Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
THE PENSION PLAN OF ARCH CHEMICALS

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 01/01/1989

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
ARCH CHEMICALS, INC.

P.O. BOX 5204
501 MERRITT 7
NORWALK, CT 06856

P.O. BOX 5204
501 MERRITT 7
NORWALK, CT 06856

2b Employer Identification Number (EIN)
06-1526315

2c Sponsor's telephone number
203-229-2900

2d Business code (see instructions)
325100

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2010	LORRAINE S. MERCEDE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")

ARCH CHEMICALS, INC.
P.O. BOX 5204
P.O. BOX 5204
501 MERRITT 7
NORWALK, CT 06856

3b Administrator's EIN
06-1526315

3c Administrator's telephone number
203-229-2900

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	3059
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**	1520
b	Retired or separated participants receiving benefits	**6b**	541
c	Other retired or separated participants entitled to future benefits	**6c**	1032
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	3093
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	55
f	Total. Add lines **6d** and **6e**	**6f**	3148
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**	60
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

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

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

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

A Name of plan
THE PENSION PLAN OF ARCH CHEMICALS

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
ARCH CHEMICALS, INC.

D Employer Identification Number (EIN)
06-1526315

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

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

Part I Basic Information

1	Enter the valuation date: Month 01 Day 01 Year 2009			
2	Assets:			
a	Market value	**2a**		189326137
b	Actuarial value	**2b**		208258750
3	Funding target/participant count breakdown		**(1)** Number of participants	**(2)** Funding Target
a	For retired participants and beneficiaries receiving payment	**3a**	562	91316476
b	For terminated vested participants	**3b**	968	25961821
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		4953172
	(2) Vested benefits	**3c(2)**		87907725
	(3) Total active	**3c(3)**	1529	92860897
d	Total	**3d**	3059	210139194
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**		8.15 %
6	Target normal cost	**6**		6729050

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

09/23/2010
Signature of actuary — Date

DAVID L. PALMERINO, FSA, MAAA
Type or print name of actuary

08-06578
Most recent enrollment number

SIBSON CONSULTING
Firm name

212-251-5000
Telephone number (including area code)

333 WEST 34TH STREET
NEW YORK, NY 10001
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)	56048052	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	7886023	0
9	Amount remaining (Item 7 minus item 8)	48162029	0
10	Interest on item 9 using prior year's actual return of -31.60 %	-15219201	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		36412573
b	Interest on (a) using prior year's effective rate of 6.14 %		2235732
c	Total available at beginning of current plan year to add to prefunding balance		38648305
d	Portion of (c) to be added to prefunding balance		38648305
12	Reduction in balances due to elections or deemed elections	20936779	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12)	12006049	38648305

Part III Funding percentages

14	Funding target attainment percentage	14	75.00 %
15	Adjusted funding target attainment percentage	15	99.11 %
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	93.31 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	0.00 %

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
10/15/2009	2100000	0			
05/20/2010	5000000	0			
06/15/2010	5000000	0			
07/15/2010	5000000	0			
08/16/2010	10000000	0			
09/14/2010	15000000	0			
			Totals ► 18(b)	42100000	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contribution from prior years.	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	37292551

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

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

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

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment: %	2nd segment: %	3rd segment: %	[X] N/A, full yield curve used

b Applicable month (enter code) **21b**

22 Weighted average retirement age	**22**	62

23 Mortality table(s) (see instructions) [ ] Prescribed - combined [X] Prescribed - separate [ ] Substitute

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	[ ] Yes	[X] No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	[X] Yes	[ ] No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	[X] Yes	[ ] No

27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)		**31**	6729050
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	0		0
b Waiver amortization installment	0		0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33)		**34**	6729050

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	4185114	0	4185114

36 Additional cash requirement (item 34 minus item 35)	**36**	2543936
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	**37**	37292551
38 Interest-adjusted excess contributions for current year (see instructions)	**38**	34748615
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	**39**	0
40 Unpaid minimum required contribution for all years	**40**	0

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**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
THE PENSION PLAN OF ARCH CHEMICALS

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
ARCH CHEMICALS, INC.

D Employer Identification Number (EIN)
06-1526315

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

BLACKROCK ADVISORS, LLC
100 BELLEVUE PARKWAY
WILMINGTON, DE 19809

23-2784752

(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)

THE NORTHERN TRUST COMPANY

50 SOUTH LASALLE STREET
CHICAGO, IL 60603

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 19	TRUSTEE	0	Yes [X] No [ ]	Yes [X] No [ ]	30533841	Yes [ ] No [X]

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

NORTHERN TRUST CORPORATION

50 SOUTH LASALLE STREET
CHICAGO, IL 60603

36-2723087

(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 21 72	SERVICE PROVIDER	0	Yes [X] No [ ]	Yes [X] No [ ]	5477123	Yes [ ] No [X]

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

NORTHERN TRUST CO OF CONNECTICUT

50 SOUTH LASALLLE STREET
CHICAGO, IL 60603

06-6275604

(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?
18 21 24 28	SERVICE PROVIDER	666328	Yes [X] No [ ]	Yes [X] No [ ]	1074024	Yes [ ] No [X]

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

NORTHERN TRUST INVESTMENTS, N.A.

50 SOUTH LASALLE STREET
CHICAGO, IL 60603

36-3608252

(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?
68 72	SERVICE PROVIDER	0	Yes [X] No [ ]	Yes [X] No [ ]	82045	Yes [ ] No [X]

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

ARCH CHEMICALS, INC.

501 MERRITT 7
NORWALK, CT 06856

06-1526315

(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?
35	PLAN SPONSOR	266636	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

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

SIBSON CONSULTING

333 WEST 34TH STREET
NYC, NY 10001

13-1835864

(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?
11 16 17	ACTUARY	199387	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

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

KPMG, LLP

3001 SUMMER STREET
STAMFORD, CT 06905

13-5565207

(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	AUDITOR	35000	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

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

CERIDIAN TAX SERVICES

17390 BROOKHURST STREET
FOUNTAIN VALLEY, CA 92708

41-1902914

(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?
49	SERVICE PROVIDER	14294	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

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

WIGGIN AND DANA, LLP

ONE CENTURY TOWER
NEW HAVEN, CT 06508

06-0590100

(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 CONSULTANT	12773	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

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
NEW FAIL PROVIDER		

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

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

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

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

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

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

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

A Name of plan
THE PENSION PLAN OF ARCH CHEMICALS

B Three-digit plan number (PN) ▶ 003

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
ARCH CHEMICALS, INC.

D Employer Identification Number (EIN)
06-1526315

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: S & P 500 FLAGSHIP FUND-LANDING

b Name of sponsor of entity listed in (a): NORTHERN TRUST GLOBAL INVESTMENTS

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)
45-6138589-001	C	11061191

a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP FUND

b Name of sponsor of entity listed in (a): NORTHERN TRUST CO OF CT

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)
06-6275604-008	C	13595966

a Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL EQUITY FUND

b Name of sponsor of entity listed in (a): NORTHERN TRUST CO OF CT

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)
06-6275604-014	C	29243489

a Name of MTIA, CCT, PSA, or 103-12 IE: CS MCKEE LARGE CAP VALUE FUND

b Name of sponsor of entity listed in (a): THE NORTHERN TRUST CO OF CT

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)
06-6275604-115	C	10218605

a Name of MTIA, CCT, PSA, or 103-12 IE: LSV MID-CAP VALUE FUND

b Name of sponsor of entity listed in (a): NORTHERN TRUST CO OF CT

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)
06-6275604-084	C	4640885

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

b Name of sponsor of entity listed in (a): NORTHERN TRUST CO OF CT

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)
06-6275604-057	C	10269627

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

b Name of sponsor of entity listed in (a): NORTHERN TRUST CO OF CT

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)
06-6275604-080	C	10725039

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

b Name of sponsor of entity listed in (a): NORTHERN TRUST CO OF CT

c EIN-PN 06-6275604-070	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3420257

a Name of MTIA, CCT, PSA, or 103-12 IE: WALL STREET FUND

b Name of sponsor of entity listed in (a): NORTHERN TRUST CO OF CT

c EIN-PN 06-6275604-077	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3437014

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

b Name of sponsor of entity listed in (a): NORTHERN TRUST CO. OF CT

c EIN-PN 06-6275604-028	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4560570

a Name of MTIA, CCT, PSA, or 103-12 IE: SHORT-TERM INVESTMENT FUND

b Name of sponsor of entity listed in (a): NORTHERN TRUST CO. OF CT

c EIN-PN 45-6138589-084	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4158494

a Name of MTIA, CCT, PSA, or 103-12 IE: TOTAL RETURN TRUST

b Name of sponsor of entity listed in (a): BLACKROCK ADVISORS, LLC

c EIN-PN 23-2784752-027	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 72804165

a Name of MTIA, CCT, PSA, or 103-12 IE: EMERGING MARKETS FUND

b Name of sponsor of entity listed in (a): NORTHERN TRUST CO OF CT

c EIN-PN 06-6275604-012	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4759158

a Name of MTIA, CCT, PSA, or 103-12 IE: WELLS LCG FUND

b Name of sponsor of entity listed in (a): NORTHERN TRUST CO OF CT

c EIN-PN 06-6275604-178	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10158411

a Name of MTIA, CCT, PSA, or 103-12 IE: S & P 500 FLAGSHIP FUND-NON LANDING

b Name of sponsor of entity listed in (a): NORTHERN TRUST GLOBAL INVESTMENTS

c EIN-PN 45-6138589-003	**d** Entity code C	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 30496419

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

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

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

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

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

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

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

A Name of plan
THE PENSION PLAN OF ARCH CHEMICALS

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
ARCH CHEMICALS, INC.

D Employer Identification Number (EIN)
06-1526315

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	210	694
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	0	0
(9) Value of interest in common/collective trusts	1c(9)	150677622	223549290
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	0	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	0	0
	(2) Employer real property	1d(2)	0	0
e	Buildings and other property used in plan operation	1e	0	0
f	Total assets (add all amounts in lines 1a through 1e)	1f	150677832	223549984
	Liabilities			
g	Benefit claims payable	1g	0	0
h	Operating payables	1h	462351	247818
i	Acquisition indebtedness	1i	0	0
j	Other liabilities	1j	0	0
k	Total liabilities (add all amounts in lines 1g through1j)	1k	462351	247818
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	150215481	223302166

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)	42300000	
	(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)		42300000
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)	0	
	(F) Other	2b(1)(F)	4770	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		4770
	(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)	0	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(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)	42698299	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		42698299
	(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
	(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
	(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)		0
c	Other income	2c		0
d	Total income. Add all **income** amounts in column (b) and enter total	2d		85003069
	Expenses			
e	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	10437650	
	(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)		10437650
f	Corrective distributions (see instructions)	2f		0
g	Certain deemed distributions of participant loans (see instructions)	2g		0
h	Interest expense	2h		0
i	Administrative expenses: **(1)** Professional fees	2i(1)	0	
	(2) Contract administrator fees	2i(2)	0	
	(3) Investment advisory and management fees	2i(3)	0	
	(4) Other	2i(4)	1430857	
	(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		1430857
j	Total expenses. Add all **expense** amounts in column (b) and enter total	2j		11868507
	Net Income and Reconciliation			
k	Net income (loss). Subtract line **2j** from line **2d**	2k		73134562
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)** [X] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: KPMG, LLP **(2)** EIN: 13-5565207

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	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.)	4b		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.)	4c		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.)	4d		X	0
e	Was this plan covered by a fidelity bond?	4e	X		25000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	0
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	0
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	0
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	0
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		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.	4n		X	

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:** 0

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
THE PENSION PLAN OF ARCH CHEMICALS

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
ARCH CHEMICALS, INC.

D Employer Identification Number (EIN)
06-1526315

Part I Distributions

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

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

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

EIN(s): _____ _____

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** 5

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

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

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

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

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

6 **a** Enter the minimum required contribution for this plan year **6a** 0

b Enter the amount contributed by the employer to the plan for this plan year **6b** 0

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** 0

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

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

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

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

a The current year	**14a**	0
b The plan year immediately preceding the current plan year	**14b**	0
c The second preceding plan year	**14c**	0

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**	0
b The corresponding number for the second preceding plan year	**15b**	0

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**	0
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**	0

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: 66% Investment-Grade Debt: 31% High-Yield Debt: 1% Real Estate: 0% Other: 2%

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):

KPMG

THE PENSION PLAN OF ARCH CHEMICALS

Financial Statements and Supplemental Schedules

December 31, 2009 and 2008

(With Independent Auditors' Report Thereon)

THE PENSION PLAN OF ARCH CHEMICALS

Table of Contents

	Page
Independent Auditors' Report	1
Financial Statements:	
Statements of Net Assets Available for Plan Benefits as of December 31, 2009 and 2008	2
Statements of Changes in Net Assets Available for Plan Benefits for the years ended December 31, 2009 and 2008	3
Notes to Financial Statements	4
Supplemental Schedules*	
Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2009	12
Schedule H, Line 4j – Schedule of Reportable Transactions for the year ended December 31, 2009	13

* Schedules not filed herewith are omitted because of the absence of conditions under which they are required.

KPMG LLP
Stamford Square
3001 Summer Street
Stamford, CT 06905-4317

Independent Auditors' Report

Pension Administration and Review Committee
The Pension Plan of Arch Chemicals:

We were engaged to audit the accompanying statements of net assets available for plan benefits of the Pension Plan of Arch Chemicals (the Plan) as of December 31, 2009 and 2008, and the related statements of changes in net assets available for plan benefits for the years then ended and the supplemental schedules (1) Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2009 and (2) Schedule H, Line 4j – Schedule of Reportable Transactions for the year ended December 31, 2009. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 8, which was certified by the Northern Trust Company, the Trustee of the Plan, except for comparing the information with the related information included in the financial statements and the supplemental schedules. We have been informed by the plan administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the Trustee as of December 31, 2009 and 2008 and for the years then ended, 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 information certified by the Trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

KPMG LLP

October 14, 2010

KPMG LLP is a Delaware limited liability partnership, the U.S. member firm of KPMG International Cooperative ("KPMG International"), a Swiss entity.

THE PENSION PLAN OF ARCH CHEMICALS

Statements of Net Assets Available for Plan Benefits

December 31, 2009 and 2008

	2009	2008
Assets:		
Investments, at fair value (note 8)	$ 223,549,290	150,677,622
Interest and dividends receivable (note 8)	694	210
Total assets	223,549,984	150,677,832
Liabilities:		
Accrued expenses	247,818	510,228
Total liabilities	247,818	510,228
Net assets available for plan benefits	$ 223,302,166	150,167,604

See accompanying notes to financial statements.

THE PENSION PLAN OF ARCH CHEMICALS

Statements of Changes in Net Assets Available for Plan Benefits

Years ended December 31, 2009 and 2008

	2009	2008
Additions / (Deductions) to net assets attributed to:		
Investment income / (loss) (note 8):		
Net appreciation / (depreciation) in fair value of investments	$ 42,698,299	(73,020,712)
Interest and dividends	4,770	1,442,187
Total investment income / (loss)	42,703,069	(71,578,525)
Employer contributions	42,300,000	3,000,000
Benefits paid to participants (note 4)	(10,437,650)	(10,037,021)
Administrative expenses	(1,430,857)	(1,694,328)
Net increase / (decrease)	73,134,562	(80,309,874)
Net assets available for plan benefits at beginning of year	150,167,604	230,477,478
Net assets available for plan benefits at end of year	$ 223,302,166	150,167,604

See accompanying notes to financial statements.

(1) Description of the Plan

The following description of The Pension Plan of Arch Chemicals (the Plan) provides general information only. Participants should refer to the Plan Document for a more complete description of the Plan's provisions.

(a) General

The Plan is a noncontributory defined benefit (cash balance) pension plan covering both union and nonunion U.S. employees of Arch Chemicals, Inc. (the Company) and its wholly owned subsidiaries. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

The Plan is administered by the Pension Administration and Review Committee (the Plan Administrator), and The Northern Trust Company is the Trustee of the Plan.

(b) Pension Benefits

Employees are eligible to receive their vested benefits in the Plan upon termination of employment or upon retirement. Employees become fully vested in the Plan after five years of employment, three years for employees hired on or after April 1, 2008, or the attainment of age 65. The Plan permits early retirement at age 55 with 10 credited years of service. For participants with a present value of vested benefits of $5,000 or less at the time of termination, benefits are distributed to them in the form of a lump sum cash out, or placed in a Rollover IRA (if between $1,000 and $5,000), if participants cannot be located. For participants who were hired prior to April 1, 2008 and who have more than $5,000 of vested benefits at the time of termination, benefits are paid in the form of an annuity upon attainment of a retirement age. For participants who were hired on or after April 1, 2008 and who have more than $5,000 of vested benefits at the time of termination, benefits are either paid in the form of an annuity or in the form of a lump sum upon attainment of retirement age.

(c) Death and Disability Benefits

The Plan provides for death benefits to a spouse of a deceased participant who has met the vesting requirement but died prior to his or her benefit commencement date. A pre-retirement survivor annuity will be paid to the surviving spouse, provided the participant and spouse had been married throughout the one year period ending on the date of death.

If the participant dies after attaining the age and years of service necessary to qualify for early retirement, the spouse shall receive an amount equal to that which the participant would have received had the participant retired before the day of his death, in the form of a 50% qualified joint and survivor annuity payment. For surviving spouses of participants who joined the Plan on or after April 1, 2008, their benefits can be paid in the form of a lifetime-only annuity or a lump sum. For non-spouse beneficiaries of participants who joined the Plan on or after April 1, 2008, the benefits will be paid in the form of a lump sum only.

In the event a participant becomes disabled before attaining his normal retirement age, the participant will become eligible for a disability retirement allowance as provided by the participant's respective Plan provisions.

(Continued)

(d) Administrative Expenses

Administrative expenses of the Plan are generally paid by the Plan. Administrative expenses not payable by the Plan are paid by the Company. Administrative expenses paid by the Company for the plan years ended 2009 and 2008 were $146,807 and $272,231, respectively.

(2) Summary of Significant Accounting Policies

The significant accounting policies of the Plan are as follows:

(a) Basis of Presentation

The accounts of the Plan are maintained on the accrual basis of accounting.

The Plan has evaluated events subsequent to December 31, 2009 through October 14, 2010, the date on which its financial statements were available for issuance.

(b) Use of Estimates

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

(c) Investments and Investment Income

Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is earned on the accrual basis. The Plan presents in the statement of changes in net assets available for plan benefits the net appreciation (depreciation) in the fair value of its investments which consists of the realized gains or losses and the unrealized appreciation (depreciation) on those investments.

Plan investments are reported at fair value. Fair value is determined based on the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants. See Note 10.

(d) Payment of Benefits

Distributions from the Plan are recorded upon payment.

(3) Funding Policy

The Company's policy is to make contributions to provide the benefits under the Plan and is subject to the provisions of ERISA. Contributions by the Company are based upon actuarial computations of the present value of future benefits to be paid to participants as of the beginning of the plan year. The actuarial cost method used to determine employer contributions to the Plan is the projected unit credit method. In accordance with the Company's funding policy, contributions for 2009 and 2008 were within the minimum and maximum funding requirements of ERISA. In 2009, the Plan Sponsor made voluntary contributions

(Continued)

totaling $42,300,000. The Plan's accounting policy is to accrue contributions receivable up to the amount of any minimum funding requirements of the Plan Sponsor, if any. As of December 31, 2009, there are no minimum funding requirements for the Plan.

(4) Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Except for employees hired on or after April 1, 2008, whose benefits are based on the amount accrued in their personal pension accounts, benefits under the Plan are based on employees' highest three years compensation of the last 10 years (whether or not consecutive) of credited service. The accumulated plan benefits for active employees are based on their average compensation during the three years ending on the date as of which the benefit information is presented (the valuation date). For participants hired on or after April 1, 2008, benefits are based upon 6% of participants' eligible earnings during each quarter that the participants are employed with the Company, adjusted to accrue interest at the prevailing 10-year U.S. Treasury Note rate. Benefits payable under all circumstances, retirement, death, disability, and termination of employment, are included to the extent they are deemed attributable to employee service rendered up to the valuation date.

The actuarial present value of accumulated plan benefits is determined by the Plan's actuary using employee data supplied by the Company at December 31, 2008, and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant assumptions used in the valuation as of December 31, 2008 were: (a) assumed discount rate of 6.5% (b) retirement at rates that vary by age from age 55 to age 67, and (c) assumed mortality rates for participants based on the RP2000 Combined Healthy Table and the RP2000 Disabled Retiree Table.

Accumulated plan benefits are computed using the projected unit credit actuarial cost method. These actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

As of December 31, 2008, the Plan's actuary determined the actuarial present value of accumulated plan benefits as follows:

Vested benefits:	
Participants currently receiving payments	$ 88,284,840
Other participants	101,805,177
	190,090,017
Nonvested benefits	3,835,753
Total actuarial present value of accumulated plan benefits	$ 193,925,770

(Continued)

Actuarial present value of accumulated benefits as of January 1, 2008	$ 183,764,790
Increase (decrease) during the year attributable to:	
Benefits accumulated and actuarial experience	5,004,567
Increase for interest due to the decrease in the discount period	15,193,434
Benefits paid	(10,037,021)
Net increase	10,160,980
Actuarial present value of accumulated benefits as of December 31, 2008	$ 193,925,770

(5) Plan Termination

Although it has not expressed any intention to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event of plan termination or discontinuance of contributions, participants will become 100% vested in their accrued benefits. Whether a particular participant's accumulated plan benefits will be paid depends both on the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC) at that time. There is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees. That ceiling, which is adjusted periodically, was $4,500 per month, for plan terminations occurring during 2010. Some benefits may be fully or partially provided for by the then existing assets and the PBGC guaranty, while other benefits may not be provided for at all. Additional information about PBGC guaranty is contained in the Plan document, which can be obtained from the Plan Administrator.

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 benefit obligations and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

(6) Tax Status

The Internal Revenue Service has determined and informed the Company by a letter dated June 24, 2002 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Plan Administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements under the IRC.

(7) Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, changes in the values of investment securities could materially affect amounts reported in the statements of net assets available for plan benefits.

(Continued)

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, changes in these estimates and assumptions could be material to the financial statements.

(8) Investment Information Certified by the Trustee (Unaudited)

As permitted by Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator has elected that information certified by the Trustee not be subjected to any auditing procedures, except for comparing such information to the related information contained in the accompanying financial statements and supplemental schedules. The following information represents the fair value of investments, which has been certified by the Trustee:

	December 31	
	2009	2008
Common/collective trusts:		
Blackrock Core Plus Total Return Fund	$ 72,804,165*	43,072,363*
Northern Trust Global Investments S&P 500 Flagship Fund Lending	11,061,191	31,123,640*
Northern Trust Global Investments S&P 500 Flagship Fund Non Lending	30,496,419*	—
Northern Trust Company of Connecticut Emerging Markets Fund	4,759,158	—
Northern Trust Company of Connecticut International Equity Fund	29,243,489*	15,585,848*
Northern Trust Company of Connecticut Short-term Investment Fund	4,158,494	191,124
Northern Trust Company of Connecticut Blair Fund	4,560,570	4,253,116
Northern Trust Company of Connecticut LSV Mid-Cap Value Fund	4,640,885	4,189,167
Northern Trust Company of Connecticut Marsico Fund	10,269,627	9,291,454*
Northern Trust Company of Connecticut NWQ Fund	10,725,039	10,060,066*
Northern Trust Company of Connecticut Sasco Fund	3,420,257	3,373,664
Northern Trust Company of Connecticut Small Cap Fund	13,595,966*	10,482,628*
Northern Trust Company of Connecticut Turner Large Cap Fund	—	8,051,218*
Northern Trust Company of Connecticut Wall Street Fund	3,437,014	3,070,784
Northern Trust Company of Connecticut Wells LCG Fund	10,158,411	—
Northern Trust Company of Connecticut CS McKee Large Cap Value Fund	10,218,605	7,932,550*
	$ 223,549,290	150,677,622

* Represents 5% or more of the Plan's net assets at the date indicated.

(Continued)

The investment activity in the Plan for the years ended December 31, 2009 and 2008 are as follows:

	2009	2008
Net (depreciation) / appreciation in fair value of investments:		
Common/collective trusts	$ 42,698,299	(72,837,268)
Mutual funds	—	(183,444)
Total	$ 42,698,299	(73,020,712)
Interest and dividends	$ 4,770	1,442,187

(9) Related Party Transactions

Certain Plan investments are shares of common/collective trusts managed by the Trustee and these transactions qualify as a party-in-interest under ERISA. Fees incurred and payable to the Trustee were $666,328 and $743,420 for the years ended December 31, 2009 and 2008, respectively.

(10) Fair Value Measurements

Valuation techniques required by Financial Accounting Standards Board Accounting Standards Codification Topic 820, *Fair Value Measurements and Disclosures* (ASC 820), are based upon observable and unobservable inputs. Observable inputs reflect market data obtained from independent sources, while unobservable inputs reflect the Plan's market assumptions. These two types of inputs create the following fair value hierarchy:

- **Level 1** – Quoted prices (unadjusted) for identical assets and liabilities in active markets that the Plan has the ability to access at the measurement date.
- **Level 2** – Quoted prices for similar assets and liabilities in active markets; quoted prices for identical or similar assets and liabilities in markets that are not active; and inputs other than quoted prices that are observable for the asset or liability, including interest rates, yield curves and credit risks, or inputs that are derived principally from or corroborated by observable market data through correlation.
- **Level 3** – Significant inputs to the valuation model are unobservable and are primarily based on internally derived assumptions surrounding the timing and amount of expected cash flows.

The following section describes the valuation methodologies the Plan uses to measure different investments at fair value.

At December 31, 2009, the Company's target allocation of the pension plan assets is 40% large-cap equity funds, 10% mid-cap equity funds, 10% small-cap equity funds, 10% international equity funds and emerging markets equity funds and 30% fixed income funds. Fixed income funds include investments in government obligations, corporate bonds, agency obligations and asset-backed securities. The principal objective of the Company's investment strategy is to ensure sufficient resources are available to meet the Plan's benefit obligations. The assets are invested in a diversified portfolio consisting of an array of asset classes that attempt to maximize returns while minimizing volatility. The current asset categories are listed in the table below. In the future, the Company may invest in other asset categories, including real estate.

(Continued)

Other than cash and cash equivalents, all pension plan assets are valued at their fair values based on a combination of quoted prices from active markets and prices from inactive markets.

The following table displays, by level, the fair values of each of the Plan's investments that are measured at fair value and that are subject to the disclosure requirements of ASC 820 at December 31, 2009:

	Quotes prices in active markets for identical assets (Level 1)	Significant observable inputs (Level 2)	Significant unobservable inputs (Level 3)	Total
Asset category:				
Large-Cap Equity Funds	$ —	82,929,291	—	82,929,291
Mid-Cap Equity Funds	—	16,058,726	—	16,058,726
Small-Cap Equity Funds	—	13,595,966	—	13,595,966
International Equity Funds	—	29,243,489	—	29,243,489
Emerging Markets Equity Funds	—	4,759,158	—	4,759,158
Government obligations	—	12,791,692	—	12,791,692
Corporate bonds	—	14,393,385	—	14,393,385
Agency obligations	—	4,688,588	—	4,688,588
Asset-backed securities	—	40,814,014	—	40,814,014
Cash and cash equivalents*	4,274,981	—	—	4,274,981
Total	$ 4,274,981	219,274,309	—	223,549,290

* Cash and cash equivalents include $4,158,494 invested in the Northern Trust Company of Connecticut Short term Investment Fund and $116,487 invested in the Blackrock Core Plus Total Return Fund.

(Continued)

The following table displays, by level, the fair values of each of the Plan's investments that are measured at fair value and that are subject to the disclosure requirements of ASC 820 at December 31, 2008:

	Quotes prices in active markets for identical assets (Level 1)	Significant observable inputs (Level 2)	Significant unobservable inputs (Level 3)	Total
Asset category:				
Large-Cap Equity Funds	$ —	66,458,927	—	66,458,927
Mid-Cap Equity Funds	—	14,886,732	—	14,886,732
Small-Cap Equity Funds	—	10,482,628	—	10,482,628
International Equity Funds	—	15,585,848	—	15,585,848
Government obligations	—	1,270,635	—	1,270,635
Corporate bonds	—	6,874,349	—	6,874,349
Agency obligations	—	775,303	—	775,303
Asset-backed securities	—	31,628,036	—	31,628,036
Cash and cash equivalents	2,715,164	—	—	2,715,164
Total	$ 2,715,164	147,962,458	—	150,677,622

(11) Subsequent Event

During the nine months ended September 30, 2010, the Plan Sponsor made voluntary contributions of approximately $40 million to the Plan.

THE PENSION PLAN OF ARCH CHEMICALS

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

December 31, 2009

Identity of issue, borrower, lessor, or similar party	Shares	Description of investment	Cost	Current value
Blackrock	7,041,022	Common/collective trust: Blackrock Core Plus Total Return Fund	$ 71,713,349	72,804,165
* The Northern Trust Company	4,158,494	Common/collective trust: Northern Trust Company of Connecticut Short-term Investment Fund	4,158,494	4,158,494
* The Northern Trust Company	73,179	Common/collective trust: Northern Trust Company of Connecticut International Equity Fund	27,659,665	29,243,489
* The Northern Trust Company	11,903	Common/collective trust: Northern Trust Company of Connecticut Emerging Markets Fund	4,200,000	4,759,158
* The Northern Trust Company	20,463	Common/collective trust: Northern Trust Company of Connecticut Blair Fund	3,602,398	4,560,570
* The Northern Trust Company	55,094	Common/collective trust: Northern Trust Company of Connecticut Marsico Fund	10,187,407	10,269,627
* The Northern Trust Company	57,494	Common/collective trust: Northern Trust Company of Connecticut NWQ Fund	10,301,864	10,725,039
* The Northern Trust Company	15,056	Common/collective trust: Northern Trust Company of Connecticut Sasco Fund	2,966,592	3,420,257
* The Northern Trust Company	58,011	Common/collective trust: Northern Trust Company of Connecticut Small Cap Fund	11,866,685	13,595,966
* The Northern Trust Company	32,077	Common/collective trust: Northern Trust Company of Connecticut Wall Street Fund	3,013,412	3,437,014
* The Northern Trust Company	79,117	Common/collective trust: Northern Trust Company of Connecticut Wells LCG Fund	7,970,299	10,158,411
* The Northern Trust Company	32,013	Common/collective trust: Northern Trust Company of Connecticut LSV Mid-Cap Value Fund	4,435,047	4,640,885
* The Northern Trust Company	3,442	Common/collective trust: Northern Trust Global Investments S&P 500 Flagship Fund - Lending	11,495,302	11,061,191
* The Northern Trust Company	9,453	Common/collective trust: Northern Trust Global Investments S&P 500 Flagship Fund - Non Lending	24,962,000	30,496,419
* The Northern Trust Company	108,626	Common/collective trust: Northern Trust Company of Connecticut CS McKee Large Cap Value Fund	10,892,596	10,218,605
			$ 209,425,110	223,549,290

* Denotes a party-in-interest.

The above data is based upon information which has been certified as complete and accurate by The Northern Trust Company.

See accompanying independent auditors' report.

THE PENSION PLAN OF ARCH CHEMICALS

Schedule H, Line 4j – Schedule of Reportable Transactions

Year ended December 31, 2009

Identity of issue	Number of transactions	Purchase price	Selling price	Cost of asset	Current value of asset on transaction date	Net gain (loss)
Series of transactions greater than 5% of value:						
Blackrock Core Plus Total Return Fund	8	$ 23,150,000	—	23,150,000	23,150,000	—
Northern Trust Global Investments S&P 500 Flagship Fund – Lending	31	—	22,682,000	29,622,171	22,682,000	(6,940,171)
Northern Trust Global Investments S&P 500 Flagship Fund – Non Lending	28	24,962,000	—	24,962,000	24,962,000	—

The above data is based upon information which has been certified as complete and accurate by The Northern Trust Company

See accompanying independent auditors' report.

Attachement to 2009 Schedule SB of Form 5500
Schedule SB, Line 26 – Schedule of Active Participant Data
Arch Chemicals, Inc. – The Pension Plan of Arch Chemicals
EIN 06-1526315 PN 003

	Years of Service									
Age	Total	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over
Under 25	29	26	3	--	--	--	--	--	--	--
	$34,938	$35,973	$--	--	--	--	--	--	--	--
25-29	80	64	15	1	--	--	--	--	--	--
	44,028	42,570	--	--	--	--	--	--	--	--
30-34	119	76	29	13	1	--	--	--	--	--
	58,600	55,995	64,041	--	$--	--	--	--	--	--
35-39	167	68	33	49	13	4	--	--	--	--
	65,927	52,626	68,529	80,137	--	$--	--	--	--	--
40-44	192	67	28	51	26	18	2	--	--	--
	75,490	63,040	66,860	84,170	87,426	--	$--	--	--	--
45-49	208	47	39	35	35	27	22	3	--	--
	82,361	61,267	85,862	77,954	90,100	95,242	100,313	$--	--	--
50-54	294	53	47	34	33	21	39	63	4	--
	84,529	52,533	72,977	88,410	94,255	80,864	93,135	108,008	$--	--
55-59	238	37	24	20	21	13	27	54	40	2
	88,005	61,195	90,055	85,853	94,917	--	107,290	90,097	91,510	$--
60-64	161	17	18	19	12	14	18	24	29	10
	86,233	--	--	--	--	--	--	114,201	86,783	--
65-69	36	4	3	3	2	4	3	9	3	5
	80,640	--	--	--	--	--	--	--	---	--
70 & Over	5	1	2	1	--	1	--	--	--	--
	--	--	--	--	--	--	--	--	--	--
Total	1,529	460	241	226	143	102	111	153	76	17
	$76,459	$53,847	$71,362	$81,735	$88,242	$89,321	$99,747	$101,424	$91,686	$--

Attachement to 2009 Schedule SB of Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
Arch Chemicals, Inc. – The Pension Plan of Arch Chemicals
EIN 06-1526315 PN 003

<table>
<tr><td>Interest:</td><td>The interest rates used for the 2009 plan year are the spot corporate bond yields ending in October 2008. These discount rates average 7.35% for payments in the first 5 years, 8.61% for payments in years 6 – 20, and 7.26% for payments thereafter, which translates to an effective interest rate of 8.15%. This market-based assumption is mandated by law. (Prior year 24-month average corporate bond rates were 5.31% for payments in the first 5 years, 5.92% for payments in years 6 – 20, and 6.43% for payments thereafter, which translates to an effective interest rate of 6.14%.)
The yield curve used to determine the PBGC variable rate premium is the same as funding.</td></tr>
<tr><td>Mortality rates:</td><td>RP2000 separate annuitant and non-annuitant tables with static projection to 2017 and 2025, respectively. This assumption is one of the choices allowed by the regulations.
(Prior year mortality table assumption was similar to this year, except with one less year of projection.)</td></tr>
<tr><td>Salary Increases:</td><td>
<table>
<tr><th>Age</th><th>Annual Increase*</th></tr>
<tr><td>20</td><td>8.52%</td></tr>
<tr><td>25</td><td>7.57</td></tr>
<tr><td>30</td><td>6.72</td></tr>
<tr><td>35</td><td>5.97</td></tr>
<tr><td>40</td><td>5.32</td></tr>
<tr><td>45</td><td>4.77</td></tr>
<tr><td>50</td><td>4.32</td></tr>
<tr><td>55</td><td>3.97</td></tr>
<tr><td>60</td><td>3.72</td></tr>
</table>
*Includes inflation of 3.50%</td></tr>
</table>

Attachement to 2009 Schedule SB of Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
Arch Chemicals, Inc. – The Pension Plan of Arch Chemicals
EIN 06-1526315 PN 003

Termination rates:

Age	"Ultimate" Rate
20	16.52%
25	12.54%
30	9.54%
35	7.16%
40	5.64%
45	4.50%
50	3.53%
55	4.06%
60	4.60%

"Select" rates of 16.5% are used for the first four years of employment.
Both pay-related and flat-dollar plans use these rates.
Termination rates do not apply after early retirement eligibility.

Disability rates:

Age	Male	Female
20	0.10%	0.13%
25	0.11%	0.14%
30	0.12%	0.17%
35	0.15%	0.25%
40	0.22%	0.34%
45	0.37%	0.50%
50	0.68%	0.78%
55	1.22%	1.17%
60	1.82%	1.48%

Attachement to 2009 Schedule SB of Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
Arch Chemicals, Inc. – The Pension Plan of Arch Chemicals
EIN 06-1526315 PN 003

<table>
<tr><td>Retirement rates:
(from active status)</td><td>
<table>
<tr><th>Age</th><th>Rate</th></tr>
<tr><td>55</td><td>5%</td></tr>
<tr><td>56</td><td>5%</td></tr>
<tr><td>57</td><td>5%</td></tr>
<tr><td>58</td><td>5%</td></tr>
<tr><td>59</td><td>5%</td></tr>
<tr><td>60</td><td>5%</td></tr>
<tr><td>61</td><td>5%</td></tr>
<tr><td>62</td><td>25%</td></tr>
<tr><td>63</td><td>25%</td></tr>
<tr><td>64</td><td>25%</td></tr>
<tr><td>65</td><td>50%</td></tr>
<tr><td>66</td><td>75%</td></tr>
<tr><td>67</td><td>100%</td></tr>
</table>
</td></tr>
<tr><td>Retirement from inactive status:</td><td>Age 65</td></tr>
<tr><td>Percent married:</td><td>80%</td></tr>
<tr><td>Age difference:</td><td>Husbands are three years older than wives.</td></tr>
<tr><td>Administrative expenses:</td><td>An expense assumption is required starting in 2009. Plan-related expenses of $376,695 expected to be paid by the plan during the year were assumed in 2009 (i.e. 0.25% of market value of assets).</td></tr>
</table>

Attachement to 2009 Schedule SB of Form 5500
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods
Arch Chemicals, Inc. – The Pension Plan of Arch Chemicals
EIN 06-1526315 PN 003

Asset method:	Assets are determined by averaging the market value as of the valuation date and the adjusted market values as of the preceding two years. The resulting value is limited to between 90% to 110% of market value of assets. WRERA provides that the averaging method is to be adjusted for expected earnings. The expected earnings are based on an assumed rate of return of 9.00%, not to exceed the applicable PPA third segment rate of 6.69% in 2007 and 6.43% in 2008. Note that automatic IRS approval for a change in asset valuation method applies for plan years beginning in 2009.
Funding method:	Funding method is prescribed by law. The liability is measured on an accrual-to-date basis using mandated mortality tables and interest rates with no salary projection past the end of the year.

Attachement to 2009 Schedule SB of Form 5500
Schedule SB, Part V – Summary of Plan Provisions
Arch Chemicals, Inc. – The Pension Plan of Arch Chemicals
EIN 06-1526315 PN 003

This subsection summarizes the major provisions of the plan as included in the valuation. It is not intended to be, nor should it be interpreted as, a complete statement of all plan provisions.

PLAN STATUS: ONGOING	
	ARCH CORPORATE GROUP
Effective date:	February 8, 1999
Eligibility for participation:	Completion of one year of service.
Normal retirement:	
Eligibility:	Age 65
Amount:	For employees hired before April 1, 2008, greater of (i) or (ii): (i) 1.5% of average compensation during highest 3 calendar years in last 10 calendar years multiplied by years of service, less Social Security benefit multiplied by lesser of: (a) ratio of years of service not in excess of 35 to the number 70; or (b) 50% multiplied by ratio of years of service at retirement to years of service projected to age 65. (ii) 1% of average compensation during highest 3 calendar years in last 10 calendar years multiplied by years of service. Employees hired after March 31, 2008 participate in the Cash Balance Plan.
Early retirement:	
Eligibility:	Age 55 and 10 years of service and retires from active status.
Amount:	Immediate allowance equal to accrued allowance multiplied by 72% plus 1/3% multiplied by months elapsed since age 55
Special early retirement benefit:	
Eligibility:	Age 62 and 10 years of service.
Amount:	Unreduced accrued allowance payable immediately.
Disability:	None

Attachement to 2009 Schedule SB of Form 5500
Schedule SB, Part V – Summary of Plan Provisions
Arch Chemicals, Inc. – The Pension Plan of Arch Chemicals
EIN 06-1526315 PN 003

Vesting benefit:	
Eligibility:	5 years of service.
Amount:	Accrued allowance deferred to age 65.
Spouse's death benefit:	
Eligibility:	Vested status benefit commences no earlier than earliest retirement date that could have been elected by deceased participant.
Amount:	Accrued allowance at time of death, adjusted as if participant had retired on date payments to spouse commence under joint and 50% survivorship option, and then died.
Lump sum death benefit:	
Eligibility:	Death after any type of retirement except deferred vested.
Amount:	$5,000
Normal form of allowance:	
Single:	Life annuity.
Married:	Reduced 50% joint and survivor annuity.
Optional forms of allowance:	
	Joint and survivor annuity (up to 100%). Guaranteed 5 or 10 year period certain and life annuity. Social Security Level Income option..

Attachement to 2009 Schedule SB of Form 5500
Schedule SB, Part V – Summary of Plan Provisions
Arch Chemicals, Inc. – The Pension Plan of Arch Chemicals
EIN 06-1526315 PN 003

BRANDENBURG / DOE RUN	
Effective date:	February 8, 1999
Eligibility for participation:	Immediate upon becoming an eligible collectively bargained employee.
Normal retirement:	
Age requirement:	Age 65
Amount:	For employees hired before 01/01/2006, the flat monthly rates per year of service are: $52.50 effective 1/1/2006 $45.00 effective 1/1/2005 $42.00 effective 1/1/2004 $39.00 effective 1/1/2003 For post-12/31/2005 hires, the flat monthly rate per year of service is $20.00.
Early retirement:	
Eligibility:	Age 55 and 10 years of service and retires from active status.
Amount:	Immediate allowance equal to accrued allowance multiplied by 72% plus 1/3% multiplied by months elapsed since age 55.
Special early retirement benefit:	
Eligibility:	Age 62 and 10 years of service.
Amount:	Unreduced accrued allowance payable immediately.
Vesting benefit:	
Eligibility:	5 years of service.
Amount:	Accrued allowance deferred to age 65.
Spouse's death benefit:	
Eligibility:	Vested status benefit commences no earlier than earliest retirement date that could have been elected by deceased participant.

Attachement to 2009 Schedule SB of Form 5500
Schedule SB, Part V – Summary of Plan Provisions
Arch Chemicals, Inc. – The Pension Plan of Arch Chemicals
EIN 06-1526315 PN 003

Amount:	Accrued allowance at time of death, adjusted as if participant had retired on date payments to spouse commence under joint and 50% survivorship option, and then died.
Lump sum death benefit:	
Eligibility:	Death after any type of retirement except deferred vested provided the participant had been actively at work on February 1, 1984.
Amount:	$5,000
Normal form of allowance:	
Single:	Life annuity.
Married:	Reduced 50% joint and survivor annuity.
Optional forms of allowance:	
	Joint and survivor annuity (up to 100%). Guaranteed 5 or 10 year period certain and life annuity. Social Security Level Income option..

Attachement to 2009 Schedule SB of Form 5500
Schedule SB, Part V – Summary of Plan Provisions
Arch Chemicals, Inc. – The Pension Plan of Arch Chemicals
EIN 06-1526315 PN 003

CONLEY COLLECTIVELY BARGAINED GROUP	
Effective date:	October 24, 2003
Eligibility for participation:	January 1 or July 1 after completing one year of service and after attaining age 21.
Normal retirement:	
Age requirement:	Age 65
Amount:	Sum of (A) and (B) below: (A) Effective January 1, 2006, 0.75% of average monthly compensation, not to exceed the participant's covered compensation amount, multiplied by participant's credited service not in excess of 35 years. (B) 1.20% of average monthly compensation in excess of the participant's covered compensation amount multiplied by the participant's credited service, not in excess of 35 years.
Early retirement:	
Eligibility:	Age 55 and 10 years of service.
Amount:	Accrued allowance reduced by 5/12% per month prior to age 65.
Vesting benefit:	
Eligibility:	5 years of service.
Amount:	Accrued allowance deferred to age 65.
Spouse's death benefit:	
Eligibility:	Vested status benefit commences no earlier than earliest retirement date that could have been elected by deceased participant.
Amount:	Accrued allowance at time of death, adjusted as if participant had retired on date payments to spouse commence under joint and 50% survivorship option, and then died.
Normal form of allowance:	
Single:	Life annuity.

Attachement to 2009 Schedule SB of Form 5500
Schedule SB, Part V – Summary of Plan Provisions
Arch Chemicals, Inc. – The Pension Plan of Arch Chemicals
EIN 06-1526315 PN 003

Married:	Reduced 50% joint and survivor annuity.
Optional forms of allowance:	
	Joint and survivor annuity (up to 100%), Guaranteed 5 or 10 year period certain and life annuity, Social Security Level Income option..

Attachement to 2009 Schedule SB of Form 5500
Schedule SB, Part V – Summary of Plan Provisions
Arch Chemicals, Inc. – The Pension Plan of Arch Chemicals
EIN 06-1526315 PN 003

HICKSON CORPORATE GROUP	
Effective date:	October 24, 2003
Eligibility for participation:	January 1 or July 1 after completing one year of service and after attaining age 21.
Normal retirement:	
Age requirement:	Age 65
Allowance (for service prior to January 1, 2003):	Sum of (A) and (B) below: (A) 0.70% of average monthly compensation, not to exceed the participant's covered compensation amount, multiplied by one participant's credited service not in excess of 35 years. (B) 1.20% of average monthly compensation in excess of the participant's covered compensation amount multiplied by the participant's credited service, not in excess of 35 years.
Allowance (for service on or after January 1, 2003):	Greater of (i) or (ii): (i) 1.5% of average compensation during highest 3 calendar years in last 10 calendar years multiplied by years of service, less Social Security benefit multiplied by lesser of (a) ratio of years of service not in excess of 35 to the number 70; or (b) 50% multiplied by ratio of years of service at retirement to years of service projected to age 65. (ii) 1% of average compensation during highest 3 calendar years in last 10 calendar years multiplied by years of service.
Early retirement:	
Eligibility:	Age 55 and 10 years of service.
Allowance (for portion of benefit attributable to service before January 1, 2003):	Accrued allowance reduced by 5/12% per month prior to age 65.
Allowance (for portion of benefit attributable to service on or after January 1, 2003):	Accrued allowance multiplied by 72% plus 1/3% multiplied by months elapsed since age 55.

Attachement to 2009 Schedule SB of Form 5500
Schedule SB, Part V – Summary of Plan Provisions
Arch Chemicals, Inc. – The Pension Plan of Arch Chemicals
EIN 06-1526315 PN 003

Vesting benefit:	
Eligibility:	5 years of service
Amount:	Accrued allowance deferred to age 65.
Spouse's death benefit:	
Eligibility:	Vested status benefit commences no earlier than earliest retirement date that could have been elected by deceased participant.
Amount:	Accrued allowance at time of death, adjusted as if participant had retired on date payments to spouse commence under joint and 50% survivorship option, and then died.
Lump sum death benefit:	
Eligibility:	Death after any type of retirement except deferred vested.
Amount:	$5,000
Normal form of allowance:	
Single:	Life annuity.
Married:	Reduced 50% joint and survivor annuity.
Optional forms of allowance:	
	Joint and survivor annuity (up to 100%). Guaranteed 5 or 10 year period certain and life annuity. Guaranteed period shall not exceed the participant's life expectancy at date payments commence. Social Security Level Income option..

Attachement to 2009 Schedule SB of Form 5500
Schedule SB, Part V – Summary of Plan Provisions
Arch Chemicals, Inc. – The Pension Plan of Arch Chemicals
EIN 06-1526315 PN 003

AVECIA	
Effective date:	April 3, 2004
Eligibility for participation:	January 1 or July 1 following completion of one year of service.
Normal retirement:	
Age requirement:	Age 65
Allowance (for service prior to January 1, 2005):	Benefit Schedule A: The greater of: (i) 1.2% of Average Compensation times Years of Service (ii) 1.6% times Years of Service, but not more than 50%, times Average Compensation minus 1.6% times Years of Service, but not more than 50%, times Social Security Benefit. Benefit Schedule B: The sum of (i) and (ii): (i) The benefit determined under Benefit Schedule A based on Average Compensation and Years of Service as of April 30, 1998. (ii) The accumulation for each plan year of the sum of 1.2% of Compensation up to the Breakpoint plus 1.6% of Compensation in excess of the Breakpoint. Breakpoint: $58,800 for 2004, $58,200 for 2003, $56,800 for 2002, and $53,800 for 2001 as adjusted for inflation as the Social Security Wage Base.
Allowance (for service on or after January 1, 2005):	Greater of (i) or (ii): (i) 1.5% of average compensation during highest 3 calendar years in last 10 calendar years multiplied by years of service, less Social Security benefit multiplied by lesser of (a) ratio of years of service not in excess of 35 to the number 70; or (b) 50% multiplied by ratio of years of service at retirement to years of service projected to age 65. (ii) 1% of average compensation during highest 3 calendar years in last 10 calendar years multiplied by years of service.

Attachement to 2009 Schedule SB of Form 5500
Schedule SB, Part V – Summary of Plan Provisions
Arch Chemicals, Inc. – The Pension Plan of Arch Chemicals
EIN 06-1526315 PN 003

Early retirement:	
Eligibility:	Age 50 and age plus years of service equals 70 or more.
Allowance (for portion of benefit attributable to service before January 1, 2005):	Benefit Schedule A: Immediate allowance equal to accrued allowance reduced by approximately 4.2% for each year before the date full benefits are available. Full benefits are available at age 62, or as early as age 55 if age plus service totals at least 80. Benefit Schedule B: Immediate allowance equal to accrued allowance reduced by approximately 6.0% for each year before the date full benefits are available. Full benefits are available at age 62, or as early as age 58 if age plus service totals at least 80.
Allowance (for portion of benefit attributable to service on or after January 1, 2005):	Immediate allowance equal to accrued allowance multiplied by 72% plus 1/3% multiplied by months elapsed since age 55.
Vesting benefit:	
Eligibility:	5 years of service.
Amount:	Accrued allowance deferred to age 65, or actuarially reduced allowance after age 55.
Spouse's death benefit:	
Eligibility:	Vested status benefit commences no earlier than earliest retirement date that could have been elected by deceased participant.
Amount:	Accrued allowance at time of death, adjusted as if participant had retired on date payments to spouse commence under joint and 50% survivorship option, and then died.
Lump sum death benefit:	
Eligibility:	Death after any type of retirement except deferred vested.
Amount:	$5,000
Normal form of allowance:	
Single:	Life annuity.
Married:	Reduced 50% joint and survivor annuity.

Attachement to 2009 Schedule SB of Form 5500
Schedule SB, Part V – Summary of Plan Provisions
Arch Chemicals, Inc. – The Pension Plan of Arch Chemicals
EIN 06-1526315 PN 003

Optional forms of allowance:	
	Joint and survivor annuity (up to 100%). Guaranteed 5, 10, 15, 20 or 25 year period certain and life annuity. Guaranteed period shall not exceed the participant's life expectancy at date payments commence. Social Security Level Income option..

Attachement to 2009 Schedule SB of Form 5500
Schedule SB, Part V – Summary of Plan Provisions
Arch Chemicals, Inc. – The Pension Plan of Arch Chemicals
EIN 06-1526315 PN 003

CASH BALANCE PLAN	
Effective date:	April 1, 2008
Eligibility for participation:	Immediate upon becoming an eligible non-collectively bargained employee.
Normal retirement:	
Eligibility:	Age 65
Amount:	Balance in Personal Pension Account which grows quarterly with Pay-Based Credits and Interest Credits. Pay-Based Credits equal 6% of compensation for the quarter. The Interest Crediting rate is the annual rate of interest on 10-year Treasuries for the month of November of the prior plan year.
Early retirement:	
Eligibility:	Age 55
Amount:	Balance in Personal Pension Account.
Disability retirement:	
Eligibility:	3 years of service
Amount:	Balance in Personal Pension Account as of early or normal retirement date. Personal Pension Account would continue to grow with Pay-Based Credits and Interest Credits. The Pay-Based Credits would be based on Base Monthly Pay at time of disability.
Vesting benefit:	
Eligibility:	3 years of service.
Amount:	Balance in Personal Pension Account.
Death benefit:	
Eligibility:	3 years of service
Amount:	Balance in Personal Pension Account.

Attachement to 2009 Schedule SB of Form 5500
Schedule SB, Part V – Summary of Plan Provisions
Arch Chemicals, Inc. – The Pension Plan of Arch Chemicals
EIN 06-1526315 PN 003

Normal form of allowance:
Lump sum.
Optional forms of allowance:
Single life annuity Joint and survivor annuity – 50%, 75% and 100%

Attachement to 2009 Schedule SB of Form 5500
Schedule SB, Line 25 – Change in Method
Arch Chemicals, Inc. – The Pension Plan of Arch Chemicals
EIN 06-1526315 PN 003

The following actuarial methods have changed since the prior valuation:

- The asset valuation method changed from 3-month averaging to 3-year smoothing. Assets are determined by averaging the market value as of the valuation date and the adjusted market values as of the preceding two years. The resulting value is limited to between 90% to 110% of market value of assets. WRERA provides that the averaging method is to be adjusted for expected earnings. The expected earnings are based on an assumed rate of return of 9.00%, not to exceed the applicable PPA third segment rate of 6.69% in 2007 and 6.43% in 2008. Note that automatic IRS approval for a change in asset valuation method applies for plan years beginning in 2009.

- The interest rates used for the 2009 plan year are the spot corporate bond yields ending in October 2008. These discount rates average 7.35% for payments in the first 5 years, 8.61% for payments in years 6 – 20, and 7.26% for payments thereafter, which translates to an effective interest rate of 8.15%. This market-based assumption is mandated by law. Prior year 24-month average corporate bond rates were 5.31% for payments in the first 5 years, 5.92% for payments in years 6 – 20, and 6.43% for payments thereafter, which translates to an effective interest rate of 6.14%.

Attachement to 2009 Schedule SB of Form 5500
Schedule SB, Line 22 – Description of Weighted Average Retirement Age
Arch Chemicals, Inc. – The Pension Plan of Arch Chemicals
EIN 06-1526315 PN 003

The plan's average retirement age was determined by applying at each potential retirement age the probability that the employee will retire at that age assuming all decrements other than retirement are zero (see below).

Age	Probability of Retirement	Probability of Remaining Active	Proportion Active At BOY	Weighted Retirement Age
55	0.05	0.95	1.00	2.75
56	0.05	0.95	0.95	2.66
57	0.05	0.95	0.90	2.57
58	0.05	0.95	0.86	2.49
59	0.05	0.95	0.81	2.40
60	0.05	0.95	0.77	2.32
61	0.05	0.95	0.74	2.24
62	0.25	0.75	0.70	10.82
63	0.25	0.75	0.52	8.25
64	0.25	0.75	0.39	6.29
65	0.50	0.50	0.29	9.57
66	0.75	0.25	0.15	7.29
67	1.00	0.00	0.04	2.47
			Wtd. Ave. Ret. Age:	**62.13**

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

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

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

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

A Name of plan
THE PENSION PLAN OF ARCH CHEMICALS

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
ARCH CHEMICALS, INC.

D Employer Identification Number (EIN)
06-1526315

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

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

Part I Basic Information

1	Enter the valuation date: Month 01 Day 01 Year 2009			
2	Assets:			
	a Market value	2a		189326137
	b Actuarial value	2b		208258750
3	Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
	a For retired participants and beneficiaries receiving payment	3a	562	91316476
	b For terminated vested participants	3b	968	25961821
	c For active participants:			
	(1) Non-vested benefits	3c(1)		4953172
	(2) Vested benefits	3c(2)		87907725
	(3) Total active	3c(3)	1529	92860897
	d Total	3d	3059	210139194
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		8.15%
6	Target normal cost	6		6729050

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

09/23/2010
Date

DAVID L. PALMERINO, FSA, MAAA
Type or print name of actuary

0806578
Most recent enrollment number

SIBSON CONSULTING
Firm name

212-251-5000
Telephone number (including area code)

333 WEST 34TH STREET
NEW YORK NY 10001
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)	56048052	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	7886023	0
9	Amount remaining (Item 7 minus item 8)	48162029	0
10	Interest on item 9 using prior year's actual return of -31.60%	-15219201	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Excess contributions (Item 38 from prior year)		36412573
	b Interest on (a) using prior year's effective rate of 6.14%		2235732
	c Total available at beginning of current plan year to add to prefunding balance		38648305
	d Portion of (c) to be added to prefunding balance		38648305
12	Reduction in balances due to elections or deemed elections	20936779	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12)	12006049	38648305

Part III Funding percentages

14	Funding target attainment percentage	14	75.00%
15	Adjusted funding target attainment percentage	15	99.11%
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	93.31%
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
10/15/2009	2100000	0			
05/20/2010	5000000	0			
06/15/2010	5000000	0			
07/15/2010	5000000	0			
08/16/2010	10000000	0			
09/14/2010	15000000	0			
			Totals ► 18(b)	42100000	18(c) 0

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

a Contributions allocated toward unpaid minimum required contribution from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	37292551

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

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

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

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment: %	2nd segment: %	3rd segment: %	[X] N/A, full yield curve used

b Applicable month (enter code) — **21b**: 2

22 Weighted average retirement age — **22**: 62

23 Mortality table(s) (see instructions) [ ] Prescribed - combined [X] Prescribed - separate [ ] Substitute

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. [ ] Yes [X] No

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

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment [X] Yes [ ] No

27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment — **27**:

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	**31**		6729050
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		0	0
b Waiver amortization installment		0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**		0
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33)	**34**		6729050

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	4185114	0	4185114

36 Additional cash requirement (item 34 minus item 35)	**36**	2543936
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	**37**	37292551
38 Interest-adjusted excess contributions for current year (see instructions)	**38**	34748615
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

THE PENSION PLAN OF ARCH CHEMICALS

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

December 31, 2009

Identity of issue, borrower, lessor, or similar party	Shares	Description of investment	Cost	Current value
Blackrock	7,041,022	Common/collective trust: Blackrock Core Plus Total Return Fund	$ 71,713,349	72,804,165
* The Northern Trust Company	4,158,494	Common/collective trust: Northern Trust Company of Connecticut Short-term Investment Fund	4,158,494	4,158,494
* The Northern Trust Company	73,179	Common/collective trust: Northern Trust Company of Connecticut International Equity Fund	27,659,665	29,243,489
* The Northern Trust Company	11,903	Common/collective trust: Northern Trust Company of Connecticut Emerging Markets Fund	4,200,000	4,759,158
* The Northern Trust Company	20,463	Common/collective trust: Northern Trust Company of Connecticut Blair Fund	3,602,398	4,560,570
* The Northern Trust Company	55,094	Common/collective trust: Northern Trust Company of Connecticut Marsico Fund	10,187,407	10,269,627
* The Northern Trust Company	57,494	Common/collective trust: Northern Trust Company of Connecticut NWQ Fund	10,301,864	10,725,039
* The Northern Trust Company	15,056	Common/collective trust: Northern Trust Company of Connecticut Sasco Fund	2,966,592	3,420,257
* The Northern Trust Company	58,011	Common/collective trust: Northern Trust Company of Connecticut Small Cap Fund	11,866,685	13,595,966
* The Northern Trust Company	32,077	Common/collective trust: Northern Trust Company of Connecticut Wall Street Fund	3,013,412	3,437,014
* The Northern Trust Company	79,117	Common/collective trust: Northern Trust Company of Connecticut Wells LCG Fund	7,970,299	10,158,411
* The Northern Trust Company	32,013	Common/collective trust: Northern Trust Company of Connecticut LSV Mid-Cap Value Fund	4,435,047	4,640,885
* The Northern Trust Company	3,442	Common/collective trust: Northern Trust Global Investments S&P 500 Flagship Fund - Lending	11,495,302	11,061,191
* The Northern Trust Company	9,453	Common/collective trust: Northern Trust Global Investments S&P 500 Flagship Fund - Non Lending	24,962,000	30,496,419
* The Northern Trust Company	108,626	Common/collective trust: Northern Trust Company of Connecticut CS McKee Large Cap Value Fund	10,892,596	10,218,605
			$ 209,425,110	223,549,290

* Denotes a party-in-interest.

The above data is based upon information which has been certified as complete and accurate by The Northern Trust Company.

See accompanying independent auditors' report.

THE PENSION PLAN OF ARCH CHEMICALS

Schedule H, Line 4j – Schedule of Reportable Transactions

Year ended December 31, 2009

Identity of issue	Number of transactions	Purchase price	Selling price	Cost of asset	Current value of asset on transaction date	Net gain (loss)
Series of transactions greater than 5% of value:						
Blackrock Core Plus Total Return Fund	8	$ 23,150,000	—	23,150,000	23,150,000	—
Northern Trust Global Investments S&P 500 Flagship Fund – Lending	31	—	22,682,000	29,622,171	22,682,000	(6,940,171)
Northern Trust Global Investments S&P 500 Flagship Fund – Non Lending	28	24,962,000	—	24,962,000	24,962,000	—

The above data is based upon information which has been certified as complete and accurate by The Northern Trust Company

See accompanying independent auditors' report.