

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
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Part I	Annual Report Identification Information		
For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</u>			
A This return/report is for:	☐ a multiemployer plan;	☐ a multiple-employer plan; or	
	☒ a single-employer plan;	☐ a DFE (specify) ____	
B This return/report is:	☐ the first return/report;	☐ the final return/report;	
	☐ an amended return/report;	☐ a short plan year return/report (less than 12 months).	
C If the plan is a collectively-bargained plan, check here.	☒		
D Check box if filing under:	☒ Form 5558;	☐ automatic extension;	☐ the DFVC program;
	☐ special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a Name of plan <u>COMMONWEALTH ALUMINUM LEWISPORT, LLC HOURLY EMPLOYEES PENSION PLAN</u>	1b Three-digit plan number (PN) ►	<u>001</u>	
	1c Effective date of plan	<u>08/01/1980</u>	
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>COMMONWEALTH ALUMINUM LEWISPORT, LLC</u> <u>25825 SCIENCE PARK DR STE 400</u> <u>BEACHWOOD, OH 44122-7392</u>	2b Employer Identification Number (EIN) <u>61-1377736</u>	2c Sponsor's telephone number <u>216-910-3400</u>	2d Business code (see instructions) <u>331400</u>

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/15/2010</u>	<u>KAREN COGAR</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/15/2010</u>	<u>KAREN COGAR</u>
	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

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

Form 5500 (2009)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") COMMONWEALTH ALUMINUM LEWISPORT, LLC 25825 SCIENCE PARK DR STE 400 BEACHWOOD, OH 44122-7392	3b Administrator's EIN 61-1377736 3c Administrator's telephone number 216-910-3400
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	1719
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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	598
b Retired or separated participants receiving benefits.....	6b	595
c Other retired or separated participants entitled to future benefits.....	6c	433
d Subtotal. Add lines 6a , 6b , and 6c	6d	1626
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	25
f Total. Add lines 6d and 6e	6f	1651
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	0
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	3

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 1B 1G 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) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

<div>SCHEDULE A (Form 5500) <div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan COMMONWEALTH ALUMINUM LEWISPORT, LLC HOURLY EMPLOYEES PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500. COMMONWEALTH ALUMINUM LEWISPORT, LLC	D Employer Identification Number (EIN) 61-1377736	

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

(a) Name of insurance carrier PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	613542	1651	01/01/2009	12/31/2009

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.
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(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end	4	0
5 Current value of plan's interest under this contract in separate accounts at year end	5	38353248

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)	7c(5)	
▶		
(6) Total additions	7c(6)	
d Total of balance and additions (add b and c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)	7e(4)	
▶		
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract e(5) from d)	7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

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

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

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

A Name of plan COMMONWEALTH ALUMINUM LEWISPORT, LLC HOURLY EMPLOYEES PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF COMMONWEALTH ALUMINUM LEWISPORT, LLC	D Employer Identification Number (EIN) 61-1377736
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month 01 Day 01 Year 2009	
2 Assets:	
a Market value	2a 51714945
b Actuarial value	2b 56886440
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment	3a 579 36173198
b For terminated vested participants	3b 442 9774150
c For active participants:	
(1) Non-vested benefits	3c(1) 2491506
(2) Vested benefits	3c(2) 21986373
(3) Total active	3c(3) 654 24477879
d Total	3d 1675 70425227
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 8.19 %
6 Target normal cost	6 1199276

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		10/15/2010
JAMES C. FRIES	Signature of actuary	Date
MERCER	Type or print name of actuary	08-06416
600 RENAISSANCE CENTER, SUITE 1800 DETROIT, MI 48243	Firm name	Most recent enrollment number
	Address of the firm	313-259-5500
		Telephone number (including area code)

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

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

Schedule SB (Form 5500) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	12904	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8).....	12904	0
10	Interest on item 9 using prior year's actual return of <u>-26.38</u> %	-3404	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		0
b	Interest on (a) using prior year's effective rate of <u>6.09</u> %		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance.....		
12	Reduction in balances due to elections or deemed elections.....		
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	9500	0

Part III Funding percentages			
14	Funding target attainment percentage.....	14	80.76 %
15	Adjusted funding target attainment percentage.....	15	80.76 %
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	86.60 %
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
06/01/2010	3606147				
09/15/2010	1233452				
Totals ►			18(b)	4839599	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	397986
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	3800360
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No	
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes ☒ No	
c If 20a is "Yes," see instructions and complete the following table as applicable:		

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

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

21 Discount rate:				
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used
b Applicable month (enter code)				21b 2
22 Weighted average retirement age				22 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	397986
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....	29	397986
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	1199276
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	13548287	2610584
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	3809860
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	9500	0
36 Additional cash requirement (item 34 minus item 35).....	36	3800360
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	3800360
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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		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 COMMONWEALTH ALUMINUM LEWISPORT, LLC HOURLY EMPLOYEES PENSION PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 COMMONWEALTH ALUMINUM LEWISPORT, LLC		D Employer Identification Number (EIN) 61-1377736

Part I	Service Provider Information (see instructions)
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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
PRINCIPAL LIFE INSURANCE COMPANY
42-0127290

(b) Enter name and EIN or address of person who provided you disclosure 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)

MERCER

13-2834414

(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?
70	CONSULTANT	74636	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

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

KASTNER, WESTMAN & WILKIN LLC

34-1912196

(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?
29	LEGAL	8743	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

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

ERNST AND YOUNG

34-6565596

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 49	ACCOUNTANT	11421	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(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?
13 50 64	CONTRACT ADMINISTRATOR	16873	Yes ☒ No ☐	Yes ☒ No ☐	0	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:	MERCER	b EIN:	13-2834414
c Position:	ENROLLED ACTUARY		
d Address:	200 PUBLIC SQUARE #900 CLEVELAND, OH 44114	e Telephone:	216-830-8000

Explanation: MERCER IS STILL ACTUARY. CHANGE OF ENROLLED ACTUARY WITHIN MERCER FROM JONATHAN J. SCHAUUM TO JAMES C. FRIES.

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:

<div>SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration</div>	<div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan COMMONWEALTH ALUMINUM LEWISPORT, LLC HOURLY EMPLOYEES PENSION PLAN		B Three-digit plan number (PN) ► 001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 COMMONWEALTH ALUMINUM LEWISPORT, LLC		D Employer Identification Number (EIN) 61-1377736
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: PRIN SMCAP VALUE SEP ACCT-R6		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-031	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1873042
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN U.S. PROPERTY SEP ACCT-R6		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-027	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5067512
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN BOND AND MTGE SA-I5		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-005	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6468272
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN DIV INTL SA-I5		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-015	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8393229
a Name of MTIA, CCT, PSA, or 103-12 IE: PRIN LGCAP S&P 500 INDEX SA-I5		
b Name of sponsor of entity listed in (a): PRINCIPAL LIFE INSURANCE COMPANY		
c EIN-PN 42-0127290-016	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16551193
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

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

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

For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</u>		
A Name of plan <u>COMMONWEALTH ALUMINUM LEWISPORT, LLC HOURLY EMPLOYEES PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>COMMONWEALTH ALUMINUM LEWISPORT, LLC</u>	D Employer Identification Number (EIN) <u>61-1377736</u>	

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)	<u>0</u>	<u>4839599</u>
(2) Participant contributions	1b(2)	<u>0</u>	<u>0</u>
(3) Other.....	1b(3)	<u>0</u>	<u>0</u>
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)	<u>5361669</u>	<u>5503435</u>
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)	<u>43429838</u>	<u>38353248</u>
(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)	<u>2527217</u>	<u>9821379</u>
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	51318724	58517661

Liabilities

g Benefit claims payable	1g	0	
h Operating payables	1h	0	
i Acquisition indebtedness	1i	0	
j Other liabilities	1j	248110	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	248110	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	51070614	58517661
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	4839599	
(B) Participants	2a(1)(B)	0	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		4839599
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	3574	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		3574
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(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)	0	
(B) Other	2b(5)(B)	389876	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		389876
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		5861865
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		816337
c Other income.....	2c		75619
d Total income. Add all income amounts in column (b) and enter total.....	2d		11986870

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4221841	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		4221841
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	16875	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	301107	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		317982
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		4539823

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		7447047
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: ERNST & YOUNG LLP

(2) EIN: 34-6565596

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.).....		X	0
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.).....		X	0
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	0
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	0
e Was this plan covered by a fidelity bond?.....	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

5b(1) Name of plan(s)

5b(2) EIN(s)

5b(3) PN(s)

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

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

A Name of plan <u>COMMONWEALTH ALUMINUM LEWISPORT, LLC HOURLY EMPLOYEES PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>COMMONWEALTH ALUMINUM LEWISPORT, LLC</u>	D Employer Identification Number (EIN) <u>61-1377736</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>42-0127290</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>4</u>

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

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

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

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): _____

- 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: 55.0% Investment-Grade Debt: 21.0% High-Yield Debt: 4.0% Real Estate: 14.0% Other: 6.0%

- 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):

FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULES

Commonwealth Aluminum Lewisport, LLC
Hourly Employees Pension Plan
As of and for the Years Ended
December 31, 2009 and 2008
With Report of Independent Auditors

Commonwealth Aluminum Lewisport, LLC Hourly Employees Pension Plan

Index to Financial Statements and Supplemental Schedules

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Report of Independent Auditors

To the Benefits Committee of the
Commonwealth Aluminum Lewisport, LLC Hourly Employees Pension Plan

We were engaged to audit the accompanying statements of net assets available for benefits of the Commonwealth Aluminum Lewisport, LLC Hourly Employees Pension Plan as of December 31, 2009 and 2008, and the related statements of changes in net assets available for benefits for the years then ended, and the supplemental schedules of assets (held at end of year) as of December 31, 2009, and reportable transactions for the year then ended. 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 investment information summarized in Note 4, which was certified by Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company, the trustee of the Plan, except for comparing such 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 a certification from the trustee as of and for the years ended December 31, 2009 and 2008, that the information 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, and 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 investment information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States 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.

Ernst + Young LLP

Cleveland, Ohio
October 11, 2010

Commonwealth Aluminum Lewisport, LLC Hourly Employees Pension Plan

Statements of Net Assets Available for Benefits

	December 31,	
	2009	2008
Assets		
Investments, at fair value as determined by quoted market prices:		
Mutual funds	\$ 9,821,379	\$ 2,527,217
Investments, at estimated fair value:		
Pooled separate accounts	38,353,248	43,429,838
Limited partnership interests	5,503,435	5,361,669
Total investments	53,678,062	51,318,724
Employer contribution receivable	4,839,599	—
Total assets	58,517,661	51,318,724
Liabilities		
Due to ALSCO Metals Corporation Retirement		
Plan for Bargained Employees	—	248,110
Total liabilities	—	248,110
Net assets available for benefits	\$ 58,517,661	\$ 51,070,614

See accompanying notes.

Commonwealth Aluminum Lewisport, LLC Hourly Employees Pension Plan

Statements of Changes in Net Assets Available for Benefits

	For the Years Ended December 31,	
	2009	2008
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments	\$ 7,143,697	\$ (19,441,664)
Dividends	3,574	202,295
	<u>7,147,271</u>	<u>(19,239,369)</u>
Employer contributions	4,839,599	2,816,706
Deductions:		
Benefits paid to participants	4,221,841	3,977,405
Administrative expenses	317,982	241,064
	<u>4,539,823</u>	<u>4,218,469</u>
Net increase (decrease)	7,447,047	(20,641,132)
Net assets available for benefits:		
Beginning of year	51,070,614	71,711,746
End of year	<u><u>\$ 58,517,661</u></u>	<u><u>\$ 51,070,614</u></u>

See accompanying notes.

Commonwealth Aluminum Lewisport, LLC Hourly Employees Pension Plan

Notes to Financial Statements

December 31, 2009

1. Description of the Plan

The following description of the Commonwealth Aluminum Lewisport, LLC Hourly Employees Pension Plan (the "Plan") is provided for general information only. Complete information regarding Plan provisions may be found in the Plan document, which is available to all participants upon request.

General

The Plan is a noncontributory defined benefit plan covering all collectively bargained employees of Commonwealth Aluminum Lewisport, LLC, a subsidiary of Aleris International, Inc. (the "Company" or "Plan Sponsor"), at the aluminum plant in Lewisport, Kentucky. The Plan provides for retirement income, disability, and preretirement death benefits and is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

Information about the plan agreement, the vesting and benefit provisions and the Pension Benefit Guaranty Corporation's ("PBGC") benefit guarantee is contained in the Plan's *Summary Plan Description*. Copies of the *Summary Plan Description* are available from the Company's employee benefit department.

Plan Administration

Overall responsibility for administering the Plan rests with the Plan Sponsor's Benefits Committee, which is appointed by the Board of Directors of the Company. Delaware Charter Guarantee and Trust Company d/b/a Principal Trust Company (the "Trustee") is the trustee of the Plan and is responsible for the management and control of the Plan's assets.

Eligibility

The Plan provides benefits to collectively bargained employees of Commonwealth Aluminum Lewisport, LLC, a subsidiary of Aleris International, Inc., who are covered under the United Steelworkers of America collective bargaining agreement. There is no minimum service required.

Funding Policy

The Company has agreed to voluntarily contribute such amounts as are necessary to provide assets sufficient to meet the benefits to be paid to plan participants. The Company's intention is to make contributions in amounts sufficient to fund the Plan's normal costs on a current basis and any increases in the past service liability due to subsequent plan amendments. The Plan has met the minimum funding requirements of ERISA for 2009 and 2008.

Benefit and Vesting Provisions

The Plan generally provides for normal retirement at age 65 or age 62 with ten years of Plan participation. The Plan allows for early retirement at the age of 60 with ten years of service. Employees are 100% vested after five years of service. On December 31, 2008, the Plan Sponsor increased the benefit factors for retirement commencing on or after January 1, 2009, which has been reflected in the actuarial present value of accumulated plan benefits at December 31, 2008 (see Note 3).

The Plan provides for payments of retirement and death benefits to participants or their beneficiaries under various payment options, including a monthly retirement benefit, straight-life annuity and single-sum payment. The determination of benefit payments depends primarily on the years of services as outlined in the Plan document.

Commonwealth Aluminum Lewisport, LLC Hourly Employees Pension Plan
Notes to Financial Statements (continued)

Plan Termination

The Company reserves the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. Upon a termination, the net assets of the Plan will be allocated for payment to the participants in an order of priority as prescribed by ERISA and its related regulations and the Plan document.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated plan benefits and may also depend on the financial condition of the Company and the level of benefits guaranteed by the PBGC as well as the priority of those benefits. Some benefits may be fully or partially provided for by the then-existing net assets of the Plan and the PBGC guarantee, while other benefits may not be provided for at all.

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements of the Plan were prepared using the accrual method. Subsequent events have been evaluated through October 11, 2010, which represents the date the financial statements were available to be issued.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes and supplemental schedules. Actual results could differ from those estimates.

Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market volatility, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

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

Investment Valuation and Income Recognition

Investments held by the Plan are recorded at fair value under Accounting Standards Codification ("ASC") 820, *Fair Value Measurements and Disclosures*, using quoted market prices and significant other observable and unobservable inputs. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The fair value hierarchy distinguishes between (1) market participant assumptions developed based on market data obtained from independent sources (observable inputs) and (2) an entity's own assumptions about market participant assumptions developed based on the best information available in the circumstances (unobservable inputs). The fair value hierarchy consists of three broad levels, which gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described below:

Commonwealth Aluminum Lewisport, LLC Hourly Employees Pension Plan

Notes to Financial Statements (continued)

Level 1 – Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities.

Level 2 – Inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly, including quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in markets that are not active; inputs other than quoted prices that are observable for the asset or liability (e.g., interest rates); and inputs that are derived principally from or corroborated by observable market data by correlation or other means.

Level 3 – Fair value is based on prices or valuation techniques that require inputs that are both significant to the fair value measurement and unobservable. These inputs reflect management's judgment about the assumptions that a market participant would use in pricing the investment and are based on the best available information, some of which may be internally developed.

The level in the fair value hierarchy within which the fair value measurement is classified is determined based on the lowest level input that is significant to the fair value measure in its entirety. Following is a description of the valuation methodologies used for assets and liabilities measured at fair value.

Mutual funds: Valued at the net asset value ("NAV") of shares held by the Plan at year-end based on quoted market prices.

Pooled separate accounts and limited partnership interests: Valued at fair value estimated by the issuer, which has been determined based on the unit values of the fund which are determined by dividing the fund's net assets at fair value by its units outstanding at the valuation date.

The Plan invests in various pooled separate accounts (refer to Note 4 for a list of investments grouped by major investment strategy). A transfer of these investments is limited to one transfer per time period ranging from thirty to sixty days.

The Mesirow Institutional Equity Fund, L.P. was formed on June 1, 2004, and is an Illinois limited partnership that commenced operations on July 1, 2004. The general partner is Mesirow Advanced Strategies, Inc. (the "General Partner"), a registered investment advisor with the U.S. Securities and Exchange Commission under the Investment Advisors Act of 1940, as amended, and a commodity pool operator with the Commodity Futures Trading Commission. Mesirow was organized for the purpose of achieving capital appreciation through an investment program focused on specialized investment strategies through an investment in one affiliated investment fund, Mesirow Institutional Equity Offshore Fund, Ltd., which invests in private investment funds. No limited partner, including the Plan, is liable for obligations of Mesirow in excess of its capital contribution. The Plan has no unfunded commitments related to its investment in the Mesirow Institutional Equity Fund, L.P. at December 31, 2009 or 2008. The Plan can redeem its investment in the Mesirow Institutional Equity Fund, L.P. at the end of any fiscal quarter upon ninety-five days' prior written notice to the General Partner, of which no less than 90% must be paid within forty-five days after the withdrawal date with the balance paid within one year after the withdrawal date.

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

Benefit Payments

Benefits are recorded when paid.

Commonwealth Aluminum Lewisport, LLC Hourly Employees Pension Plan
Notes to Financial Statements (continued)

New Accounting Pronouncements

In April 2009, the Financial Accounting Standards Board (“FASB”) issued FASB Staff Position 157-4, *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* (“FSP 157-4”). FSP 157-4 amended FASB Statement No. 157 (codified in ASC 820) to provide additional guidance on estimating fair value when the volume and level of activity for an asset or liability have significantly decreased in relation to its normal market activity. FSP 157-4 also provided additional guidance on circumstances that may indicate that a transaction is not orderly and on defining major categories of debt and equity securities to comply with the disclosure requirements of ASC 820. The Plan adopted the guidance in FSP 157-4 for the reporting period ended December 31, 2009. Adoption of FSP 157-4 did not have a material effect on the Plan’s net assets available for benefits or its changes in net assets available for benefits.

In May 2009, the FASB issued FASB Statement No. 165, *Subsequent Events*, which was codified in ASC 855, *Subsequent Events*, to provide general standards of accounting for and disclosure of events that occur after the balance sheet date, but before financial statements are issued or are available to be issued. ASC 855 was amended in February 2010. The Plan has adopted the amended accounting principles within ASC 855, as required.

In September 2009, the FASB issued Accounting Standards Update 2009-12, *Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)* (“ASU 2009-12”). ASU 2009-12 amended ASC 820 to allow entities to use NAV per share (or its equivalent), as a practical expedient, to measure fair value when the investment does not have a readily determinable fair value and the net asset value is calculated in a manner consistent with investment company accounting. The Plan adopted the guidance in ASU 2009-12 for the reporting period ended December 31, 2009, and has utilized the practical expedient to measure the fair value of investments within the scope of this guidance based on the investment’s NAV. In addition, as a result of adopting ASU 2009-12, the Plan has provided additional disclosures regarding the nature and risks of investments within the scope of this guidance. Adoption of ASU 2009-12 did not have a material effect on the Plan’s net assets available for benefits or its changes in net assets available for benefits.

In January 2010, the FASB issued ASU 2010-06, *Improving Disclosures about Fair Value Measurements* (“ASU 2010-06”). ASU 2010-06 amended ASC 820 to clarify certain existing fair value disclosures and require a number of additional disclosures. The guidance in ASU 2010-06 clarified that disclosures should be presented separately for each “class” of assets and liabilities measured at fair value and provided guidance on how to determine the appropriate classes of assets and liabilities to be presented. ASU 2010-06 also clarified the requirement for entities to disclose information about both the valuation techniques and inputs used in estimating Level 2 and Level 3 fair value measurements. In addition, ASU 2010-06 introduced new requirements to disclose the amounts (on a gross basis) and reasons for any significant transfers between Levels 1, 2 and 3 of the fair value hierarchy and present information regarding the purchases, sales, issuances and settlements of Level 3 assets and liabilities on a gross basis. With the exception of the requirement to present changes in Level 3 measurements on a gross basis, which is delayed until 2011, the guidance in ASU 2010-06 becomes effective for reporting periods beginning after December 15, 2009. Plan management is currently evaluating the effect that the provisions of ASU 2010-06 will have on the Plan’s financial statements.

Administrative Expense

Administrative expenses are paid by the Plan except for certain expenses, which are paid by the Plan Sponsor.

Commonwealth Aluminum Lewisport, LLC Hourly Employees Pension Plan
Notes to Financial Statements (continued)

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits (see Note 3) represent the actuarial present value of estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to services rendered by employees through the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries (b) beneficiaries of deceased employees and (c) present employees or their beneficiaries. Benefits for retired or terminated employees or their beneficiaries and active employees are based on the employees' highest job grade worked during the last ten years of credited service and the total number of years of credited service. Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included, only to the extent they were deemed attributable to employee service rendered through the valuation date.

3. Actuarial Present Value of Accumulated Plan Benefits

An actuary from Mercer (US) Inc. estimated the actuarial present value of accumulated plan benefits, which is the amount that resulted from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The actuarial present value of accumulated plan benefits at December 31, 2008, is as follows:

Actuarial present value of accumulated plan benefits:

Vested benefits:	
Participants currently receiving benefits	\$ 35,434,197
Other participants	30,242,481
Total vested benefits	<u>65,676,678</u>
Non-vested benefits	2,511,367
Total actuarial present value of accumulated plan benefits	<u><u>\$ 68,188,045</u></u>

The changes in accumulated plan benefits for the year ended December 31, 2008, are as follows:

Actuarial present value of accumulated plan benefits at beginning of year	\$ 64,256,303
Increase (decrease) during the year attributed to:	
Benefits accumulated and gains/losses	2,120,178
Increase for interest due to the decrease in the discount period	5,136,695
Benefits paid	(3,977,405)
Changes in plan provisions	652,274
Net increase	<u>3,931,742</u>
Actuarial present value of accumulated plan benefits at end of year	<u><u>\$ 68,188,045</u></u>

Significant assumptions underlying the actuarial computations include:

Inflation rate	3.00%
Assumed rate of interest	8.25%
Mortality basis	The RP-2000 Blue Collar Mortality Table projected to 2010
Retirement	Age 65 or age 62 and ten years of service

Commonwealth Aluminum Lewisport, LLC Hourly Employees Pension Plan

Notes to Financial Statements (continued)

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

4. Investments

Other than the fair value of the investments in the Mesirow Institutional Equity Fund, L.P. and Chrysalis Ventures II, L.P. limited partnership interests and the related net appreciation (depreciation), all investment information for the Plan disclosed in the accompanying financial statements and supplemental schedules including investments held at December 31, 2009 and 2008, and net appreciation (depreciation) in fair value of investments and dividends for the years ended December 31, 2009 and 2008, was obtained or derived from information provided to the Plan administrator and certified as complete and accurate by the Trustee.

The following investment information was not certified by the Trustee:

	December 31,	
	2009	2008
Mesirow Institutional Equity Fund, L.P.	\$ 5,279,479	\$ 4,947,814
Chrysalis Ventures II, L.P.	223,956	413,855
	Year Ended December 31,	
	2009	2008
Net appreciation (depreciation) in fair value of:		
Mesirow Institutional Equity Fund, L.P.	\$ 579,775	\$ (1,259,696)
Chrysalis Ventures II, L.P.	(189,899)	43,710

The following tables set forth by level, within the fair value hierarchy, the Plan's assets carried at fair value as of December 31, 2009 and 2008.

	Assets at Fair Value as of December 31, 2009			
	Level 1	Level 2	Level 3	Total
Pooled separate accounts:				
Large U.S. equity	\$ —	\$ 16,551,193	\$ —	\$ 16,551,193
Small/Mid U.S. equity	—	1,873,042	—	1,873,042
International equity	—	8,393,229	—	8,393,229
Fixed income	—	6,468,272	—	6,468,272
Real estate	—	—	5,067,512	5,067,512
Mutual funds:				
Small/Mid U.S. equity	3,353,645	—	—	3,353,645
Fixed income	6,467,734	—	—	6,467,734
Limited partnership interests	—	—	5,503,435	5,503,435
Total assets at fair value	<u>\$ 9,821,379</u>	<u>\$ 33,285,736</u>	<u>\$ 10,570,947</u>	<u>\$ 53,678,062</u>

Commonwealth Aluminum Lewisport, LLC Hourly Employees Pension Plan
Notes to Financial Statements (continued)

Assets at Fair Value as of December 31, 2008				
	Level 1	Level 2	Level 3	Total
Pooled separate accounts:				
Large U.S. equity	\$ —	\$ 13,088,339	\$ —	\$ 13,088,339
Small/Mid U.S. equity	—	1,673,649	—	1,673,649
International equity	—	6,551,969	—	6,551,969
Fixed income	—	14,711,465	—	14,711,465
Real estate	—	—	7,404,416	7,404,416
Mutual fund:				
Small/Mid U.S. equity	2,527,217	—	—	2,527,217
Limited partnership interests	—	—	5,361,669	5,361,669
Total assets at fair value	<u>\$ 2,527,217</u>	<u>\$ 36,025,422</u>	<u>\$ 12,766,085</u>	<u>\$ 51,318,724</u>

The tables below set forth a summary of changes in the fair value of the Plan's Level 3 assets for the years ended December 31, 2009 and 2008.

Year Ended December 31, 2009		
	Pooled Separate Accounts - Real Estate	Limited Partnership Interests
Balance, beginning of year	\$ 7,404,416	\$ 5,361,669
Net (depreciation) appreciation in fair value	(2,339,239)	389,876
Purchases, sales, issuances and settlements, net	2,335	(248,110)
Balance, end of year	<u>\$ 5,067,512</u>	<u>\$ 5,503,435</u>
Total (losses) gains included in changes in assets attributable to the change in unrealized (losses) gains relating to investments still held at December 31, 2009	\$ (2,339,239)	\$ 389,876

Year Ended December 31, 2008		
	Pooled Separate Accounts - Real Estate	Limited Partnership Interests
Balance, beginning of year	\$ 8,591,986	\$ 6,329,545
Net depreciation in fair value	(1,129,549)	(1,215,986)
Purchases, sales, issuances and settlements, net	(58,021)	248,110
Balance, end of year	<u>\$ 7,404,416</u>	<u>\$ 5,361,669</u>
Total (losses) gains included in changes in assets attributable to the change in unrealized (losses) gains relating to investments still held at December 31, 2008	\$ (1,213,167)	\$ (1,215,986)

Commonwealth Aluminum Lewisport, LLC Hourly Employees Pension Plan

Notes to Financial Statements (continued)

The fair value of individual investments representing 5% or more of the Plan's net assets available for benefits as of December 31, 2009 and 2008, is as follows:

	December 31,	
	2009	2008
Principal Large Cap Stock Index Separate Account	\$ 16,551,193	\$ 13,088,339
Principal Diversified International Separate Account	8,393,229	6,551,969
Principal Bond and Mortgage SA – Instl. Separate Account	6,468,272	14,711,465
Vanguard Total Bond Market IND	6,467,734	–
Mesirow Institutional Equity Fund, L.P.	5,279,479	4,947,814
Principal U.S. Property Separate Account	5,067,512	7,404,416
ABN AMRO/Tamro Small Cap IFD	3,353,645	2,527,217 *

* Investment not 5% or more of Plan's net assets available for benefits; shown for comparative purposes.

During the years ended December 31, 2009 and 2008, the Plan's investments, including investments bought, sold, and held during the year, appreciated (depreciated) in fair value as follows:

	2009	2008
Investments at fair value as determined by quoted market prices:		
Mutual funds	\$ 817,323	\$ (1,207,410)
Investments at estimated fair value:		
Pooled separate accounts	5,936,498	(17,018,268)
Limited partnership interests	389,876	(1,215,986)
	<u>\$ 7,143,697</u>	<u>\$ (19,441,664)</u>

5. Transactions with Parties in Interest

Fees paid during the year for services rendered by parties in interest were based on customary and reasonable rates for such services. Certain investments are units of pooled separate accounts managed by the Trustee, which qualify as party-in-interest transactions.

6. Tax Status

The Plan has received a determination letter from the Internal Revenue Service (the "IRS") dated August 20, 2003, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the "Code") and, therefore, the related trust is exempt from taxation. Subsequent to this determination by the IRS, the Plan was amended. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The Plan Administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan, as amended, is qualified and the related trust is tax-exempt.

Commonwealth Aluminum Lewisport, LLC Hourly Employees Pension Plan
Notes to Financial Statements (continued)

7. Subsequent Events

On June 1, 2010, the Company emerged from bankruptcy proceedings under Chapter 11 of the United States Bankruptcy Code. Pursuant to the First Amended Joint Plan of Reorganization, as modified, which was filed with the United States Bankruptcy Court on February 5, 2010, a condition precedent to entry of the confirmation order was the termination of the Company's U.S. pension benefits (including the Plan). This condition precedent was waived by the Company and all pension benefits were assumed on May 13, 2010.

Effective June 1, 2010, the Plan was amended to change the Plan's name to the Aleris Lewisport Hourly Employees Pension Plan. Also effective June 1, 2010, Aleris Rolled Products, Inc., a subsidiary of Aleris International, Inc., became the Plan Sponsor.

Commonwealth Aluminum Lewisport, LLC Hourly Employees Pension Plan

EIN # 61-1377736 Plan # 001

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

As of December 31, 2009

Identity of Issuer, Borrower, Lessor, or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
Pooled Separate Accounts			
* Principal Large Cap Stock Index Separate Account	347,317 units	\$ 19,575,029	\$ 16,551,193
* Principal Bond and Mortgage SA – Instl. Separate Account	6,885 units	6,770,841	6,468,272
* Principal Diversified International Separate Account	151,934 units	10,243,485	8,393,229
* Principal U.S. Property Separate Account	11,816 units	7,527,215	5,067,512
* Principal Small Co. Value Separate Account	56,193 units	2,421,211	1,873,042
		<u>46,537,781</u>	<u>38,353,248</u>
Mutual Funds			
ABN AMRO/Tamro Small Cap IFD	201,299 shares	4,038,818	3,353,645
Vanguard Total Bond Market IND	624,902 shares	6,473,982	6,467,734
		<u>10,512,800</u>	<u>9,821,379</u>
Limited Partnership Interests			
Chrysalis Ventures II, L.P.		400,388	223,956
Mesirow Institutional Equity Fund, L.P.		5,200,000	5,279,479
		<u>5,600,388</u>	<u>5,503,435</u>
		<u>\$ 62,650,969</u>	<u>\$ 53,678,062</u>

* Denotes a party in interest to the Plan.

Commonwealth Aluminum Lewisport, LLC Hourly Employees Pension Plan

EIN # 61-1377736

Plan # 001

Schedule H, Line 4j – Schedule of Reportable Transactions

Year Ended December 31, 2009

Identity of Party Involved/ Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Category 3 – series of transactions in excess of 5% of plan assets					
Principal Bond and Mortgage SA – Instl. Separate Account	\$ 73,232	\$ –	\$ 73,232	\$ 73,232	\$ –
Principal Bond and Mortgage SA – Instl. Separate Account	–	11,023,632	9,747,852	11,023,632	1,275,780
Vanguard Total Bond Market IND	6,473,982	–	6,473,982	6,473,982	–

There were no category 1, 2 or 4 reportable transactions during 2009.

Columns for “Lease rental” and “Expense incurred with transaction” are not applicable.

Commonwealth Aluminum Lewisport, LLC Hourly Employees Pension Plan

EIN # 61-1377736

Plan # 001

Schedule H, Line 4j – Schedule of Reportable Transactions

Year Ended December 31, 2009

Identity of Party Involved/ Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Category 3 – series of transactions in excess of 5% of plan assets					
Principal Bond and Mortgage SA – Instl. Sep. Acct.	\$ 73,232	\$ –	\$ –	\$ 73,232	\$ –
Principal Bond and Mortgage SA – Instl. Sep. Acct.	–	11,023,632	9,747,852	11,023,632	1,275,780
Vanguard Total Bond Market IND	6,473,982	–	–	6,473,982	–

There were no category 1, 2 or 4 reportable transactions during 2009.

Schedule SB, Line 19 – Discounted Employer Contributions

Date	Amount contributed	Plan year	Applicable effective interest rate	Discounted value of January 1, 2009	Discounted value of January 1, 2008
6/1/2010	459,027	2008	6.09%	0	397,986
6/1/2010	3,147,120	2009	13.19%*	2,721,752	N/A
9/15/2010	1,233,452	2009	8.19%	1,078,608	N/A
	4,839,599			3,800,360	397,986

* In determining the discounted value, 13.19% (EIR plus 5%) was applied for the amount of time that the quarterly contributions were late, specifically June 1, 2010 back to the quarterly due date, while 8.19% was applied from the quarterly contribution due date back to the valuation date.

Schedule SB, Line 22 - Description of Weighted Average Retirement Age**A. For Participants with less than 30 Years of Credited Service**

Each employee is assumed to retire in accordance with the table of retirement rates.

The proportion of employees expected to retire at each potential retirement age is shown below.

(A) <u>Age</u>	(B) <u>Retirement Rate</u>	(C) <u>Lx Table</u>	(D) <u>Number Retiring</u>	(E) <u>Number Retiring x Age</u>
55	0%	100,000	0	0
56	0%	100,000	0	0
57	0%	100,000	0	0
58	0%	100,000	0	0
59	0%	100,000	0	0
60	15%	100,000	15,000	900,000
61	10%	85,000	8,500	518,500
62	25%	76,500	19,125	1,185,750
63	10%	57,375	5,738	361,494
64	10%	51,637	5,164	330,496
65	100%	46,473	46,473	3,020,745
		Total	100,000	6,316,985
Average Retirement Age				63.17

Note: Column (D) is the product of columns (B) and (C). Column (E) is the product of columns (A) and (D). The average retirement age is the total from column (E) divided by the total from column (D).

Schedule SB, Line 22 - Description of Weighted Average Retirement Age**B. For Participants with at least 30 Years of Credited Service**

Each employee is assumed to retire in accordance with the table of retirement rates.

The proportion of employees expected to retire at each potential retirement age is shown below

(A) <u>Age</u>	(B) <u>Retirement Rate</u>	(C) <u>Lx Table</u>	(D) <u>Number Retiring</u>	(E) <u>Number Retiring x Age</u>
55	5%	100,000	5,000	275,000
56	5%	95,000	4,750	266,000
57	5%	90,250	4,513	257,241
58	5%	85,737	4,287	248,646
59	5%	81,450	4,073	240,307
60	15%	77,377	11,607	696,420
61	10%	65,770	6,577	401,197
62	25%	59,193	14,798	917,476
63	10%	44,395	4,440	279,720
64	10%	39,955	3,996	255,744
65	100%	35,959	35,959	2,337,335
		Total	100,000	6,175,086
Average Retirement Age				61.75

Note: Column (D) is the product of columns (B) and (C). Column (E) is the product of columns (A) and (D). The average retirement age is the total from column (E) divided by the total from column (D).

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

<u>Category</u>	<u>Number of Employees</u>	<u>Average Retirement Age</u>	<u>Number of Employees x Average Retirement Age</u>
A	535	63.2	33,812
B	119	61.8	7,354
Total	654		41,166

Average Retirement Age: 63

Schedule SB, Line 25 - Change in Method

The asset method was changed from 3 month averaging to an annual average of the adjusted market value over the last two years preceding the valuation date.

We changed to a new valuation liability system this year. This change did not materially affect liability amounts.

In addition, expected expenses equal to the prior year's expenses are added to the normal cost. The interest rate method was changed from segment rates with no look-back months and no phase-in to the full yield curve with 2 look-back months and no phase-in.

Schedule SB, Line 26 - Schedule of Active Participant Data

Years of Credited Service										
Age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
Under 25	6	11								
25-29	7	36	5							
30-34	5	25	15	14						
35-39	8	20	6	25	3					
40-44	5	15	18	30	7	4				
45-49	4	20	15	27	7	4	17	2		
50-54	3	6	7	16	6	7	43	40	4	
55-59	1	6	4	7	4	6	35	23	31	
60-64		1	1	1		3	17	9	8	1
65-69					1		1	1		
70+										

In each cell, the number is the count of active participants for each age/service combination.

Schedule SB, Line 32 - Schedule of Amortization Bases

The shortfall amortization charge is the sum of the shortfall base amortization for each plan year covered under PPA. Although a shortfall base can be negative, the combined shortfall amortization charge cannot be negative.

Shortfall bases				
Year established		Outstanding balance	Years remaining	Installment
2008	\$	9,433,379	6	\$ 1,880,399
2009		4,114,908	7	730,185
Total	\$	13,548,287		\$ 2,610,584

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods**Actuarial assumptions**

Discount rate elections¹	Full Yield Curve with 2 month look-back
Mortality elections	
▪ Healthy participants	2009 PPA separate static annuitant and nonannuitant mortality tables
▪ Pre-1995 disabilities	2009 PPA separate static annuitant and nonannuitant mortality tables
▪ Post-1994 disabilities	2009 PPA separate static annuitant and nonannuitant mortality tables
Other economic assumptions	
▪ Expected investment return	8.25% per year for years 2007 through 2009
▪ Expenses	Prior year expenses of \$232,286 added to current year normal cost
Demographic assumptions	
Withdrawal	See table of sample rates.
Disability incidence	1985 Pension Disability Table Class 3 (Male and Female) - see table of sample rates; 0% of participants becoming disabled are assumed to be eligible for Social Security disability benefits.

¹ Based on interest rate methodology elections described below.

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods - Continued

Retirement age

	Attained age	Percentage	
		Less than 30 years of service	More than 30 years of service
	Under 55	0%	5%
	55	0%	5%
	56	0%	5%
	57	0%	5%
	58	0%	5%
	59	0%	5%
	60	15%	15%
	61	10%	10%
	62	25%	25%
	63	10%	10%
	64	10%	10%
	65 and above	100%	100%
Benefit commencement age for			
▪ Future vested deferred	62 with 10 years of service or 65		
▪ Current vested deferred	62 with 10 years of service or 65		
Spouse assumptions			
	<u>Male participants</u>	<u>Female participants</u>	
▪ Percentage married	85%	85%	
▪ Spouse age difference	3 years younger	3 years older	
Form of payment	<u>50% J&S with pop-up benefit</u>	<u>Single life</u>	
▪ Active retirements	70%	30%	
▪ Future vested deferred	70%	30%	
▪ Future disabilities	70%	30%	
▪ Future deaths	100%	0%	
▪ Current vested deferred	70%	30%	

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods - Continued*Table of sample rates*

Withdrawal						
Attained Age	Percentage					
	Ultimate	0-1 Years of Service	1-2 Years of Service	2-3 Years of Service	3-4 Years of Service	4-5 Years of Service
15	6.59%	26.34%	19.75%	16.46%	13.16%	9.87%
20	6.58	26.31	18.65	14.77	11.30	8.16
25	5.27	21.08	15.42	12.59	9.91	7.33
30	4.83	19.32	14.33	11.79	9.30	6.85
35	4.47	17.89	13.09	10.59	8.21	5.95
40	3.84	15.36	11.17	9.03	7.01	5.07
45	3.21	12.86	8.99	6.78	4.71	2.91
50	1.52	6.10	3.54	2.27	1.38	0.75
55	0.33	1.34	0.62	0.29	0.11	0.02

Disability		
Attained Age	Male	Female
20	0.151%	0.089%
25	0.219%	0.150%
30	0.309%	0.252%
35	0.431%	0.388%
40	0.597%	0.547%
45	0.829%	0.777%
50	1.224%	1.201%
55	2.118%	1.962%
60	3.240%	2.326%
65	4.369%	2.718%

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods - Continued

Actuarial methods

Asset methods – effective January 1, 2009

We used financial data submitted by the trustee as of the valuation date without further audit. Customarily, this information would not be verified by a plan's actuary. We have reviewed the information for internal consistency and we have no reason to doubt its substantial accuracy.

The asset valuation method is an annual average of the adjusted market value over the last two years preceding the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110 percent and no less than 90 percent of the fair market value, as defined in IRC Section 430.

A characteristic of this asset method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than the market value.

Participant methods – effective January 1, 2009

We used the participant data supplied by the plan sponsor. We have reviewed the data and have no reason to doubt its substantial accuracy. Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan sponsor provides us with data on all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break in service on the valuation date are treated as terminated participants.
- **Insurance contracts:** The plan does not have any insurance contracts.

Benefits included or excluded – effective January 1, 2009

Unless noted below, all benefits provided by the plan are included in this valuation.

- **Plan amendments:** Amendments adopted after the valuation date or effective after the current plan year are excluded from the valuation.
- **Scheduled benefit increases:** Scheduled benefit increases effective after the end of the current plan year are excluded from minimum funding requirements.
- **IRC Section 415(b):** The limitations of Internal Revenue Code Section 415(b) have been incorporated into our calculations.

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods - Continued

- **Benefit restrictions:** Benefit restrictions (if applicable) are ignored in this valuation.

Plan sponsor elections – effective January 1, 2009

- **Mortality**
 - Static annuitant and non-annuitant tables
- **Funding interest rate**
 - Full yield curve
 - 2 look-back months
 - No phase in
- **Valuation of lump sums based on IRC Section 417(e) assumptions**
 - Not applicable
- **Normal cost**
 - The target normal cost has been increased by assumed administrative expenses, as required by the Worker, Retiree, and Employer Recovery Act of 2008.

Minimum funding method

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- An individual's **accrued liability** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the accrued liability and the normal cost for an individual are the sum of the component accrued liabilities and normal costs associated with the various anticipated separation dates.
- The plan provides disability benefits which are not based on service at disability. These benefits are attributed to service using the ratio of service on the valuation date to service at first eligibility.
- The plan's **target normal cost** is the sum of the individual normal costs, and the plan's **funding target** is the sum of the accrued liabilities for all participants under the plan.

Maximum deductible contribution method

Calculations of maximum deductible contributions include the excess of the accrued liability computed using the projected unit credit method over the minimum funding target. The objective of the projected unit credit method is to fund each participant's benefits under the plan as they accrue, taking into consideration expected future benefit

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods - Continued

increases. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- An individual's **projected accrued liability** is the present value of benefits based on credited service as of the beginning of the plan year and projected benefit that would be used in the calculation of the benefit on each expected separation date. If multiple decrements are used, the accrued liability for an individual is the sum of the component accrued liabilities associated with the various anticipated separation dates.
- The plan's **projected accrued liability** is the sum of the projected accrued liabilities for all participants under the plan. The excess of the plan's projected accrued liability over the plan's funding target is included in the "cushion amount."

Schedule SB, Part V - Summary of Plan Provisions

Following is a summary of the major plan provisions used to determine the plan's financial position. It should not be used in determining plan benefits.

Effective date and plan year	Original plan: May 23, 2003 Restated plan: January 1, 2004 Plan year: the calendar year beginning January 1 and ending December 31.
Most recent amendment	Effective December 31, 2007
Status of the plan	The plan is frozen for both participation and benefit accruals other than interest credits on cash balances.
Significant events that occurred during the year	None.
Definitions	
▪ Participation	Salaried class (paid on a salaried basis). Nonbargaining hourly class employed at Beloit, WI. Bargaining class employed on and after 9-1-01 at the Bellwood Plant 44 location and who is not an active member under the bargaining plan. Bargaining class employed on and after 2-1-01 at the Ashville, OH plant location and who is not an active member under the bargaining plan. Bargaining class employed on and after 8-1-04 at the Richmond, VA plant location, who has completed 90 days of employment and who is not a member under the bargaining plan.
▪ Vesting Service	All service is measured in full and fractional years on the basis that 365 days equals one year from the employee's hire date (reduced by any period of Severance).
▪ Credited Service	All service measured in full years and fractional parts of a year on the basis that 365 days equals one year. Service before 05/23/2003 is excluded for employees whose vesting percentage under the prior plans was greater than zero. Credited Service was frozen effective January 1, 2008 for all participants with the exception of Ashville union participants who were frozen effective February 1, 2008.

Schedule SB, Part V - Summary of Plan Provisions - Continued

<ul style="list-style-type: none"> Compensation 	<p>Annual earnings are detailed as all wages including elective contributions and reduced for certain reimbursements and fringe benefits. All compensation is limited to the amount specified in code section 401(a)(17).</p>
	<p>Compensation was frozen effective January 1, 2008 for all participants with the exception of Ashville union participants who were frozen effective February 1, 2008.</p>
<ul style="list-style-type: none"> High Three-year average compensation 	<p>The average Compensation for the three consecutive Limitation Years while the Participant was an Employee.</p>
	<p>Final earnings are frozen effective January 1, 2008 for all participants with the exception of Ashville union participants who were frozen effective February 1, 2008.</p>
<ul style="list-style-type: none"> Accrued Benefit 	<p>The cash balance account will be equal to the sum of the interest and pay credits:</p>
	<p>Interest credits will be based on the annual yield of 5-year US treasury securities for the 12 month period ending with October of the preceding year.</p>
	<p>On and after 5-23-03, pay credits will be given as follows:</p>
	<p>(1) Salaried or hourly nonbargaining employees will receive an amount equal to 3% of compensation for each year where a year of accrual service is earned.</p>
	<p>(2) Bargaining employees at the Ashville location will receive \$50 per month (\$600 per year).</p>
	<p>(3) Bargaining employees at the Richmond, VA location will receive:</p>
	<p>\$60 per month (\$720 per year) on and after 6-1-03 and prior to 8-1-04</p>
	<p>\$65 per month (\$780 per year) on and after 8-1-04 and prior to 8-1-05.</p>
	<p>\$70 per month (\$840 per year) on and after 8-1-05 and prior to 8-1-06</p>
	<p>\$75 per month (\$900 per year) on and after 8-1-06</p>
	<p>Certain employees who were not vested in their Owens Corning cash balance benefit at 05/23/2003 received credit for prior service.</p>

Schedule SB, Part V - Summary of Plan Provisions - Continued

Normal retirement	
▪ Eligibility	The first day of the month coincident with or next following the later of the attainment of age 65 or 5 years after his Entry Date.
▪ Benefit	Accrued Benefit at Normal Retirement Date
Early retirement	
▪ Eligibility	The first day of any month following completion of 10 years of service.
▪ Benefit	Accrued Benefit at Early Retirement Date
Late retirement	
▪ Eligibility	Same as normal retirement benefit
▪ Benefit	Accrued Benefit at Late Retirement Date
Deferred vested	
▪ Eligibility	100% vested at five years of vesting service. Provided, however, for an Employee whose Employment Commencement Date for purposes of Vesting Service occurred prior to January 1, 2003, 100% vested at three years of vesting service.
▪ Benefit	Equal to Accrued Benefit

Schedule SB, Part V - Summary of Plan Provisions - Continued

Preretirement Spouse Benefit		
▪ Eligibility	Qualified married participant vested in an accrued benefit.	
▪ Benefit	The greater of a) or b)	
	a) <u>Form:</u> Monthly annuity payable for 5 years, and life thereafter, to the spouse or beneficiary, deferred to participant's earliest retirement date if later than the date of death.	<u>Amount:</u> If death occurs, the amount paid to the surviving spouse is equal to the amount that would have been paid to the participant had he terminated employment on the date of death, survived to his earliest retirement age, and retired.
	b) Lump sum	Present value of the accrued benefit, but not less than the cash balance account on the date of death.
Form of benefits		
▪ Automatic form for unmarried participants	Life annuity with a five year certain period.	
▪ Automatic form for married participants	Joint and 50% Survivor.	
▪ Optional forms	Monthly annuity payable for life or life with Social Security Adjustment, or 5 or 10 years certain and life Monthly annuity payable as a survivorship life annuity with survivorship percentages of 50, 75, or 100 Lump Sum	
▪ Optional form conversion factors	Mortality table set forth in Code Section 417(e) at the rate of interest on 30-year Treasury securities as of the second calendar month preceding their annuity starting date.	

Schedule SB, Part V - Summary of Plan Provisions - Continued

Miscellaneous	
▪ Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2009, the limit is \$195,000.
▪ Administration	Alsco Metals Corporation.
▪ Funding medium	Trust
▪ Benefits not included in valuation	None.
▪ Changes since the prior valuation	Maximum compensation and benefit limits were updated. The maximum compensation has changed from \$230,000 to \$245,000 and the 415(b) limit has changed from \$185,000 to \$195,000.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information <small>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).</small> ► File as an attachment to Form 5500 or 5500-SF.	<small>OMB No. 1210-0110</small> 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

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

A Name of plan Commonwealth Aluminum Lewisport, LLC Hourly Employee Pension Plan	B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Commonwealth Aluminum Lewisport, LLC	D Employer Identification Number (EIN) 61-1377736
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500	

Part I Basic Information			
1	Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2009</u>		
2	Assets:		
	a Market value.....	2a	51,714,945
	b Actuarial value.....	2b	56,886,440
3	Funding target/participant count breakdown	(1) Number of participants	(2) Funding Target
	a For retired participants and beneficiaries receiving payment.....	3a	579
	b For terminated vested participants.....	3b	442
	c For active participants:		
	(1) Non-vested benefits.....	3c(1)	2,491,506
	(2) Vested benefits.....	3c(2)	21,986,373
	(3) Total active.....	3c(3)	654
	d Total.....	3d	1,675
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	8.19 %
6	Target normal cost.....	6	1,199,276

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	<u>10-5-10</u> Date
James C. Fries	Type or print name of actuary	08-06416
Mercer	Firm name	Most recent enrollment number
600 Renaissance Center, Suite 1800		(313) 259-5500
Detroit	MI 48243	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)	12,904	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8)	12,904	0
10	Interest on item 9 using prior year's actual return of (26.38)%	(3,404)	
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 6.09%		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		
12	Reduction in balances due to elections or deemed elections		
13	Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	9,500	0

Part III		Funding percentages	
14	Funding target attainment percentage	14	80.76 %
15	Adjusted funding target attainment percentage	15	80.76 %
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	86.60 %
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	
06/01/2010	459,027		
06/01/2010	3,147,120		
09/15/2010	1,233,452		
		Totals ▶	18(b) 4,839,599 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 397,986
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 3,800,360

20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes ☒ No
c If 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of Quarter of this plan year	
(1) 1st	(2) 2nd
0	0
(3) 3rd	(4) 4th
0	0

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

21 Discount rate:				
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used
b Applicable month (enter code)				21b 2
22 Weighted average retirement age				22 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	397,986
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)	29	397,986
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	1,199,276
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	13,548,287	2,610,584
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	3,809,860
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	9,500	0
36 Additional cash requirement (item 34 minus item 35)	36	3,800,360
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	37	3,800,360
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 H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

COMMONWEALTH ALUMINUM LEWISPORT, LLC
 HOURLY EMPLOYEES PENSION PLAN
 EIN 61 1377736
 PLAN NUMBER 001
 PLAN YEAR 01/01/2009 TO 12/31/2009

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	Aston Asset Management	Registered Investment Company ASTON/TAMRO SMALL CAP I FUND	\$ 4,038,818.02	\$ 3,353,644.58
	CHRYSTALLIS VENTURES II, L.P.	Partnership / Joint Venture CHRYSTALLIS VENTURES II, L.P.	\$ 400,388.00	\$ 223,956.00
	MESIROW INTERNATIONAL EQUITY FUND	Partnership / Joint Venture MESIROW INTERNATIONAL EQUITY FUND, L.P.	\$ 5,200,000.00	\$ 5,279,479.00
*	Principal Life Insurance Company	Pooled Separate Accounts PRIN BOND AND MTGE SA-I5	\$ 6,770,841.03	\$ 6,468,272.36
*	Principal Life Insurance Company	Pooled Separate Accounts PRIN DIV INTL SA-I5	\$ 10,243,485.35	\$ 8,393,228.80
*	Principal Life Insurance Company	Pooled Separate Accounts PRIN LGCAP S&P 500 INDEX SA-I5	\$ 19,575,028.94	\$ 16,551,192.76
*	Principal Life Insurance Company	Pooled Separate Accounts PRIN SMCAP VALUE SEP ACCT-R6	\$ 2,421,210.67	\$ 1,873,041.82
*	Principal Life Insurance Company	Pooled Separate Accounts PRIN U.S. PROPERTY SEP ACCT-R6	\$ 7,527,215.26	\$ 5,067,512.00
	Vanguard Group	Registered Investment Company VANGUARD TTL BND MKT IDX INSTL	\$ 6,473,981.94	\$ 6,467,734.00

