

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2010 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information										
1a Name of plan <u>PERSTORP RETIREMENT PLAN</u> 2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>PERSTORP POLYOLS, INC.</u> <u>99 CITIZENS DRIVE</u> <u>GLASTONBURY, CT 06033-1262</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1981</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>34-1386676</u></td> </tr> <tr> <td colspan="2">2c Sponsor's telephone number <u>860-657-5448</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>325100</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/1981</u>		2b Employer Identification Number (EIN) <u>34-1386676</u>		2c Sponsor's telephone number <u>860-657-5448</u>		2d Business code (see instructions) <u>325100</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>										
1c Effective date of plan <u>01/01/1981</u>											
2b Employer Identification Number (EIN) <u>34-1386676</u>											
2c Sponsor's telephone number <u>860-657-5448</u>											
2d Business code (see instructions) <u>325100</u>											

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/30/2011	DAVID TRACY
	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

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

Form 5500 (2010)
v.092307.1

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

PERSTORP POLYOLS, INC.

99 CITIZENS DRIVE
GLASTONBURY, CT 06033-1262**3b** Administrator's EIN

34-1386676

3c Administrator's telephone number

860-657-5448

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**

898

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**

124

b Retired or separated participants receiving benefits.....**6b**

269

c Other retired or separated participants entitled to future benefits.....**6c**

480

d Subtotal. Add lines **6a**, **6b**, and **6c**.....**6d**

873

e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....**6e**

22

f Total. Add lines **6d** and **6e**.....**6f**

895

g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....**6g****h** Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....**6h**

5

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)**7****8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1A 1G 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:**9a** Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

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

b General Schedules

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

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

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

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

A Name of plan <u>PERSTORP RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>PERSTORP POLYOLS, INC.</u>	D Employer Identification Number (EIN) <u>34-1386676</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2010</u>	
2 Assets:	
a Market value	2a <u>27763588</u>
b Actuarial value	2b <u>28742746</u>
3 Funding target/participant count breakdown	
	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment	3a <u>273</u> <u>11360318</u>
b For terminated vested participants	3b <u>496</u> <u>10178218</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>36350</u>
(2) Vested benefits	3c(2) <u>7308032</u>
(3) Total active	3c(3) <u>129</u> <u>7344382</u>
d Total	3d <u>898</u> <u>28882918</u>
4 If the plan is at-risk, check the box and complete items (a) and (b)	☐
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>6.71</u> %
6 Target normal cost	6 <u>706715</u>

Statement by Enrolled Actuary

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

SIGN HERE	<u>09/16/2011</u>
Signature of actuary <u>CHARLES D. CAHILL, F.S.A., E.A.</u>	Date <u>11-04636</u>
Type or print name of actuary <u>CASSIDY RETIREMENT GROUP, INC.</u>	Most recent enrollment number <u>978-371-8029</u>
Firm name <u>66 COMMONWEALTH AVENUE CONCORD, MA 01742</u>	Telephone number (including area code)
Address of the firm	

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

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

Schedule SB (Form 5500) 2010
v.092308.1

Part II		Beginning of year carryover and prefunding balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	747607	452127
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8).....	747607	452127
10	Interest on item 9 using prior year's actual return of <u>20.60</u> %	154007	93138
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		1589967
b	Interest on (a) using prior year's effective rate of <u>8.13</u> %		129264
c	Total available at beginning of current plan year to add to prefunding balance		1719231
d	Portion of (c) to be added to prefunding balance.....		1719231
12	Reduction in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	901614	2264496

Part III		Funding percentages	
14	Funding target attainment percentage.....	14	88.55 %
15	Adjusted funding target attainment percentage.....	15	99.51 %
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	102.54 %
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
12/15/2010	300000				
04/18/2011	250000				
07/15/2011	250000				
09/08/2011	250000				
			Totals ▶	18(b)	1050000
				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 962227
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No
c If 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of Quarter of this plan year	
(1) 1st	(2) 2nd
0	0
(3) 3rd	(4) 4th
0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 5.03 %	2nd segment: 6.73 %	3rd segment: 6.82 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	706715
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	706715
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	513273	0
36 Additional cash requirement (item 34 minus item 35).....	36	193442
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	962227
38 Interest-adjusted excess contributions for current year (see instructions).....	38	768785
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.		OMB No. 1210-0110
			2010
			This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning **01/01/2010** and ending **12/31/2010**

A Name of plan PERSTORP RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 PERSTORP POLYOLS, INC.	D Employer Identification Number (EIN) 34-1386676	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation	
HARBOR FUND DISTRIBUTORS INC.	111 SOUTH WACKER DRIVE, 34TH FLOOR CHICAGO, IL 60606-4302

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation	
BLACKROCK INVESTMENTS LLC	40 EAST 52ND STREET NEW YORK, NY 10022

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

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

BANK OF AMERICA N.A.

101 SOUTH TRYON STREET
CHARLOTTE, NC 28280

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	87500	Yes ☒ No ☐	Yes ☒ No ☐	11	Yes ☒ No ☐

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name: GREGORY A. REARDON	b EIN: 04-3169760
c Position: ENROLLED ACTUARY	
d Address: AON HEWITT 199 WATER STREET, 12TH FLOOR NEW YORK, NY 10038	e Telephone: 212-441-2000

Explanation: A COMPANY DECISION WAS MADE TO CHANGE THE FIRM WHICH PROVIDES ACTUARIAL SERVICES.

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

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

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

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

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
		2010
		This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning **01/01/2010** and ending **12/31/2010**

A Name of plan PERSTORP RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 PERSTORP POLYOLS, INC.	D Employer Identification Number (EIN) 34-1386676	

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	900000	750000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	72474	104859
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1748801	545928
(2) U.S. Government securities	1c(2)	4807183	4756694
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	1983308	2607021
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	622732	658676
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	17664033	22220963
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	27798531	31644141

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	20749	23555
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	20749	23555

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	27777782	31620586
---	-----------	----------	----------

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)	1050000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1050000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	786	
(B) U.S. Government securities	2b(1)(B)	188517	
(C) Corporate debt instruments	2b(1)(C)	103390	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)	18937	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		311630
(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)	318700	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		318700
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	10562013	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	10539095	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		22918

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)	0	
(B) Other	2b(5)(B)	389948	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		389948
(6) Net investment gain (loss) from common/collective trusts	2b(6)		40945
(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)		2938043
c Other income.....	2c		39274
d Total income. Add all income amounts in column (b) and enter total.....	2d		5111458

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1181154	
(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)		1181154
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	0	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	0	
(4) Other	2i(4)	87500	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		87500
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1268654

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3842804
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: MEYERS BROTHERS KALICKA P.C.

(2) EIN: 04-2713795

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

5b(1) Name of plan(s)

5b(2) EIN(s)	5b(3) PN(s)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2010
		This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan <u>PERSTORP RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>PERSTORP POLYOLS, INC.</u>	D Employer Identification Number (EIN) <u>34-1386676</u>

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	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>94-1687665</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>0</u>

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

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

Part III	Amendments
-----------------	-------------------

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2010
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

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

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

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate item 19(b)?

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

PERSTORP RETIREMENT PLAN
FINANCIAL STATEMENTS
DECEMBER 31, 2010 AND 2009

**PERSTORP RETIREMENT PLAN
FINANCIAL STATEMENTS**

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Other supplemental schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for reporting and Disclosure under ERISA have been omitted because they are not applicable.

*Refers to Form 5500 Schedule H, line 4i

**Refers to Form 5500 Schedule H, line 4j



INDEPENDENT AUDITORS' REPORT

To the Participants and Plan Administrator of
Perstorp Retirement Plan

We were engaged to audit the financial statements and supplemental schedules of the Perstorp Retirement Plan (the "Plan") as of December 31, 2010 and 2009 and for the years then ended, as listed in the accompanying index. 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 3, which was certified by Bank of America, N.A., the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the trustee as of and for the years ended December 31, 2010 and 2009, 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.

MeYers Brothers Kalicka, P.C.

Holyoke, Massachusetts
September 26, 2011

PERSTORP RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS DECEMBER 31, 2010 AND 2009

	2010	(as restated) 2009
Assets		
Investments, at fair value		
U.S. government and federal agency obligations	\$ 4,756,694	\$ 4,807,183
Corporate bonds	2,607,021	1,983,308
Money market funds - cash equivalents	545,928	1,748,801
Shares of bank commingled trust funds	658,676	622,732
Shares of registered investment companies	<u>22,220,963</u>	<u>17,664,033</u>
Total investments	30,789,282	26,826,057
Employer contribution receivable	750,000	900,000
Accrued interest and dividends receivable	<u>104,859</u>	<u>72,474</u>
Total assets	<u>31,644,141</u>	<u>27,798,531</u>
Liabilities		
Accrued expenses	<u>23,555</u>	<u>20,749</u>
Net assets available for benefits	<u>\$ 31,620,586</u>	<u>\$ 27,777,782</u>

The accompanying notes are an integral part of these financial statements.

PERSTORP RETIREMENT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS FOR THE YEARS ENDED DECEMBER 31, 2010 AND 2009

	<u>2010</u>	<u>(as restated) 2009</u>
Additions:		
Interest and dividends	\$ 669,603	\$ 651,815
Net appreciation in the fair value of investments	3,391,855	3,872,325
Employer contributions	<u>1,050,000</u>	<u>2,500,000</u>
Total additions	<u>5,111,458</u>	<u>7,024,140</u>
Deductions:		
Benefits paid directly to participants	1,181,154	1,139,135
Administrative expenses	<u>87,500</u>	<u>74,950</u>
Total deductions	<u>1,268,654</u>	<u>1,214,085</u>
Net increase	3,842,804	5,810,055
Net assets available for benefits, beginning of year	<u>27,777,782</u>	<u>21,967,727</u>
Net assets available for benefits, end of year	<u>\$ 31,620,586</u>	<u>\$ 27,777,782</u>

The accompanying notes are an integral part of these financial statements.

PERSTORP RETIREMENT PLAN

STATEMENTS OF ACCUMULATED PLAN BENEFITS
DECEMBER 31, 2010 AND 2009

	<u>2010</u>	<u>2009</u>
Actuarial Present Value of Accumulated Plan Benefits		
Vested benefits		
Active	\$ 7,203,314	\$ 6,460,491
Terminated	10,169,171	9,038,688
Retired	<u>10,713,955</u>	<u>10,484,515</u>
	28,086,440	25,983,694
Nonvested benefits	<u>331,651</u>	<u>30,498</u>
 Total actuarial present value of accumulated plan benefits	 <u>\$ 28,418,091</u>	 <u>\$ 26,014,192</u>

The accompanying notes are an integral part of these financial statements.

PERSTORP RETIREMENT PLAN

STATEMENTS OF CHANGES IN ACCUMULATED PLAN BENEFITS FOR THE YEARS ENDED DECEMBER 31, 2010 AND 2009

	<u>2010</u>	<u>2009</u>
Actuarial present value of accumulated plan benefits, beginning of year	<u>\$ 26,014,192</u>	<u>\$ 24,833,066</u>
Increase during the year attributable to		
Increase for interest due to the decrease in discount period	1,907,572	1,820,535
Benefits accumulated	414,667	445,983
Benefits paid	(1,181,154)	(1,139,135)
Assumption change (Note 7)	<u>1,262,814</u>	<u>53,743</u>
Net increase	<u>2,403,899</u>	<u>1,181,126</u>
Actuarial present value of accumulated plan benefits, end of year	<u>\$ 28,418,091</u>	<u>\$ 26,014,192</u>

The accompanying notes are an integral part of these financial statements.

PERSTORP RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2010 AND 2009

1. DESCRIPTION OF PLAN:

The following brief description of the Perstorp Retirement Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Summary Plan Description or Plan document for more complete information.

General

The Plan is a noncontributory defined benefit pension plan covering employees of Perstorp Polyols, Inc. (the "Company") and those affiliates of the Company who have elected to participate in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). As of December 31, 2010, Perstorp Polyols, Inc. and Perstorp Coatings, Inc. are the only two active companies participating in the plan. Further detailed information about the Plan is contained in the summary plan description, available from the Plan Administrator.

Benefits

The plan document provides the basis for determining the amount of benefits to participants in the event of normal or early retirement. Significant items affecting the calculation include annual compensation and years of service.

Vesting and eligibility

Participants become fully vested upon completion of five years of vesting service or upon reaching age 65. The Plan provides for various dates on which a vested employee's benefits may commence, but in no event shall it be prior to age 55, unless the employee was a Vyncolit union employee. Vyncolit employees are fully vested due to a partial termination declared when the company was sold in April, 2005.

Employees shall be eligible to participate in the Plan upon completing one year of eligible service and 1,000 hours. The Plan does not cover employees compensated solely on a retainer or fee basis, or foreign nationals covered under the retirement program of a foreign entity, or members of a collective bargaining unit.

Funding policy

The Company's funding policy is to make contributions to the Plan in amounts that are determined on the basis of actuarial calculations to be sufficient to provide the retirement benefits under the Plan. Contributions to the Plan were made by the Company and were deposited with Bank of America, N.A. (the "Bank"). The Plan has met the minimum funding requirements under ERISA for 2010 and 2009, and the Company also made discretionary contributions of \$1,200,000 and \$1,600,000 to the Plan during 2010 and 2009, respectively.

Trust fund managed by Bank of America, N.A.

Under the terms of a trust agreement between the Bank and the Plan, the Bank manages a trust fund on behalf of the Plan. The Bank has been granted discretionary authority concerning purchases and sales for investments in the trust fund.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Basis of accounting

The financial statements have been prepared on the accrual basis of accounting.

PERSTORP RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2010 AND 2009

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES: (CONTINUED)

Investment valuation

Investments are stated at fair value. Fair value is the price that would be recorded to sell assets or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See note below, fair value measurements for a further discussion.

Income recognition

The Plan presents in the statement of changes in net assets available for benefits the net appreciation in the fair value of its investments which consists of realized gains or losses and the unrealized appreciation on those investments in accordance with the policy of stating investments at fair value.

Purchases and sales of securities are reflected on the trade date and gains and losses are determined on the basis of identified cost. Dividend income is recorded on the ex-dividend date and interest income is recorded on the accrual basis.

Payment of benefits

Benefit payments to participants are recorded upon distribution.

Expenses

Administrative expenses incurred by the Plan include investment management and trustee fees and are deducted directly from assets available for benefits. Other expenses such as legal and actuarial costs are paid for by the Company.

Use of estimates

The preparation of the Plan's financial statements in conformity with accounting principles generally accepted in the United States and Department of Labor ("DOL") Rules and Regulations for reporting and disclosure under ERISA, require the Plan administrator to make significant estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein and the actuarial present value of accumulated plan benefits as of the benefit information date, the changes in net assets available for benefits during the reporting period and, when applicable, disclosures of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

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 that participating employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated participants or their beneficiaries; (b) beneficiaries of participants who have died, and (c) active participants or their beneficiaries. Benefits payable under all circumstances - retirement, death and termination of employment - are included, to the extent they are deemed attributable to employee service rendered, to the valuation date.

The actuarial present value of accumulated plan benefits is determined by the Plan's actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment. The actuarial valuations for the Plan years ended December 31, 2010 and 2009 were performed by the Plan's actuary as of January 1, 2011 and January 1, 2010, respectively. The more significant assumptions underlying the actuarial computations are discussed in Note 7. These actuarial assumptions are based upon the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

PERSTORP RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2010 AND 2009

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES: (CONTINUED)

Fair value measurements

Financial Accounting Standards Board (FASB) *Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements).

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

Level 2 Inputs to the valuation methodology include:

- quoted prices for similar assets or liabilities in active markets;
- quoted prices for identical or similar assets or liabilities in inactive markets;
- inputs other than quoted prices that are observable for the asset or liability;
- inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Uncertain tax positions

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more-likely-than-not would not be sustained upon examination by the Internal Revenue Service. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2010, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2007.

3. INFORMATION CERTIFIED BY THE TRUSTEE:

The Plan administrator has elected the method of compliance 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. Accordingly, Bank of America, N.A., the trustee of the Plan's assets, certified to the Plan administrator the fair value, physical custody and cost of investments and accrued interest and dividends as of December 31, 2010 and 2009 included in the Statement of Net Assets Available for Benefits and the Schedule of Assets (Held at End of Year), interest and dividends, investment income, and net appreciation (depreciation) of investments included in the Statement of Changes in Net Assets Available for Benefits and the information contained in Notes 4 and 5 concerning investments and the type of investments held, and the Schedule of Reportable Transactions.

PERSTORP RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2010 AND 2009

4. INVESTMENTS:

Investments held by the Plan at December 31, 2010 and 2009 representing 5% or more of the Plan's net assets available for benefits are as follows:

	2010		2009	
	Fair Value	Cost	Fair Value	Cost
Columbia Select Large Cap Growth	\$ 5,552,982	\$ 5,575,000	\$ *	\$ *
Columbia Dividend Income Fund	1,630,402	1,344,610	*	*
Columbia Large Cap Growth Fund	*	*	1,367,140	1,386,292
Columbia Large Cap Index Fund	3,098,413	2,924,449	3,540,358	3,812,870
Columbia Small Cap Core Fund	*	*	1,402,744	1,392,936
Columbia Large Cap Value Fund	1,642,766	1,799,552	*	*
Ishares MSCI Emerging Mkts Index	1,675,950	1,210,227	1,781,429	1,476,781

* - Investment did not exceed 5% of plan assets in the year indicated.

Net appreciation (depreciation) of investments consisted of the following for the years ended December 31:

	2010	2009
U.S. government and federal agency obligations	\$ 65,450	\$ (153,691)
Corporate bonds	98,086	125,486
Shares of bank commingled trust funds	40,944	46,820
Shares of registered investment companies	3,187,375	3,853,710
Total	\$ 3,391,855	\$ 3,872,325

The shares of registered investment companies held by the plan have different investment objectives:

The Columbia Acorn Fund seeks to provide long-term growth of capital.

The Columbia Acorn International Fund seeks growth at a reasonable price, emphasizing stocks with strong growth prospects that may be under researched by Wall Street.

The Columbia Conservative High Yield Fund seeks a high level of current income, with capital appreciation as a secondary goal.

The Columbia Dividend Income Fund seeks current income and capital appreciation.

The Columbia Large Cap Growth Fund seeks long-term capital appreciation by investing in stocks of companies expected to experience long-term, above average earnings growth.

The Columbia Large Cap Index Fund seeks to provide investment results that, before deduction of operating expenses, match the price and yield performance of its index.

The Columbia Large Cap Value Fund seeks growth of capital by investing in large-sized companies that are believed to be undervalued.

PERSTORP RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2010 AND 2009

4. INVESTMENTS: (CONTINUED)

The Columbia Marsico International Fund seeks long term growth of capital through a concentrated, actively managed stock portfolio that may include non-US and emerging market companies of any size. This fund was sold off by the Plan during 2009.

The Columbia Mid Cap Value Fund seeks long-term growth of capital with income as a secondary consideration by investing in mid-sized companies that are believed to be undervalued.

The Columbia Real Estate Equity Fund seeks capital appreciation and above-average income by investing in the stocks of companies primarily engaged in the real estate industry.

The Columbia Small Cap Core Fund seeks to provide long-term capital appreciation.

The Columbia Select Large Cap Growth Fund seeks to provide long-term capital appreciation.

The iShares MSCI EAFE Index Fund seeks to provide investment results that correspond generally to the price and yield performance, before fees and expenses, of publicly traded securities in the European, Australasian, and Far Eastern markets, as measured by the MSCI EAFE Index. This fund was sold off by the plan during 2010.

The PIMCO Commodity RealReturn Fund seeks maximum total return, consistent with preservation of capital and prudent investment management.

The Harbor International Fund seeks long-term total return, principally from growth of capital.

The iShares MSCI Emerging Markets Index Fund seeks to provide investment results that correspond generally to the price and yield performance, before fees and expenses, of publicly traded securities in emerging markets, as represented by the MSCI Emerging Markets Index.

5. FAIR VALUE MEASUREMENTS:

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2010 and 2009.

Shares of registered investment companies: Valued at the net asset value (NAV) of shares held by the Plan at year end.

U.S. Government obligations and Corporate bonds: Valued at the closing price reported in the active market in which the individual security or bond is traded.

Shares of banks commingled trust funds: Valued at the net asset value (NAV) of shares held by the Plan based upon the fair value of the underlying investments of the funds at year end.

PERSTORP RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2010 AND 2009

5. FAIR VALUE MEASUREMENTS: (CONTINUED)

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2010.

	Assets at Fair Value as of December 31, 2010			
	Level 1	Level 2	Level 3	Total
Shares of registered investment companies:				
Dividend funds	\$ 1,630,402			\$ 1,630,402
Equity funds	615,516	\$ -	\$ -	615,516
Value funds	2,420,115	-	-	2,420,115
Growth fund	8,783,128	-	-	8,783,128
Index funds	4,774,363	-	-	4,774,363
Small blend fund	1,249,004	-	-	1,249,004
Yield funds	2,748,435	-	-	2,748,435
Total registered investment companies	22,220,963	-	-	22,220,963
U.S. government obligations				
AAA rating	1,924,524	2,832,170	-	4,756,694
Corporate bonds				
AA3 rating	-	276,435	-	276,435
AA2 rating	-	262,551	-	262,551
A3 rating	-	454,055	-	454,055
A2 rating	-	644,762	-	644,762
A1 rating	-	569,812	-	569,812
AAA Rating	-	265,796	-	265,796
NA Rating	-	133,610	-	133,610
Total corporate bonds	-	2,607,021	-	2,607,021
Bank commingled trust funds	-	-	658,676	658,676
Total assets at fair value	\$ 24,145,487	\$ 5,439,191	\$ 658,676	\$ 30,243,354

PERSTORP RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2010 AND 2009

5. FAIR VALUE MEASUREMENTS: (CONTINUED)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2009.

	Assets at Fair Value as of December 31, 2009			
	Level 1	Level 2	Level 3	Total
Shares of registered investment companies:				
Dividend funds	\$ 1,332,086	\$ -	\$ -	\$ 1,332,086
Equity funds	1,104,065	-	-	1,104,065
Value funds	2,287,836	-	-	2,287,836
Growth fund	4,322,561	-	-	4,322,561
Index funds	6,077,188	-	-	6,077,188
Small blend fund	1,402,744	-	-	1,402,744
Yield funds	1,137,553	-	-	1,137,553
Total registered investment companies	17,664,033	-	-	17,664,033
U.S. government obligations				
AAA rating	1,788,988	3,018,195	-	4,807,183
Corporate bonds				
AA3 rating	-	201,995	-	201,995
AA2 rating	-	92,049	-	92,049
A3 rating	-	409,683	-	409,683
A2 rating	-	538,124	-	538,124
A1 rating	-	374,486	-	374,486
AAA Rating	-	246,546	-	246,546
NA Rating	-	120,425	-	120,425
Total corporate bonds	-	1,983,308	-	1,983,308
Bank commingled trust funds	-	-	622,732	622,732
Total assets at fair value	\$ 19,453,021	\$ 5,001,503	\$ 622,732	\$ 25,077,256

Level 3 gains and losses

The following table sets forth a summary of changes in the fair value of the Plan's level 3 assets for the years ended December 31, 2010 and 2009.

	Shares of Bank Commingled Trust Funds
Balance, January 1, 2009	\$ 575,912
Realized and unrealized gains	46,820
Balance, December 31, 2009	622,732
Purchases, sales, issuances and settlements (net)	(4,874)
Realized and unrealized gains	40,818
Balance, December 31, 2010	\$ 658,676

The amount of total gains for the period attributable to the change in unrealized gains relating to assets still held at the reporting date for the years ended December 31, 2010 and 2009 were \$40,944 and \$46,820, respectively.

PERSTORP RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2010 AND 2009

6. TERMINATION OF THE PLAN:

Although it has not expressed an 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. Upon the termination or partial termination of the Plan, the available plan assets will be used to purchase annuities to provide for the exclusive benefit of participants and their beneficiaries as prescribed by ERISA and its related regulations in the order of priorities as stated below:

- A. With respect to participants or beneficiaries who have been receiving (or who were eligible to elect to receive) plan benefits in the form of periodic payments during the entire three year period ending on the plan termination date, the amount of accrued benefit based on the Plan provisions which were in effect during the five year period ending on the Plan termination date and under which such benefit would be the least, but, for participants or beneficiaries who have been receiving benefits during such three year period, not more than the lowest benefit in pay status during such period.
- B. Other vested benefits that are or would be guaranteed by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. Government agency) if such guaranteed amounts are determined without regard to provisions of Sections 4022 (b)(5) and (6) of ERISA.
- C. All other accrued annuity benefits as to which an allocation has not been made pursuant to the above priorities.
- D. All other benefits under the Plan.

Any plan assets remaining after satisfaction of all liabilities of the Plan to participants, beneficiaries, and other parties will be distributed as elected by the Plan's sponsor in accordance with ERISA.

Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the PBGC at that time. 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.

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

PERSTORP RETIREMENT PLAN
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2010 AND 2009

7. ACTUARIAL ASSUMPTIONS:

The significant actuarial assumptions used in the determination of the present value of accumulated plan benefits as of December 31, 2010 and 2009 are as follows:

<u>Investment Return</u>	7 ½% in 2010 and 2009	
<u>Mortality</u>	RP 2000 @ 2011 Annuitant and Non-Annuitant (RP2000 @ 2010 Annuitant and Non-Annuitant as of January 1, 2010)	
<u>Retirement Rates</u>	Age Nearest <u>Birthday</u>	Probability of <u>Retirement</u>
	60	30%
	61 - 64	10%
	65	100%
<u>Terminations</u>	The rates used for 2010 and 2009 were Based on Crocker-Sarasan Table T-5.	
<u>Assumed Marital Status</u>	85% of plan members are assumed to be married at the time they become eligible for pre-retirement death benefits under the Plan.	
<u>Assumption Change</u>	The age from which terminated employees start receiving benefits has changed from 65 to 63.	

The actuarial cost method used is the Projected Unit Credit Method.

8. PLAN TAX STATUS:

The Internal Revenue Service determined and informed the Company, by letter dated November 5, 2008, that the Plan as then designed was in accordance with the applicable sections of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the determination letter. However, the Plan Administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

9. RELATED PARTY TRANSACTIONS:

Certain Plan investments are shares of mutual funds managed by Bank of America, N.A. which is the trustee as defined by the Plan and, therefore, these transactions qualify as related party transactions. Fees incurred by the Plan for the investment management services amounted to approximately \$87,500 and \$75,000 for the years ended December 31, 2010 and 2009, respectively. Accrued fees payable to Bank of America, N.A. totaled \$23,555 and \$20,749 at December 31, 2010 and 2009, respectively.

PERSTORP RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS DECEMBER 31, 2010 AND 2009

10. RISKS AND UNCERTAINTIES:

Contributions to the Plan and the actuarial present value of accumulated benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee compensation and demographics. Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near term and, due to the uncertainties inherent in setting assumptions, that the effect of such changes could be material to the financial statements.

The Plan's assets are invested in mutual funds and individual securities of which the underlying investments are any combination of stock, bonds, fixed income securities, and other 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 and the level of uncertainty related to changes in the value of investment securities, it is reasonably possible that changes in the values of investment securities in the near term could materially affect the amounts reported in the statement of net assets available for benefits.

The Plan also invests in securities with contractual cash flows, such as asset backed securities, collateralized mortgage obligations and commercial mortgage backed securities, including securities backed by subprime mortgage loans. The value, liquidity and related income of these securities are sensitive to changes in economic conditions, including real estate value, delinquencies or defaults, or both, and may be adversely affected by shifts in the market's perception of the issuers and changes in interest rates.

11. RESTATEMENT:

An error was discovered relating to employer contributions, as reported in the Plan's previously issued financial statements for the years ended December 31, 2009 and 2008. The effect of this restatement was to increase employer contributions receivable and employer contributions by \$900,000.

12. SUBSEQUENT EVENT:

The Plan Administrator has evaluated subsequent events through September 26, 2011, the date on which the financial statements were available to be issued, and concluded that no events have occurred which would materially affect the financial statements.

SUPPLEMENTAL SCHEDULES

PERSTORP RETIREMENT PLAN

**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2010**

(a)	(b) Issue	Maturity Date	(c)	\$Par Value/#Shares	(d) Cost	(e)
			Rate of Interest %			Current Value
U.S. Government and Federal Agency Obligations:						
	Federal Home Loan Banks	02/18/11	4.625	\$ 50,000	\$ 51,509	\$ 50,272
	Federal Home Loan Banks	09/10/15	1.75	150,000	148,052	147,440
	Federal Farm CR Banks	09/22/14	3.00	90,000	92,013	94,847
	Federal National MTG Assn	01/09/12	2.00	350,000	350,174	355,635
	U.S. Treasury Bonds	08/15/23	6.25	220,000	234,791	276,514
	U.S. Treasury Bonds	05/15/30	6.25	70,000	83,710	89,972
	U.S. Treasury Bonds	02/15/31	5.375	100,000	107,267	116,734
	U.S. Treasury Bonds	02/15/39	3.50	40,000	38,813	34,469
	U.S. Treasury Note	03/15/12	1.375	115,000	115,395	116,428
	U.S. Treasury Note	06/30/14	2.625	75,000	78,191	78,486
	U.S. Treasury Note	05/15/19	3.125	205,000	200,869	207,163
	U.S. Treasury Note	07/15/12	1.50	100,000	99,340	101,660
	U.S. Treasury Note	11/15/19	3.375	200,000	206,095	204,172
	U.S. Treasury Note	04/15/13	1.75	75,000	75,765	76,723
	U.S. Treasury Note	05/15/20	3.50	275,000	295,078	281,704
	U.S. Treasury Note	05/31/12	0.75	175,000	175,581	175,834
	U.S. Treasury Note	08/15/13	0.75	165,000	165,594	164,665
	FHLMC Pool	06/01/21	5.50	63,127	62,984	67,851
	FHLMC Pool	09/01/21	5.00	72,449	70,819	77,170
	FHLMC Pool	05/01/21	5.00	77,882	76,398	82,957
	FNMA	07/01/36	6.00	67,106	67,468	73,148
	FNMA	12/01/35	5.50	113,216	111,040	121,752
	FNMA	01/01/36	6.00	89,937	90,141	98,597
	FNMA	02/01/36	5.00	223,586	213,897	236,057
	FNMA	04/01/36	5.50	87,675	86,620	94,286
	FNMA	09/01/36	6.00	101,406	102,404	111,118
	FNMA	11/01/35	5.50	134,467	131,925	144,606
	FNMA	12/01/36	5.50	59,464	58,879	63,762
	FNMA	02/01/37	5.00	117,135	109,484	123,266
	FNMA	03/01/40	4.50	262,458	262,991	269,691
	FNMA	03/01/40	5.00	224,152	231,612	235,815
	FNMA	03/01/25	4.50	134,164	138,859	140,956
	GNMA	12/15/35	5.50	78,531	77,524	85,193
	GNMA	09/15/37	6.00	22,449	22,569	24,724
	GNMA	09/15/39	5.00	125,043	129,928	133,027
	Total				4,563,779	4,756,694
Corporate Bonds:						
	Abbott Labs	04/01/19	5.125	85,000	94,279	93,590
	Bank New York Inc.	01/14/11	4.95	100,000	99,657	100,101
	Bottling Group, LLC	03/15/14	6.95	80,000	84,797	92,705
	Caterpillar, Inc.	12/15/18	7.90	80,000	85,725	102,965
	Cisco Systems, Inc.	02/22/16	5.50	90,000	91,279	102,700
	Citigroup, Inc.	10/17/12	5.30	75,000	75,245	79,428
	ConocoPhillips	02/01/19	5.75	80,000	79,697	91,169
	Consolidated Edison Co.	04/01/38	6.75	80,000	81,566	95,294
	John Deere, Cap Corp	04/13/17	5.50	90,000	92,645	100,345
	DuPont E I De Nemours & Co	07/15/18	6.00	75,000	82,847	86,235
	General Elec Cap Corp	01/08/20	5.50	70,000	69,803	74,864
	Hewlett Packard Co	03/01/14	6.125	80,000	81,449	90,594
	JP Morgan Chase & Co	01/15/18	6.00	75,000	80,817	83,756
	Merrill Lynch & Co.	07/15/14	5.45	90,000	90,389	94,621
	Metlife, Inc.	06/01/16	6.75	80,000	91,568	92,797
	Natl Rural Utly	03/01/14	4.75	90,000	87,145	97,297
	PNC FDG Corp	06/10/19	6.70	80,000	79,791	92,107
	Proctor and Gamble Co.	08/15/14	4.95	90,000	88,702	99,974
	SBC Communications Inc.	06/15/16	5.625	90,000	89,508	100,914
	United Technologies Corp	07/15/38	6.125	60,000	66,317	69,088
	Wal-Mart Stores, Inc.	07/08/20	3.625	90,000	87,742	87,586
	Wells Fargo and Co.	02/07/35	5.375	100,000	96,486	101,678
	Wyeth	02/01/14	5.50	75,000	82,602	83,378

EIN: 34-1386676

Plan Number: 001

Note: An "*" in column (a) identifies these "parties-in-interest" as defined by the Department of Labor Regulations

(Continued)

PERSTORP RETIREMENT PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (Continued) DECEMBER 31, 2010

(a)	(b) Issue	Maturity Date	(c)	\$Par Value/#Shares	(d) Cost	(e)
			Rate of Interest %			Current Value
Corporate Bonds: (continued)						
	GE Coml MTG Corp	01/10/38	4.81	120,000	116,339	125,969
	First Boston MTG SEC Corp	08/15/38	5.10	125,000	121,943	133,610
	First Boston MTG SEC Corp	12/15/40	5.230	130,000	127,588	139,827
	Transcanada Pipelines LTD	08/15/18	6.50	80,000	80,296	94,429
					2,406,222	2,607,021
Commingled Funds:						
*	MBS Fund EB			28,689	347,260	658,676
	Total				347,260	658,676
Registered Investment Companies:						
*	Columbia Acorn Fund			35,973	695,680	1,086,003
*	Columbia Acorn International Fund			11,185	383,992	457,691
*	Columbia Conservative High Yield Fund			153,965	1,247,018	1,208,628
*	Columbia Dividend Income Fund			124,839	1,344,610	1,630,402
*	Columbia Large Cap Growth Fund			854	17,014	20,260
*	Columbia Large Cap Index Fund			127,559	2,924,449	3,098,413
*	Columbia Large Cap Value Fund			142,601	1,799,552	1,642,766
*	Columbia Marsico International Fund			69,052	830,000	827,238
*	Columbia Mid Cap Value Fund			57,753	726,364	777,349
*	Columbia Real Estate Equity Fund			49,519	856,900	615,516
*	Columbia Small Cap Core Fund			78,554	963,980	1,249,004
*	Columbia Select Large Cap Growth Fund			440,363	5,575,000	5,552,982
	PIMCO Commodity RealReturn Fund			165,749	1,505,000	1,539,807
	Harbor International Fund			13,856	685,988	838,954
	Ishares MSCI Emerging Mkts Index Fund			35,178	1,210,227	1,675,950
	Total				20,765,774	22,220,963
Money Market Funds:						
*	Bank of America Cash Reserves			545,928	545,928	545,928
	Total investments				\$28,628,963	\$30,789,282

EIN: 34-1386676
Plan Number: 001

Note: An "*" in column (a) identifies these "parties-in-interest" as defined by the Department of Labor Regulations

PERSTORP RETIREMENT PLAN

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2010

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred	(g) Cost of Asset	(h) Fair Value	(i) Net Gain
Bank of America	BOFA Cash Reserves	\$ 1,544,329	\$ 1,544,329	\$ -	\$ -	\$ 1,544,329	\$ 1,544,329	\$ -
Bank of America	Columbia Marsico Growth Fund	-	1,628,098	-	-	1,425,579	1,628,098	202,519
Bank of America	Columbia Large Cap Growth Fund	1,700,000	-	-	-	1,700,000	1,700,000	-
Bank of America	Columbia Large Cap Growth Fund	-	4,854,223	-	-	4,151,701	4,854,223	702,522
Bank of America	Columbia Select Large Cap Growth	5,575,000	-	-	-	5,575,000	5,575,000	-
Bank of America	PIMCO Commodity RealReturn Strategy Fund	1,505,000	-	-	-	1,505,000	1,505,000	-

Note: There were no expenses directly incurred with the above transactions.

EIN: 34-1386676

Plan Number: 001

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation**Single-Employer Defined Benefit Plan
Actuarial Information**

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

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

OMB No. 1210-0110

2010**This Form is Open to Public
Inspection**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

▶ 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.

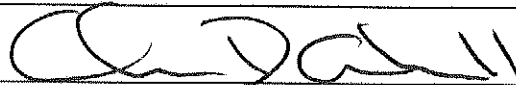
A Name of plan Perstorp Retirement Plan		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Perstorp Polyols, Inc.		D Employer Identification Number (EIN) 34-1386676
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500		

Part I Basic Information

1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2010</u>			
2 Assets:			
a Market value		2a	27,763,588
b Actuarial value		2b	28,742,746
3 Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment		3a	273
b For terminated vested participants		3b	496
c For active participants:			
(1) Non-vested benefits		3c(1)	36,350
(2) Vested benefits		3c(2)	7,308,032
(3) Total active		3c(3)	129
d Total		3d	898
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	6.71 %
6 Target normal cost		6	706,715

Statement by Enrolled Actuary

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

SIGN HERE		<u>September 16, 2011</u>
Charles D. Cahill, F.S.A., E.A.		Date
Cassidy Retirement Group, Inc.		11-04636
66 Commonwealth Avenue		Most recent enrollment number
Concord		(978) 371-8029
MA 01742		Telephone number (including area code)
Address of the firm		

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

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

Schedule SB (Form 5500) 2010
v.092308.1

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	747,607	452,127
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9 Amount remaining (Item 7 minus item 8)	747,607	452,127
10 Interest on item 9 using prior year's actual return of <u>20.60</u> %	154,007	93,138
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		1,589,967
b Interest on (a) using prior year's effective rate of <u>8.13</u> %		129,264
c Total available at beginning of current plan year to add to prefunding balance		1,719,231
d Portion of (c) to be added to prefunding balance		1,719,231
12 Reduction in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	901,614	2,264,496

Part III Funding percentages

14 Funding target attainment percentage	14	88.55 %
15 Adjusted funding target attainment percentage	15	99.51 %
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	102.54 %
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
12/15/2010	300,000				
04/18/2011	250,000				
07/15/2011	250,000				
09/08/2011	250,000				
Totals ▶			18(b)	1,050,000	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	962,227

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

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

Part V Assumptions used to determine funding target and target normal cost**21** Discount rate:**a** Segment rates:1st segment:
5.03 %2nd segment:
6.73 %3rd segment:
6.82 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

4

22 Weighted average retirement age**22**

63

23 Mortality table(s) (see instructions) ☐ Prescribed - combined☒ Prescribed - separate☐ Substitute**Part VI Miscellaneous items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**27** If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.**27****Part VII Reconciliation of unpaid minimum required contributions for prior years****28** Unpaid minimum required contribution for all prior years**28**

0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....**29**

0

30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29).....**30**

0

Part VIII Minimum required contribution for current year**31** Target normal cost, adjusted, if applicable (see instructions).....**31**

706,715

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**

706,715

35 Balances used to offset funding requirement

Carryover balance

Prefunding balance

Total balance

513,273

0

513,273

36 Additional cash requirement (item 34 minus item 35).....**36**

193,442

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....**37**

962,227

38 Interest-adjusted excess contributions for current year (see instructions).....**38**

768,785

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

Plan Sponsor: Perstorp Polyols, Inc.

Plan Name: Perstorp Retirement Plan

EIN: 34-1386676

Plan Number: 001

2010 Schedule SB, line 22 – Description of Weighted Average Retirement Age

	(1)	(2)	(3)	(4)	(5)	(6)
	Retirement		Cumulative		Retirement	
Age	qx	Px	px	= (1) * (3)	Age	= (4) * (5)
55	0	1.00000	1.00000	0.00000	55.0	0.000
56	0	1.00000	1.00000	0.00000	56.0	0.000
57	0	1.00000	1.00000	0.00000	57.0	0.000
58	0	1.00000	1.00000	0.00000	58.0	0.000
59	0	1.00000	1.00000	0.00000	59.0	0.000
60	0.3	0.70000	1.00000	0.30000	60.0	18.000
61	0.1	0.90000	0.70000	0.07000	61.0	4.270
62	0.1	0.90000	0.63000	0.06300	62.0	3.906
63	0.1	0.90000	0.56700	0.05670	63.0	3.572
64	0.1	0.90000	0.51030	0.05103	64.0	3.266
65	1	0.00000	0.459270	0.45927	65.0	29.853
Totals:				1.00000		62.867
Total of Column (6) / Total of Column (4), Rounded to nearest age:						63.000

Plan Sponsor: Perstorp Polyols, Inc.
Plan Name: Perstorp Retirement Plan
EIN: 34-1386676
Plan Number: 001
2010 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Actuarial Methods

**Prescribed (P)/
Non-Prescribed (NP)**

Funding	Unit Credit (Present Value of Accrued Benefits).	P
Asset Valuation	Asset Smoothing provided by IRS Notice 2009-22 pursuant to the Worker, Retiree, and Employer Recovery Act of 2008.	NP

Economic Assumptions

**Prescribed (P)/
Non-Prescribed (NP)**

Interest Rate	September 2009 IRS Segment Rates (based on high-quality corporate bonds).	P
Salary Scale	4.25%.	NP
Social Security Wage Base Increase	4.00%.	NP
Expense Load	\$80,000 added to Normal Cost.	P

Demographic Assumptions

**Prescribed (P)/
Non-Prescribed (NP)**

Mortality	IRS 2010 Static Mortality Table.	P
------------------	----------------------------------	---

Plan Sponsor: Perstorp Polyols, Inc.
Plan Name: Perstorp Retirement Plan
EIN: 34-1386676
Plan Number: 001
2010 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Demographic Assumptions (cont.)

**Prescribed (P)/
Non-Prescribed (NP)**

Retirement

Weighted average retirement age = 63.

NP

<u>Age</u>	<u>Rate</u>
60	30%
61	10%
62	10%
63	10%
64	10%
65	100%

Termination

Sample Termination Rates illustrated below:

NP

<u>Age</u>	<u>Male Rates</u>	<u>Female Rates</u>
25	.0772	.0772
40	.0515	.0515
55	.0094	.0094
65	.0000	.0000

Disability

None.

NP

Percent married

85% of all participants are assumed to be married.
Wives are assumed to be 3 years younger than husbands.

NP

Form of Payment

100% probability that participants will elect to receive value of the benefit in the form of a life annuity.

NP

Plan Sponsor: Perstorp Polyols, Inc.
Plan Name: Perstorp Retirement Plan
EIN: 34-1386676
Plan Number: 001
2010 Schedule SB, Part V – Summary of Principal Plan Provisions

Plan Provisions

Eligibility

Perstorp Polyols, Inc. employees who have completed 1,000 hours of service within the 12 month period from date of hire. Employees in the newly acquired Coatings division became eligible September 1, 2008.

Retirement Benefit

1.6% of Final Average Earnings times Benefit Service (no maximum) less 0.35% of Final Average Earnings up to covered compensation times Benefit Service (maximum 35 years) less accrued benefit under any prior plan.

Earnings

Total earnings prior to withholdings including overtime pay, commissions, and contributions paid by employees under any salary reduction arrangement, but excluding bonuses, fringe benefits and severance payments.

Final Average Earnings

Average of the highest 36 consecutive calendar months of the last 120 months immediately preceding date of termination.

Normal Retirement

Age 65.

Early Retirement

Age 55 with 5 years of service. Benefit reduced 5% for each year that benefits commence before NRD.

Former Manchester Union Employees: Upon completion of 10 years of benefit service a Manchester Union employee may elect to retire. The benefit payable at early retirement is based on benefit service and the union contract in effect on that date. This benefit is reduced by 7.2% for each of the first five years prior to 65 and 3.6% for the next five.

Late Retirement Benefit

Normal retirement benefit calculated using service and salary to actual retirement date.

Vesting

5 year cliff vesting.

Employee Contributions

None.

Plan Sponsor: Perstorp Polyols, Inc.
Plan Name: Perstorp Retirement Plan
EIN: 34-1386676
Plan Number: 001
2010 Schedule SB, Part V – Summary of Principal Plan Provisions

Plan Provisions (cont.)

Benefit Service

Prior to December 31, 1975; calendar months commencing on the date six months following the employees date of hire. Benefit service before 1976 will also include only such service as was credited under the Prior Plan to the extent that it was earned following December 1, 1967.

<u>Hours of Service in a Plan Year</u>	<u>Benefit Service</u>
2,000 or more	1 year or 12 months
At least 1,833 but less than 2,000	11/12 year or 11 months
At least 1,667 but less than 1,833	10/12 year or 10 months
At least 1,500 but less than 1,667	9/12 year or 9 months
At least 1,334 but less than 1,500	8/12 year or 8 months
At least 1,167 but less than 1,334	7/12 year or 7 months
At least 1,000 but less than 1,167	6/12 year or 6 months
At least 843 but less than 1,000	5/12 year or 5 months
At least 667 but less than 843	4/12 year or 4 months
At least 501 but less than 667	3/12 year or 3 months

Benefit Service for participants who are employees in the Coating division includes only service earned on and after September 1, 2008.

Vesting Service

Prior to January 1, 1976, an employee will receive credit for all completed years and months of full-time service except if an Employee was a participant in a Prior Plan, vesting service will also include such service as was credited under the Prior Plan and which was earned subsequently to December 1, 1967.

After January 1, 1976, Employees will receive credit for a year of Vesting Service for each Plan Year in which at least 1,000 hours have been worked.

Normal Form of Payment

Life annuity.

Significant Events

None.

Benefits Not Valued

None.

Plan Sponsor: Perstorp Polyols, Inc.
 Plan Name: Perstorp Retirement Plan
 EIN: 34-1386676
 Plan Number: 001
 2010 Schedule SB, line 26 – Schedule of Active Participant Data

Years of Credited Service as of January 1, 2010

	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up	Total
Attained Age											
Under 25	0	2	0	0	0	0	0	0	0	0	2
25 to 29	2	5	0	0	0	0	0	0	0	0	7
30 to 34	1	5	3	2	0	0	0	0	0	0	11
35 to 39	0	4	3	4	0	0	0	0	0	0	11
40 to 44	1	7	3	4	4	1	0	0	0	0	20
45 to 49	0	7	1	4	3	1	2	0	0	0	18
50 to 54	0	10	1	2	4	2	3	11	0	0	33
55 to 59	0	9	0	1	1	2	2	1	0	0	16
60 to 64	0	3	0	1	1	3	1	1	0	1	11
65 to 69	0	0	0	0	0	0	0	0	0	0	0
70 & up	0	0	0	0	0	0	0	0	0	0	0
Total	4	52	11	18	13	9	8	13	0	1	129

Notice to Terminated Enrolled Actuary

I, as plan administrator, verify that the explanation that is attached to this notice is the explanation concerning your termination reported on the Schedule C (Form 5500) attached to the 2010 Form 5500 Annual Return/Report of Employee Benefit Plan, for the Perstorp Retirement Plan. This Form 5500 is identified in line 2b by the nine-digit EIN 34-1386676, and in line 1b by the three digit PN 001.

You have the opportunity to comment to the Department of Labor concerning any aspect of this explanation. Comments should include the name, EIN, and PN of the plan and be submitted to: Office of Enforcement, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

Plan Administrator

Date

PERSTORP RETIREMENT PLAN

**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2010**

(a)	(b) Issue	Maturity Date	(c)	\$Par Value/#Shares	(d) Cost	(e)
			Rate of Interest %			Current Value
U.S. Government and Federal Agency Obligations:						
	Federal Home Loan Banks	02/18/11	4.625	\$ 50,000	\$ 51,509	\$ 50,272
	Federal Home Loan Banks	09/10/15	1.75	150,000	148,052	147,440
	Federal Farm CR Banks	09/22/14	3.00	90,000	92,013	94,847
	Federal National MTG Assn	01/09/12	2.00	350,000	350,174	355,635
	U.S. Treasury Bonds	08/15/23	6.25	220,000	234,791	276,514
	U.S. Treasury Bonds	05/15/30	6.25	70,000	83,710	89,972
	U.S. Treasury Bonds	02/15/31	5.375	100,000	107,267	116,734
	U.S. Treasury Bonds	02/15/39	3.50	40,000	38,813	34,469
	U.S. Treasury Note	03/15/12	1.375	115,000	115,395	116,428
	U.S. Treasury Note	06/30/14	2.625	75,000	78,191	78,486
	U.S. Treasury Note	05/15/19	3.125	205,000	200,869	207,163
	U.S. Treasury Note	07/15/12	1.50	100,000	99,340	101,660
	U.S. Treasury Note	11/15/19	3.375	200,000	206,095	204,172
	U.S. Treasury Note	04/15/13	1.75	75,000	75,765	76,723
	U.S. Treasury Note	05/15/20	3.50	275,000	295,078	281,704
	U.S. Treasury Note	05/31/12	0.75	175,000	175,581	175,834
	U.S. Treasury Note	08/15/13	0.75	165,000	165,594	164,665
	FHLMC Pool	06/01/21	5.50	63,127	62,984	67,851
	FHLMC Pool	09/01/21	5.00	72,449	70,819	77,170
	FHLMC Pool	05/01/21	5.00	77,882	76,398	82,957
	FNMA	07/01/36	6.00	67,106	67,468	73,148
	FNMA	12/01/35	5.50	113,216	111,040	121,752
	FNMA	01/01/36	6.00	89,937	90,141	98,597
	FNMA	02/01/36	5.00	223,586	213,897	236,057
	FNMA	04/01/36	5.50	87,675	86,620	94,286
	FNMA	09/01/36	6.00	101,406	102,404	111,118
	FNMA	11/01/35	5.50	134,467	131,925	144,606
	FNMA	12/01/36	5.50	59,464	58,879	63,762
	FNMA	02/01/37	5.00	117,135	109,484	123,266
	FNMA	03/01/40	4.50	262,458	262,991	269,691
	FNMA	03/01/40	5.00	224,152	231,612	235,815
	FNMA	03/01/25	4.50	134,164	138,859	140,956
	GNMA	12/15/35	5.50	78,531	77,524	85,193
	GNMA	09/15/37	6.00	22,449	22,569	24,724
	GNMA	09/15/39	5.00	125,043	129,928	133,027
	Total				4,563,779	4,756,694
Corporate Bonds:						
	Abbott Labs	04/01/19	5.125	85,000	94,279	93,590
	Bank New York Inc.	01/14/11	4.95	100,000	99,657	100,101
	Bottling Group, LLC	03/15/14	6.95	80,000	84,797	92,705
	Caterpillar, Inc.	12/15/18	7.90	80,000	85,725	102,965
	Cisco Systems, Inc.	02/22/16	5.50	90,000	91,279	102,700
	Citigroup, Inc.	10/17/12	5.30	75,000	75,245	79,428
	ConocoPhillips	02/01/19	5.75	80,000	79,697	91,169
	Consolidated Edison Co.	04/01/38	6.75	80,000	81,566	95,294
	John Deere, Cap Corp	04/13/17	5.50	90,000	92,645	100,345
	DuPont E I De Nemours & Co	07/15/18	6.00	75,000	82,847	86,235
	General Elec Cap Corp	01/08/20	5.50	70,000	69,803	74,864
	Hewlett Packard Co	03/01/14	6.125	80,000	81,449	90,594
	JP Morgan Chase & Co	01/15/18	6.00	75,000	80,817	83,756
	Merrill Lynch & Co.	07/15/14	5.45	90,000	90,389	94,621
	Metlife, Inc.	06/01/16	6.75	80,000	91,568	92,797
	Natl Rural Utly	03/01/14	4.75	90,000	87,145	97,297
	PNC FDG Corp	06/10/19	6.70	80,000	79,791	92,107
	Proctor and Gamble Co.	08/15/14	4.95	90,000	88,702	99,974
	SBC Communications Inc.	06/15/16	5.625	90,000	89,508	100,914
	United Technologies Corp	07/15/38	6.125	60,000	66,317	69,088
	Wal-Mart Stores, Inc.	07/08/20	3.625	90,000	87,742	87,586
	Wells Fargo and Co.	02/07/35	5.375	100,000	96,486	101,678
	Wyeth	02/01/14	5.50	75,000	82,602	83,378

EIN: 34-1386676

Plan Number: 001

Note: An "*" in column (a) identifies these "parties-in-interest" as defined by the Department of Labor Regulations

(Continued)

PERSTORP RETIREMENT PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR) (Continued) DECEMBER 31, 2010

(a)	(b) Issue	Maturity Date	(c)	\$Par Value/#Shares	(d) Cost	(e)
			Rate of Interest %			Current Value
Corporate Bonds: (continued)						
	GE Coml MTG Corp	01/10/38	4.81	120,000	116,339	125,969
	First Boston MTG SEC Corp	08/15/38	5.10	125,000	121,943	133,610
	First Boston MTG SEC Corp	12/15/40	5.230	130,000	127,588	139,827
	Transcanada Pipelines LTD	08/15/18	6.50	80,000	80,296	94,429
					2,406,222	2,607,021
Commingled Funds:						
*	MBS Fund EB			28,689	347,260	658,676
	Total				347,260	658,676
Registered Investment Companies:						
*	Columbia Acorn Fund			35,973	695,680	1,086,003
*	Columbia Acorn International Fund			11,185	383,992	457,691
*	Columbia Conservative High Yield Fund			153,965	1,247,018	1,208,628
*	Columbia Dividend Income Fund			124,839	1,344,610	1,630,402
*	Columbia Large Cap Growth Fund			854	17,014	20,260
*	Columbia Large Cap Index Fund			127,559	2,924,449	3,098,413
*	Columbia Large Cap Value Fund			142,601	1,799,552	1,642,766
*	Columbia Marsico International Fund			69,052	830,000	827,238
*	Columbia Mid Cap Value Fund			57,753	726,364	777,349
*	Columbia Real Estate Equity Fund			49,519	856,900	615,516
*	Columbia Small Cap Core Fund			78,554	963,980	1,249,004
*	Columbia Select Large Cap Growth Fund			440,363	5,575,000	5,552,982
	PIMCO Commodity RealReturn Fund			165,749	1,505,000	1,539,807
	Harbor International Fund			13,856	685,988	838,954
	Ishares MSCI Emerging Mkts Index Fund			35,178	1,210,227	1,675,950
	Total				20,765,774	22,220,963
Money Market Funds:						
*	Bank of America Cash Reserves			545,928	545,928	545,928
	Total investments				\$28,628,963	\$30,789,282

EIN: 34-1386676
Plan Number: 001

Note: An "*" in column (a) identifies these "parties-in-interest" as defined by the Department of Labor Regulations

PERSTORP RETIREMENT PLAN

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS
FOR THE YEAR ENDED DECEMBER 31, 2010

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred	(g) Cost of Asset	(h) Fair Value	(i) Net Gain
Bank of America	BOFA Cash Reserves	\$ 1,544,329	\$ 1,544,329	\$ -	\$ -	\$ 1,544,329	\$ 1,544,329	\$ -
Bank of America	Columbia Marsico Growth Fund	-	1,628,098	-	-	1,425,579	1,628,098	202,519
Bank of America	Columbia Large Cap Growth Fund	1,700,000	-	-	-	1,700,000	1,700,000	-
Bank of America	Columbia Large Cap Growth Fund	-	4,854,223	-	-	4,151,701	4,854,223	702,522
Bank of America	Columbia Select Large Cap Growth	5,575,000	-	-	-	5,575,000	5,575,000	-
Bank of America	PIMCO Commodity RealReturn Strategy Fund	1,505,000	-	-	-	1,505,000	1,505,000	-

Note: There were no expenses directly incurred with the above transactions.

EIN: 34-1386676

Plan Number: 001