active participants: | | | |
| | (1) Non-vested benefits | **3c(1)** | | 1,323,671 |
| | (2) Vested benefits | **3c(2)** | | 11,256,525 |
| | (3) Total active | **3c(3)** | 268 | 12,580,196 |
| | **d** Total | **3d** | 506 | 29,900,989 |
| **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** | 2,084,424 |

**Statement by Enrolled Actuary**

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

**SIGN HERE**

Signature of actuary — Date: 09/30/2010

AMY BEERT — Type or print name of actuary

Most recent enrollment number: 08-07195

PRICEWATERHOUSECOOPERS LLP — Firm name

Telephone number (including area code): (312)298-2000

ONE NORTH WACKER DR.
CHICAGO IL 60606-2807 — Address of the firm

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

## Part II Beginning of year carryover and prefunding balances

| | | (a) Carryover balance | (b) Prefunding balance |
|---|---|---|---|
| 7 | Balance at beginning of prior year after applicable adjustments (Item 13 from prior year) | 9,104,268 | 0 |
| 8 | Portion used to offset prior year's funding requirement (Item 35 from prior year) | 2,339,466 | 0 |
| 9 | Amount remaining (Item 7 minus item 8) | 6,764,802 | 0 |
| 10 | Interest on item 9 using prior year's actual return of (28.35)% | (1,917,838) | 0 |
| 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 _____% | | 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) | 4,846,964 | 0 |

## Part III Funding percentages

| | | | |
|---|---|---|---|
| 14 | Funding target attainment percentage | 14 | 80.16 % |
| 15 | Adjusted funding target attainment percentage | 15 | 96.37 % |
| 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 | 116.10 % |
| 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? [X] Yes [ ] No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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**: 3

**22** Weighted average retirement age — **22**: 63

**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**: 2,084,424

**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**: 2,084,424

| | Carryover balance | Prefunding balance | Total balance |
|---|---|---|---|
| **35** Balances used to offset funding requirement | 2,084,424 | 0 | 2,084,424 |

**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

**Description of Weighted Average Retirement Age**

| Age | Retirement Rates | Lives Remaining | Retired | Weighted Age |
|---|---|---|---|---|
| 60 | 20% | 80.00 | 20.00 | 12.00 |
| 61 | 20% | 64.00 | 16.00 | 9.76 |
| 62 | 20% | 51.20 | 12.80 | 7.94 |
| 63 | 20% | 40.96 | 10.24 | 6.45 |
| 64 | 20% | 32.77 | 8.19 | 5.24 |
| 65 | 100% | 0.00 | 32.77 | 21.30 |
| | | | 100.00 | **62.7** |

**Statement of Actuarial Assumptions**

Valuation Interest Rates

The Full Yield Curve as of October 2008. Illustrative rates are shown below:

| | |
|---|---|
| 1st Rate | 5.45% |
| 2nd Rate | 6.83% |
| 3rd Rate | 7.64% |
| 4th Rate | 7.95% |
| 5th Rate | 8.11% |
| 6th Rate | 8.25% |
| 7th Rate | 8.41% |

Mortality

Static separate, sex-distinct RP-2000 Healthy Annuitant tables projected 7 years from the valuation date and Non-Annuitant tables projected 15 years from the valuation date using projection scale AA

Turnover

According to Table T-3 of the Actuary's Pension Handbook. Sample annual rates of withdrawal are as follows:

| Age | Rates |
|---|---|
| 20 | 6.577% |
| 25 | 5.270% |
| 30 | 4.831% |
| 35 | 4.474% |
| 40 | 3.841% |
| 45 | 3.215% |
| 50 | 1.525% |
| 55 | 0.334% |
| 60 | 0.000% |

Salary Progression

4% per year, compounded annually.

Retirement Age

| Age | % Retire |
|---|---|
| 60 - 64 | 20% |
| 65 | 100% |

Married Participants

80% of all participants are assumed to be married. Female spouses are assumed to be three years younger than males.

**Statement of Actuarial Assumptions (continued)**

| | |
|---|---|
| Expenses | $225,000 |
| Disability Incidence | None assumed. |
| IRC Section 401(a)(17) Annual Compensation Limit | $245,000 in 2009. For funding purposes, this limit is assumed to remain constant in the future. |
| IRC Section 415 Maximum Benefit Limit | $195,000 in 2009. For funding purposes, this limit is assumed to remain constant in the future. |

**Statement of Actuarial Methods (continued)**

1. Actuarial Cost Method

The actuarial cost method is the Unit Credit Actuarial Cost Method.

Under this cost method, the actuarial accrued liability is defined as the present value of the accrued benefits on the valuation date. The unfunded actuarial accrued liability is the excess, if any, of the amount by which the accrued liability exceeds the actuarial value of plan assets.

The normal cost, determined on the valuatoin date, is the amount required to fund the benefit expected to be earned in the current year

2. Asset Valuation Method

In each year subsequent to the initial application of the method, an expected actuarial value of assets is determined by assuming a yield equal to the assumed investment return on the previous actuarial value of assets and on contributions to and payments from the fund. Actuarial value of assets equals the expected actuarial value plus a two-year straight line amortization of the annual gain/loss amounts. The annual gain/loss amount is equal to the expected actuarial value plus the difference between the expected actuarial value of assets and the actual market value less previously unrecognized gains/loss amounts.

**Summary of Plan Provisions**

| | |
|---|---|
| Plan Name | Century Aluminum Employees Retirement Plan. |
| Effective Date | February 7, 1989. |
| Eligibility | Any salaried employee who was employed on February 7, 1989 and who was a participant in the Kaiser Aluminum Salaried Employees Retirement Plan (Kaiser Plan) on February 6, 1989 shall be a participant.<br><br>Otherwise, a salaried employee becomes a participant on the earlier of January 1 or July 1 after completion of one year of service<br><br>As of April 1, 2001, non-bargained employees at the Century Aluminum Kentucky location are eligible to participate in the Salaried Employees Retirement Plan on the earlier of January 1 or July 1 after completion of one year of service. |
| Employee Contributions | None required or allowed. |
| Credited Service | Based on elapsed number of months worked at Century Aluminum.<br><br>Additionally, employees of Kaiser Aluminum and Chemical (KACC) receive credit for service performed for KACC prior to February 7, 1989 if they were employed by Ravenswood Aluminum Company on February 7, 1989.<br><br>Employees who transferred from Ormet Company shall receive Credited Service equal to that accrued under the Ormet Company Salaried Employees Pension Plan. If an employee transfers to Ormet Company, he will cease earning Credited Service under this plan.<br><br>Maximum 40 years. |
| Compensation | All compensation before any reductions for 401(k) and 125 contributions to the extent allowable by law, excluding accrued vacation pay and performance shares. |
| Final Average Monthly Compensation | Base salary averaged over the highest 36 consecutive monthly periods in the last 120 month period worked. |

**Summary of Plan Provisions (continued)**

Basic Benefit

A monthly benefit for life equal to the greater of 1. or 2. below less the total monthly vested benefits payable as a life annuity at age 62 from the Kaiser Plan and Ormet Company Salaried Employees Retirement Plan:

1. 1.5% of Final Average Monthly Compensation multiplied by Years of Credited Service (maximum of 40 years).

2. $32.25 multiplied by Years of Credited Service (maximum of 40 years).

Minimum Benefit

A minimum monthly benefit for life equal to the larger of

1. 1.5% of Final Average Monthly Compensation multiplied by Years of Credited Service after February 7, 1989 (maximum of 40 years).

2. $2,700 per annum.

Applies to Normal, Early and 30 Year Pensions.

Early Retirement Benefit

Participants eligible for Early Retirement who begin receiving benefits prior to age 62 will have their benefits reduced as follows:

| Commencement Age | Reduction Factor |
|---|---|
| 62 | 100% |
| 61 | 97.5% |
| 60 | 95% |
| 59 | 90% |
| 58 | 85% |
| 57 | 80% |
| 56 | 75% |
| 55 | 70% |

**Summary of Plan Provisions (continued)**

| | |
|---|---|
| Retirement Eligibility | |
| Normal Retirement | Participants who have attained age 62. |
| 55/10 or Rule of 70 | Participants who have attained age 55 with 10 years of Credited Service, or, whose age plus Credited Service is at least 70 shall be eligible to receive an Early Retirement Benefit. |
| Vested Termination | Participants who terminate after completing 5 years of service are vested in their accrued benefit.<br><br>Vested Terminated participants may receive an actuarially reduced benefit as early as age 55. |
| Pre-Retirement Surviving Spouse Benefit | If a participant who has completed 5 years of service, or is age 62 dies while actively employed, his eligible spouse will receive 50% of his unreduced monthly benefit beginning at his death. |
| Changes Since Previous Valuation | The plan was amended during 2007 to provide supplemental benefits to certain participants. |
| Benefits Not Valued | No disability benefits were valued.<br>REACT surviving spouse benefits were not valued. |

**Change in Actuarial Assumptions**

The salary scale assumption was decreased from 5% to 4%

**Change in Method**

The Actuarial Value of Asset was changed from using the Market Value to the using the average of the fair market value on the valuation date and the adjusted fair market value on each of the preceding two valuation dates, but not less than 90% nor more than 110% of the Fair Value of Assets. The adjusted fair market value as of any preceding valuation date is equal to the fair market value as of such date increased for contributions reflected in the fair market value of assets on the current valuation that were not reflected in the fair market value of assets as of such preceding valuation date, decreased for benefits payments and expenses reflected in the fair market value of assets on the current valuation that were not reflected in the fair market value of assets as of such preceding valuation date, and adjusted for expected earnings (not in excess of the third segment rate, with no phase-in, applicable to the corresponding valuation date).

# Century Aluminum Company

## Century Aluminum Employees Retirement Plan

## EIN: 13-3070826; PN: 001

## Schedule SB, Line 26 – Schedule of Active Participant Data

**Age and Service Distribution of Active Members**

Completed Years of Service on January 1, 2009

| Attained Age | Under 1 year | | 1 to 4 years | | 5 to 9 years | | 10 to 14 years | | 15 to 19 years | | 20 to 24 years | | 25 to 29 years | | 30 to 34 years | | 35 to 39 years | | Over 40 years | | Total | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | No. | Avg. Pay | No. | Avg. Pay | No. | Avg. Pay | No. | Avg. Pay | No. | Avg. Pay | No. | Avg. Pay | No. | Avg. Pay | No. | Avg. Pay | No. | Avg. Pay | No. | Avg. Pay | No. | Avg Pay |
| <25 | | | 3 | | | | | | | | | | | | | | | | | | 3 | |
| 25-29 | | | 10 | | 1 | | | | | | | | | | | | | | | | 11 | |
| 30-34 | | | 8 | | 5 | | 8 | | | | | | | | | | | | | | 21 | 79,022 |
| 35-39 | | | 9 | | 7 | | 6 | | | | | | | | | | | | | | 22 | 91,480 |
| 40-44 | | | 18 | | 5 | | 11 | | 1 | | 2 | | | | | | | | | | 37 | 84,176 |
| 45-49 | 1 | | 9 | | 9 | | 14 | | 8 | | | | | | | | | | | | 41 | 84,737 |
| 50-54 | | | 12 | | 6 | | 8 | | 3 | | 3 | | 6 | | 14 | | 2 | | | | 54 | 93,295 |
| 55-59 | | | 13 | | 7 | | 3 | | 1 | | 2 | | | | 6 | | 16 | | | | 48 | 87,046 |
| 60-64 | | | 3 | | 2 | | 3 | | 1 | | | | | | 5 | | 10 | | | | 24 | 103,025 |
| 65-69 | | | 1 | | | | | | | | | | 1 | | 1 | | 3 | | | | 6 | |
| 70&Up | | | 1 | | | | | | | | | | | | | | | | | | 1 | |
| Total | 1 | | 87 | 98,093 | 42 | 94,048 | 53 | 74,367 | 14 | | 7 | | 7 | | 26 | 81,524 | 31 | 76,244 | | | 268 | 86,105 |

| | January 1, 2009 |
|---|---|
| Number of active members | 268 |
| Average age | 48.45 |
| Average years of service | 14.05 |
| Average Compensation | $88,105 |

**SCHEDULE OF ASSETS (HELD AT END OF YEAR)**

**Schedule H, Line 4i**

PLAN NAME: CENTURY ALUMINUM EMPLOYEES' RETIREMENT PLAN

EIN: 13-3070826

PLAN NUMBER: 001

The Schedule H, line 4i -- Schedule of Assets (Held At End of Year) is included in the attachment titled FINANCIAL STATEMENTS.

**SCHEDULE OF REPORTABLE TRANSACTIONS**

**Schedule H, Line 4j**

PLAN NAME: CENTURY ALUMINUM EMPLOYEES' RETIREMENT PLAN

EIN: 13-3070826

PLAN NUMBER: 001

The Schedule H, line 4j -- Schedule of Reportable Transactions is included in the attachment titled FINANCIAL STATEMENTS.

**FINANCIAL STATEMENTS**

**Schedule H, Line 3**

PLAN NAME: CENTURY ALUMINUM EMPLOYEES' RETIREMENT PLAN

EIN: 13-3070826

PLAN NUMBER: 001

Century Aluminum -- Century Aluminum Employees' Retirement Plan Financial Statements, 12/31/2009

# Century Aluminum Employees' Retirement Plan

Financial Statements as of and for the
Years Ended December 31, 2009 and 2008,
Supplemental Schedules as of December 31, 2009,
and Independent Auditors' Report

# CENTURY ALUMINUM EMPLOYEES' RETIREMENT PLAN

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NOTE: All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.

Deloitte.

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## INDEPENDENT AUDITORS' REPORT

To the Plan Administrator and Participants of
Century Aluminum Employees' Retirement Plan:

We were engaged to audit the financial statements of Century Aluminum Employees' Retirement Plan (the "Plan") as of December 31, 2009 and 2008, and for the years then ended, and supplemental schedules as of December 31, 2009, listed in the Table of Contents. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Frank Russell Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certifications from the trustee that the information as of and for the years ended December 31, 2009 and 2008 provided to the Plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to express, and we do not express, an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Deloitte & Touche LLP

October 14, 2010

# CENTURY ALUMINUM EMPLOYEES' RETIREMENT PLAN

## STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
## AS OF DECEMBER 31, 2009 AND 2008

| | 2009 | 2008 |
|---|---|---|
| ASSETS: | | |
| Investments at fair value | $30,645,381 | $26,197,776 |
| LIABILITIES: | | |
| Accrued administrative expense | 50,122 | 40,669 |
| NET ASSETS AVAILABLE FOR BENEFITS | $30,595,259 | $26,157,107 |

See notes to financial statements

# CENTURY ALUMINUM EMPLOYEES' RETIREMENT PLAN

## STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEARS ENDED DECEMBER 31, 2009 AND 2008

| | 2009 | 2008 |
|---|---|---|
| ADDITIONS: | | |
| Plan transfers | $ 47,072 | $ - |
| Net appreciation in fair value of investments | 6,446,791 | |
| Total additions | 6,493,863 | - |
| DEDUCTIONS: | | |
| Net depreciation in fair value of investments | | 10,736,944 |
| Benefit payments | 1,839,152 | 1,537,323 |
| Administrative expenses | 216,559 | 223,798 |
| Total deductions | 2,055,711 | 12,498,065 |
| NET INCREASE (DECREASE) | 4,438,152 | (12,498,065) |
| NET ASSETS AVAILABLE FOR BENEFITS | | |
| Beginning of year | 26,157,107 | 38,655,172 |
| End of year | $30,595,259 | $26,157,107 |

See notes to financial statements.

### 1. DESCRIPTION OF THE PLAN

The following brief description of the Century Aluminum Employees' Retirement Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan agreement or document for more complete information.

**General** — The Plan is a noncontributory defined benefit pension plan and covers substantially all salaried employees of Century Aluminum Company and Century Aluminum of West Virginia, Inc. , and as of April 1, 2001, substantially all salaried employees and nonunion employees of Century Aluminum of Kentucky General Partnership (formerly known as Century Aluminum of Kentucky, LLC) (together the "Company"). The Plan was established on February 7, 1989, as required by the Asset Purchase Agreement between the Century Aluminum of West Virginia, Inc. and Kaiser Aluminum and Chemical Corporation ("KACC"). Generally, any employee hired after February 7, 1989, automatically becomes a participant on the earlier of January 1 or July 1 after completion of one year of service. Under the terms of this agreement, the Company is not liable for any benefits earned while an individual was an employee of KACC; however, service earned under the former plan is included for purposes of eligibility, vesting, and determination of benefit accruals under the Plan. The Plan is subject to the requirements of the Employee Retirement Income Security Act of 1974 ("ERISA"). Similar terms govern employees of Century Aluminum of Kentucky General Partnership, who, prior to April 1, 2001, were employees of Southwire Company.

**Retirement Benefits** — All Plan participants who have attained the age of 62 are eligible for benefits under the Plan. The Plan permits early retirement commencing at the age of 55, or at the time the sum of a participant's age and period of service (expressed in years) total at least 70. The Plan provides for disability benefits. Participants become vested following the completion of five years of service.

The amount of the monthly pension benefit is based on the greatest of:

(1) 1.5% of the Participant's Final Average Monthly Compensation multiplied by their Period of Credited Service up to a maximum of 40 years;

(2) $32.25 multiplied by their Period of Credited Service up to a maximum of 40 years;

(3) 1.5% of the Participant's Final Average Monthly Compensation multiplied by their Period of Credited Service with the Company after February 6, 1989, up to a maximum of 40 years; or

(4) $225.

### 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

**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 ("GAAP").

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

**Risks and Uncertainties** — The Plan utilizes various investment securities including mutual funds and corporate stocks. Investment securities, in general, are exposed to various risks, such as interest rate risk, credit risk, 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.

**Valuation of Investments and Income (Loss) Recognition** — The Plan's investments are reported at fair value as determined from market quotations and other independent sources as reported to the Plan by Frank Russell Trust Company (the "Trustee"). Purchases or sales of securities are recorded on the trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

**Expenses** — For the Plan years ended December 31, 2009 and 2008, administrative expenses consist of Trustee fees, Retiree Service expenses and Pension Benefit Guaranty Corporation ("PBGC") expenses paid by the Plan. The Company has paid all other Plan administrative expenses.

**Payment of Benefits** — Benefit payments are recorded upon distribution.

**New Accounting Standards Adopted** — The accounting standards initially adopted in the 2009 financial statements described below affected certain note disclosures but did not impact the statements of net assets available for benefits or the statement of changes of net assets available for benefits.

*Accounting Standards Codification* — The Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") became effective on July 1, 2009. At that date, the ASC became FASB's official source of authoritative GAAP applicable to all public and nonpublic nongovernmental entities, superseding existing guidance issued by the FASB, the American Institute of Certified Public Accountants, the Emerging Issues Task Force and other related literature. The FASB also issues Accounting Standards Updates ("ASU"). An ASU communicates amendments to the ASC. An ASU also provides information to help a user of GAAP understand how and why GAAP is changing and when the changes will be effective.

*Subsequent Events* — In May 2009, the FASB issued ASC 855, *Subsequent Events* (originally issued as FASB Statement No. 165, "Subsequent Events") to establish general standards of accounting for and disclosing events that occur after the balance sheet date, but prior to the issuance of financial statements. ASC 855 provides guidance on when financial statements should be adjusted for subsequent events and requires companies to disclose subsequent events and the date through which subsequent events have been evaluated. ASC 855 is effective for periods ending after June 15, 2009.

We have evaluated all subsequent events through October 14, 2010, the date the financial statements were available to be issued.

*Updates to Fair Value Measurements and Disclosures* — In 2009, FASB Staff Position 157-4, *Disclosures Determining Fair Value When the Volume and Level of Activity for the Asset or Liability Have Significantly Decreased and Identifying Transactions That Are Not Orderly*, was issued and later codified into ASC 820, which expanded disclosures and required that major category for debt and equity securities in the fair value hierarchy table be determined on the basis of the nature and risks of the investments, see Note 3 for additional information.

**New Accounting Standards to be Adopted** — In January 2010, the FASB issued FASB ASU 2010-06, *Fair Value Measurements and Disclosures: Improving Disclosures about Fair Value Measurements* (ASU 2010-06), which amends FASB ASC 820, *Fair Value Measurements and Disclosures*. The update

provides additional disclosures for transfers into and out of Levels 1 and 2 fair value hierarchy and separate disclosures about purchases, issuances and settlements relating to Level 3 fair value hierarchy measurements and clarifies certain other existing disclosure requirements. In addition ASU 2010-06 amends guidance on employers' disclosures about postretirement benefit plan assets to require that disclosures be provided by classes of assets instead of by major categories of assets. ASU No. 2010-06 is effective for periods beginning after December 15, 2009, except for the requirement to provide Level 3 activity of purchases, sales, issuances, and settlements on a gross basis, which will be effective for fiscal years beginning after December 15, 2010. The Plan is currently evaluating the impact ASU No. 2010-06 will have on future financial statements.

## 3. FAIR VALUE MEASUREMENTS

Fair value measurements are based on an established framework under FASB ASC 820 for measuring and disclosing the fair value for the various financial instruments within the Plan. In accordance with ASC 820, fair value is defined as the price that the Plan would receive upon selling an investment in a timely transaction to an independent buyer in the principal or most advantageous market of the investment. ASC 820 established a three-tier hierarchy based on the use of observable market data and unobservable inputs to establish the classification of fair value measurements for disclosure purposes. Inputs refer broadly to the assumptions that market participants would use in pricing the asset, including assumptions about risk, for example, the risk inherent in a particular valuation technique used to measure fair value including a pricing model and/or risk inherent in the inputs to the valuation technique. Inputs may be observable or unobservable. 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 reporting entity. Unobservable inputs are inputs that reflect the Company's assumptions about the assumptions market participants would use in pricing the asset or liability developed based on the best information available in the circumstances. The three-tier hierarchy of inputs is summarized in the three broad levels listed below:

*Level 1* — Quoted prices in active markets for identical investments

*Level 2* — Other significant observable inputs (including quoted prices for similar investments, interest rates, prepayment speeds, etc.)

*Level 3* — Significant unobservable inputs (including the Trustee's own assumptions in determining the fair value of investments)

Inputs used in valuing the Plans' investments carried at fair value for the year ended December 31, 2009 and 2008 were as follows:

| | Recurring Fair Value Measurements as of December 31, 2009 | | | |
|---|---|---|---|---|
| | **Level 1** | **Level 2** | **Level 3** | **Total** |
| Equity securities: | | | | |
| Common trust funds | $ - | $20,077,998 | $ - | $20,077,998 |
| Fixed income: | | | | |
| Common trust funds | | 10,567,383 | | 10,567,383 |
| Total | $ - | $30,645,381 | $ - | $30,645,381 |

| | Recurring Fair Value Measurements as of December 31, 2008 | | | |
|---|---|---|---|---|
| | Level 1 | Level 2 | Level 3 | Total |
| Equity securities: | | | | |
| Common trust funds | $ - | $16,947,291 | $ - | $16,947,291 |
| Fixed income: | | | | |
| Common trust funds | | 9,250,485 | | 9,250,485 |
| Total | $ - | $26,197,776 | $ - | $26,197,776 |

## 4. FUNDING POLICY

Contributions to provide benefits under the Plan are made solely by the Company. The Company's funding policy is to make cash contributions to the Plan as determined by the Plan's actuary. No Company contributions were required for the year ended December 31, 2009 and 2008, respectively, as the minimum funding requirements under ERISA were met.

## 5. SUMMARY OF FINANCIAL INFORMATION CERTIFIED BY THE TRUSTEE (UNAUDITED)

The following is a summary of the 2009 and 2008 unaudited information, included in the Plan's financial statements and supplemental schedule that was prepared by or derived from information prepared by the Trustee of the Plan and furnished to the Plan administrator. The Plan administrator has obtained certifications from the Trustee that such information and investment information in the financial statements and supplemental schedule is complete and accurate as of and for the years ended December 31, 2009 and 2008:

| | 2009 | 2008 |
|---|---|---|
| Statements of net assets — investments at fair value | $30,645,381 | $26,197,776 |
| Statements of changes in net assets — net appreciation (depreciation) in fair value of investments | 6,446,791 | (10,736,944) |

The fair value of the Plan's investments in common/collective trust funds has been determined by the Trustee; see Note 3 Fair Value Measurements for additional information. The Plan's investments in common/collective trust funds as of December 31, 2009 and 2008, consist of the following:

| | 2009 | | | 2008 | | |
|---|---|---|---|---|---|---|
| | Units/Shares | Fair Value | | Units/Shares | Fair Value | |
| Frank Russell Trust Funds: | | | | | | |
| Multi Mgr Bond Fund | 769,656 | $10,567,383 | * | 798,833 | $ 9,250,485 | * |
| Equity I Fund | 213,378 | 8,650,338 | * | 227,348 | 7,077,350 | * |
| All International Markets Fund | 124,955 | 4,615,827 | * | | | |
| Large Cap Structured Equity Fund | 470,943 | 4,332,677 | * | 966,643 | 7,162,821 | * |
| Equity II Fund | 48,918 | 2,479,156 | * | 71,503 | 2,707,120 | * |
| Total | | $30,645,381 | | | $26,197,776 | |

* Investment exceeds 5% of net assets at December 31.

The Plan's common/collective trust funds (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value for the years ended December 31, 2009 and 2008, as follows:

| | 2009 | 2008 |
|---|---|---|
| Equity income common/collective trust fund investment appreciation (depreciation) | $1,615,925 | $ (967,863) |
| Equity common/collective trust funds investment appreciation (depreciation) | 4,830,866 | (9,769,081) |
| Common/collective trust funds | $6,446,791 | $(10,736,944) |

## 6. ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the services employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations are as follows:

- Life expectancy of participants in accordance with the RP-2000 Mortality Table sex distinct, projected to 2010.
- Average rate of return used in the calculation of the present value of accumulated plan benefits is 8.0%.
- Retirement age of 60 with 20% retirement per annum from age of 60 through age 64 or immediate retirement, if participant is age 65 or older.

The actuarial present value of accumulated plan benefits as of January 1, 2010 and 2009 (for the years ended December 31, 2009 and 2008, respectively), are as follows:

| | 2009 | 2008 |
|---|---|---|
| Vested benefits: | | |
| Participants currently receiving payments | $19,346,530 | $17,180,864 |
| Other participants | 11,975,860 | 10,960,785 |
| Non-vested benefits | 1,428,806 | 1,353,805 |
| Total | $32,751,196 | $29,495,454 |

The changes in accumulated plan benefits for the years ended January 1, 2010 and 2009 (December 31, 2009 and 2008, respectively) are as follows:

| | 2009 | 2008 |
|---|---|---|
| Actuarial present value of accumulated plan benefits — beginning of year | $29,495,454 | $26,677,927 |
| Increase (decrease) during the year attributable to: | | |
| Plan amendment | 349,392 | - |
| Benefits accumulated — net | 2,458,017 | 2,281,056 |
| Benefits paid | (1,839,152) | (1,537,323) |
| Increase of interest due to the decrease in the discount period | 2,287,485 | 2,073,794 |
| Net increase | 3,255,742 | 2,817,527 |
| Actuarial present value of accumulated plan benefits — end of year | $32,751,196 | $29,495,454 |

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

## 7. FEDERAL INCOME TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated May 6, 2008, that the Plan and related trust are designed in accordance with applicable regulations of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the determination letter. However, the Company and the Plan administrator believe that the Plan is currently designed and operated in compliance with the applicable requirements of the IRC and the Plan and related trust continue to be tax exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

## 8. PLAN TERMINATION

The Plan can be terminated by the Company in certain limited situations. If the Plan is terminated, the net assets of the Plan will be distributed to the participants in an order of priority determined in accordance with ERISA and its applicable regulations, and with the Plan document.

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

Whether all participants receive their benefits, should the Plan be terminated at some future time, will depend on the sufficiency, at that time, of the Plan's net assets to provide these benefits, the priority of those benefits to be paid and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the existing assets and the PBGC guarantee, while other benefits may not be provided for at all.

## 9. PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of common/collective trust funds managed by the Trustee. Frank Russell Trust Company is the Trustee, as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions.

## 10. PLAN TRANSFERS

In prior years, certain participants in the Plan, who had transferred from union to salaried status received excess Plan benefits. The amount of excess benefits received were attributable to benefits that should have been paid under the Century Aluminum of West Virginia, Inc. Hourly Employees' Pension Plan (the "Hourly Plan"). In 2009, the Plan received a transfer payment of $47,072 from the Hourly Plan for the Hourly Plan benefits paid by the Plan. The Plan received a compliance statement from the Internal Revenue Service in 2009, approving the transfer.

* * * * * *

# SUPPLEMENTAL SCHEDULES

## CENTURY ALUMINUM EMPLOYEES' RETIREMENT PLAN

**FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)**
**AS OF DECEMBER 31, 2009**
**EMPLOYER IDENTIFICATION NUMBER: 13-3070826**
**PLAN NUMBER: 001**

| Identity of Issue, Borrower, Lessor or Similar Party | Description of Investment | Shares | Cost | Current Value |
|---|---|---|---|---|
| * Frank Russell Trust Company | Multi Mgr Bond Fund | 769,656 | $ 8,820,755 | $ 10,567,383 |
| * Frank Russell Trust Company | Equity I Fund | 213,378 | 7,566,925 | 8,650,338 |
| * Frank Russell Trust Company | All International Markets Fund | 124,955 | 3,785,661 | 4,615,827 |
| * Frank Russell Trust Company | Large Cap Structured Equity Fund | 470,943 | 4,184,902 | 4,332,677 |
| * Frank Russell Trust Company | Equity II Fund | 48,918 | 2,048,671 | 2,479,156 |
| TOTAL INVESTMENTS | | | $ 26,406,914 | $ 30,645,381 |

* Party-in-interest.

# CENTURY ALUMINUM EMPLOYEES' RETIREMENT PLAN

**FORM 5500 SCHEDULE H — PART IV, LINE 4j — SCHEDULE OF REPORTABLE TRANSACTIONS**
**FOR THE YEAR ENDED DECEMBER 31, 2009**
**EMPLOYER IDENTIFICATION NUMBER: 13-3070826**
**PLAN NUMBER: 001**

| Identity of Party Involved | Description of Asset | Purchase Price | Selling Price | Lease Rental | Expense Incurred | Cost of Asset | Current Value of Asset on Transaction Date | Net Gain or (Loss) |
|---|---|---|---|---|---|---|---|---|
| Frank Russell Trust Company | Large Cap Structured Equity Fund, sale of 250,119 shares | $ - | $ 2,053,477 | $ - | $ - | $ 2,222,611 | $ 2,053,477 | $ (169,134) |
| Frank Russell Trust Company | All International Markets Fund, purchase of 51,390 shares | 1,321,091 | | | | | 1,321,091 | |
| Frank Russell Trust Company | Equity I Fund, purchase of 56,399 shares | 2,053,477 | | | | | 2,053,477 | |
| Frank Russell Trust Company | Multi Mgr Bond Fund, 17 sales totaling 115,325 shares | | 1,361,983 | | | 1,311,065 | 1,361,983 | 50,918 |
| Frank Russell Trust Company | Large Cap Structured Equity Fund, 25 sales totaling 552,185 shares | | 4,387,403 | | | 4,906,831 | 4,387,403 | (519,428) |
| Frank Russell Trust Company | All International Markets Fund, 8 purchases totaling 137,353 shares | 4,114,445 | | | | | 4,114,445 | |
| Frank Russell Trust Company | Equity I Fund, 4 purchases of 68,401 shares | 2,376,714 | | | | | 2,376,714 | |
| Frank Russell Trust Company | Equity I Fund, 23 sales of 82,371 shares | | 2,821,334 | | | 2,906,894 | 2,821,334 | (85,560) |