

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>CENTURY ALUMINUM OF WEST VIRGINIA INC. HOURLY EMPLOYEES PENSION PLAN</u>		1b Three-digit plan number (PN) ▶ <u>002</u>
			1c Effective date of plan <u>02/07/1989</u>
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)	<u>CENTURY ALUMINUM OF WV, INC.</u> <u>P.O. BOX 98</u> <u>RAVENSWOOD, WV 26164</u>		2b Employer Identification Number (EIN) <u>55-0686448</u>
			2c Sponsor's telephone number <u>304-273-7300</u>
			2d Business code (see instructions) <u>331310</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.	<u>10/17/2011</u>	<u>WILLIAM J. LEATHERBERRY</u>
	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") CENTURY ALUMINUM OF WV, INC. P.O. BOX 98 RAVENSWOOD, WV 26164	3b Administrator's EIN 55-0686448 3c Administrator's telephone number 304-273-7300
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	949
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	484
b Retired or separated participants receiving benefits.....	6b	278
c Other retired or separated participants entitled to future benefits.....	6c	132
d Subtotal. Add lines 6a , 6b , and 6c	6d	894
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	69
f Total. Add lines 6d and 6e	6f	963
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	4
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
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
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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>CENTURY ALUMINUM OF WEST VIRGINIA INC. HOURLY EMPLOYEES PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>CENTURY ALUMINUM OF WV, INC.</u>	D Employer Identification Number (EIN) <u>55-0686448</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>38980352</u>
b Actuarial value	2b <u>40744409</u>
3 Funding target/participant count breakdown	
	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment	3a <u>325</u> <u>28788356</u>
b For terminated vested participants	3b <u>124</u> <u>1545113</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>3257504</u>
(2) Vested benefits	3c(2) <u>15327363</u>
(3) Total active	3c(3) <u>500</u> <u>18584867</u>
d Total	3d <u>949</u> <u>48918336</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>6.67</u> %
6 Target normal cost	6 <u>1372237</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>10/03/2011</u>
Signature of actuary	Date
<u>AMY BEERT</u>	<u>11-07195</u>
Type or print name of actuary	Most recent enrollment number
<u>PRICEWATERHOUSECOOPERS LLP</u>	<u>312-298-2000</u>
Firm name	Telephone number (including area code)
<u>ONE NORTH WACKER DR</u> <u>CHICAGO, IL 60606-2807</u>	
Address of the firm	

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

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

Schedule SB (Form 5500) 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)	5545439		0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	2200631		0
9 Amount remaining (Item 7 minus item 8).....	3344808		0
10 Interest on item 9 using prior year's actual return of <u>25.17</u> %	841888		0
11 Prior year's excess contributions to be added to prefunding balance:			
a Excess contributions (Item 38 from prior year)			0
b Interest on (a) using prior year's effective rate of <u>8.10</u> %			0
c Total available at beginning of current plan year to add to prefunding balance			0
d Portion of (c) to be added to prefunding balance.....			0
12 Reduction in balances due to elections or deemed elections.....	2576956		0
13 Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	1609740		0

Part III	Funding percentages		
14 Funding target attainment percentage.....	14	80.00	%
15 Adjusted funding target attainment percentage.....	15	80.00	%
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	93.90	%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17		%

Part IV	Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:						
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
10/15/2010	100000					
01/15/2011	555000					
03/31/2011	8665000					
			Totals ►	18(b)	9320000	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	8608826
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
0	0	0
		(4) 4th
		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 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	1372237
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	7826934	1430384
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	2802621
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	1565000	0
36 Additional cash requirement (item 34 minus item 35).....	36	1237621
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	8608826
38 Interest-adjusted excess contributions for current year (see instructions).....	38	7371205
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 CENTURY ALUMINUM OF WEST VIRGINIA INC. HOURLY EMPLOYEES PENSION PLAN		B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 CENTURY ALUMINUM OF WV, INC.		D Employer Identification Number (EIN) 55-0686448

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

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

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

FRANK RUSSELL TRUST COMPANY

91-1116938

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	257178	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III	Termination Information on Accountants and Enrolled Actuaries (see instructions) (complete as many entries as needed)
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a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 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

A Name of plan <u>CENTURY ALUMINUM OF WEST VIRGINIA INC. HOURLY EMPLOYEES PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>CENTURY ALUMINUM OF WV, INC.</u>	D Employer Identification Number (EIN) <u>55-0686448</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RUSSELL EQUITY I FUND</u>		
b Name of sponsor of entity listed in (a): <u>FRANK RUSSELL TRUST COMPANY</u>		
c EIN-PN <u>91-1117282-003</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>11447167</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RUSSELL EQUITY II FUND</u>		
b Name of sponsor of entity listed in (a): <u>FRANK RUSSELL TRUST COMPANY</u>		
c EIN-PN <u>91-1117282-006</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3251530</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RUSSELL LARGE CAP STRUCTURED EQUITY</u>		
b Name of sponsor of entity listed in (a): <u>FRANK RUSSELL TRUST COMPANY</u>		
c EIN-PN <u>91-1117282-032</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5720563</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RUSSELL MULTI-MGR BOND FUND</u>		
b Name of sponsor of entity listed in (a): <u>FRANK RUSSELL TRUST COMPANY</u>		
c EIN-PN <u>91-1117282-038</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>14371735</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>ALL INTERNATIONAL MARKETS FUND</u>		
b Name of sponsor of entity listed in (a): <u>FRANK RUSSELL TRUST COMPANY</u>		
c EIN-PN <u>91-1117282-020</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6148564</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		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 CENTURY ALUMINUM OF WEST VIRGINIA INC. HOURLY EMPLOYEES PENSION PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 CENTURY ALUMINUM OF WV, INC.	D Employer Identification Number (EIN) 55-0686448	

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)	0	9220000
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	1029	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)	38979323	40939559
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

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	38980352	50159559

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	64270	67279
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	64270	67279

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	38916082	50092280
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	9320000	
(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)		9320000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		5295855
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		14615855

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3062667	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		3062667
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	260187	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		260187
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		3322854

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		11293001
l Transfers of assets:			
(1) To this plan.....	2l(1)		5854
(2) From this plan	2l(2)		122657

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: DELOITTE & TOUCHE LLP

(2) EIN: 13-3891517

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		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		5000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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)

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2010</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan CENTURY ALUMINUM OF WEST VIRGINIA INC. HOURLY EMPLOYEES PENSION PLAN		B Three-digit plan number (PN) ► 002
C Plan sponsor's name as shown on line 2a of Form 5500 CENTURY ALUMINUM OF WV, INC.		D Employer Identification Number (EIN) 55-0686448
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 04-3581074		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3 0
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 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): _____

ACCOUNTANT'S OPINION AND FINANCIAL STATEMENTS

Schedule H, Line 3

PLAN NAME: CENTURY ALUMINUM OF WEST VIRGINIA INC. HOURLY EMPLOYEES
PENSION PLAN

EIN: 55-0686448

PLAN NUMBER: 002

Century Aluminum of WV, Inc. -- Century Aluminum of West Virginia Inc. Hourly Employees
Pension Plan, Financial Statements, 12/31/2010.

Century Aluminum of West Virginia, Inc. Hourly Employees' Pension Plan

Employer Identification Number: 55-0686448
Plan Number: 005

Financial Statements as of and for the Years Ended
December 31, 2010 and 2009, Supplemental
Schedule as of December 31, 2010, and
Independent Auditors' Report

**CENTURY ALUMINUM OF WEST VIRGINIA, INC.
HOURLY EMPLOYEES' PENSION PLAN**

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

INDEPENDENT AUDITORS' REPORT

To the Plan Administrator and Participants of
Century Aluminum of West Virginia, Inc. Hourly Employees' Pension Plan

We were engaged to audit the financial statements and supplemental schedules of Century Aluminum of West Virginia, Inc. Hourly Employees' Pension Plan (the "Plan") as of December 31, 2010 and 2009, and for the years then ended, listed in the Table of Contents. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Frank Russell Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the trustee that the information as of and for the years ended December 31, 2010 and 2009 provided to the plan administrator by the trustee is complete and accurate.

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

Deloitte & Touche LLP

October 14, 2011

**CENTURY ALUMINUM OF WEST VIRGINIA, INC.
HOURLY EMPLOYEES' PENSION PLAN**

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

	2010	2009
ASSETS:		
Investments — at fair value	\$ 40,939,559	\$ 38,979,323
Contributions receivable	9,220,000	-
Receivable — securities sold	<u>-</u>	<u>1,029</u>
	50,159,559	38,980,352
LIABILITIES — Accrued administrative expense	<u>67,279</u>	<u>64,270</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 50,092,280</u>	<u>\$ 38,916,082</u>

See notes to financial statements.

**CENTURY ALUMINUM OF WEST VIRGINIA, INC.
HOURLY EMPLOYEES' PENSION PLAN**

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

	2010	2009
ADDITIONS:		
Employer contributions	\$ 9,320,000	\$ -
Net appreciation in fair value of investments	5,295,855	8,232,288
Transfers from Salary Plan	<u>5,854</u>	<u>-</u>
Total additions	<u>14,621,709</u>	<u>8,232,288</u>
DEDUCTIONS:		
Benefit payments	3,062,667	2,959,112
Administrative expenses	382,844	291,906
Transfers to Salary Plan	<u>-</u>	<u>47,072</u>
Total deductions	<u>3,445,511</u>	<u>3,298,090</u>
NET CHANGE IN ASSETS AVAILABLE FOR BENEFITS	11,176,198	4,934,198
NET ASSETS AVAILABLE FOR BENEFITS:		
Beginning of year	<u>38,916,082</u>	<u>33,981,884</u>
End of year	<u>\$ 50,092,280</u>	<u>\$ 38,916,082</u>

See notes to financial statements.

CENTURY ALUMINUM OF WEST VIRGINIA, INC. HOURLY EMPLOYEES' PENSION PLAN

NOTES TO FINANCIAL STATEMENTS AS OF AND FOR THE YEARS ENDED DECEMBER 31, 2010 AND 2009

1. DESCRIPTION OF THE PLAN

The following brief description of the Century Aluminum of West Virginia, Inc. Hourly Employees' Pension Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

General — The Plan is a noncontributory defined benefit pension plan and covers substantially all employees of Century Aluminum of West Virginia, Inc. (the "Company") who are represented by the United Steel, Paper and Forestry, Rubber, Manufacturing, Energy, Allied Industries and Service Workers International Union, AFL-CIO-CLC (the "Union"). The Plan is a "spin-off" of all active employees at the Ravenswood facility who were participants in the Kaiser Aluminum and Chemical Corporation Pension Plan ("KAPP"). In connection with the spin-off, the Company is responsible for the benefits of active participants of the Company who were formerly in the KAPP. The spin-off met applicable government regulations. Represented employees hired after February 7, 1989, are eligible to participate in the Plan in accordance with the Plan's provisions.

In accordance with the Plan and the February 7, 1989 Asset Purchase Agreement between the Company and Kaiser Aluminum and Chemical Corporation ("KACC"), the Plan grants credit for service under KAPP for purposes of eligibility, vesting, and benefit accruals. The Plan is subject to the requirements of the Employee Retirement Income Security Act of 1974 ("ERISA").

Retirement Benefits — Retirement benefits under the Plan are based upon age attained and years of service. The collective bargaining agreement between the Company and the Union specifies the pension factors by job class which are utilized in the determination of monthly benefits. Eligibility for normal retirement requires the participant to attain the age of 62 and have 10 years of service or to have 30 or more years of continuous service, but not to have attained age 62. The Plan permits early retirement at age 60 provided the participant has completed at least 10 years of continuous service. The Plan also provides for death and disability benefits. Participants become vested following the completion of five years of service.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting — The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("GAAP").

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

Risks and Uncertainties — The Plan invests in various investment securities including mutual funds and corporate stocks. Investment securities, in general, are exposed to various risks, such as interest rate risk, credit risk, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

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

Expenses — For the Plan years ended December 31, 2010 and 2009, administrative expenses consist of Trustee fees, Retiree Service expenses and Pension Benefit Guaranty Corporation ("PBGC") expenses paid by the Plan. The Company has paid all other Plan administrative expenses.

Payment of Benefits — Benefit payments are recorded upon distribution.

Contributions — Contributions to the Plan are made solely by the Company. The Company's funding policy is to make contributions to the Plan as determined by the Plan's actuary. The Company's minimum required contribution for the 2010 plan year was \$1,192,881. No contributions were required for the year ended December 31, 2009, as the minimum funding requirements under ERISA were met. The Plan is in compliance with applicable ERISA minimum funding requirements as of December 31, 2010 and 2009.

New Accounting Standards Adopted — The accounting standard initially adopted in the 2010 financial statements described below affected certain note disclosures but did not impact the statements of net assets available for benefits or the statement of changes of net assets available for benefits.

In January 2010, the FASB issued FASB ASU 2010-06, *Fair Value Measurements and Disclosures: Improving Disclosures about Fair Value Measurements* (ASU 2010-06), which amends FASB ASC 820, Fair Value Measurements and Disclosures. The update provides additional disclosures for transfers into and out of Levels 1 and 2 fair value hierarchy and separate disclosures about purchases, issuances and settlements relating to Level 3 fair value hierarchy measurements and clarifies certain other existing disclosure requirements. In addition ASU 2010-06 amends guidance on employers' disclosures about postretirement benefit plan assets to require that disclosures be provided by classes of assets instead of by major categories of assets. ASU No. 2010-06 was effective for the Plan for the fiscal year beginning January 1, 2010, except for the requirement to provide Level 3 activity of purchases, sales, issuances, and settlements on a gross basis, which will be effective for fiscal years beginning January 1, 2011.

3. FAIR VALUE MEASUREMENTS

Fair value measurements are based on an established framework under Financial Accounting Standards Board ("FASB") Accounting Standards Codification ("ASC") 820 Fair Value Measurements for measuring and disclosing the fair value for the various financial instruments within the Plan. In accordance with ASC 820, fair value is defined as the price that the Plan would receive upon selling an investment in a timely transaction to an independent buyer in the principal or most advantageous market of the investment. ASC 820 established a three-tier hierarchy based on the use of observable market data and unobservable inputs to establish the classification of fair value measurements for disclosure purposes. Inputs refer broadly to the assumptions that market participants would use in pricing the asset, including assumptions about risk, for example, the risk inherent in a particular valuation technique used

to measure fair value including a pricing model and/or risk inherent in the inputs to the valuation technique. Inputs may be observable or unobservable. Observable inputs are inputs that reflect the assumptions market participants would use in pricing the asset or liability developed based on market data obtained from sources independent of the reporting entity. Unobservable inputs are inputs that reflect the Plan's assumptions about the assumptions market participants would use in pricing the asset or liability developed based on the best information available in the circumstances. The three-tier hierarchy of inputs is summarized in the three broad levels listed below:

Level 1 — quoted prices in active markets for identical investments

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

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

Inputs used in valuing the Plans' investments carried at value for the year or period ended December 31, 2010 and 2009 were as follows:

Recurring Fair Value Measurements As of December 31, 2010				
	Level 1	Level 2	Level 3	Total
Equity securities — Common trust funds	\$ -	\$ 26,567,824	\$ -	\$ 26,567,824
Fixed income — Common trust funds	-	14,371,735	-	14,371,735
Total	<u>\$ -</u>	<u>\$ 40,939,559</u>	<u>\$ -</u>	<u>\$ 40,939,559</u>

Recurring Fair Value Measurements As of December 31, 2009				
	Level 1	Level 2	Level 3	Total
Equity securities — Common trust funds	\$ -	\$ 25,532,130	\$ -	\$ 25,532,130
Fixed income — Common trust funds	-	13,447,193	-	13,447,193
Total	<u>\$ -</u>	<u>\$ 38,979,323</u>	<u>\$ -</u>	<u>\$ 38,979,323</u>

Fair Value Estimated Using Net Asset Value per Share	As of December 31, 2010			
	Fair Value (1)	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
Multi Mgr Bond Fund	\$ 14,371,735	\$ -	Daily	Trade Date
Equity I Fund	11,447,167	-	Daily	Trade Date
All International Markets Fund	6,148,564	-	Daily	Trade Date
Large Cap Structured Equity Fund	5,720,563	-	Daily	Trade Date
Equity II Fund	<u>3,251,530</u>	<u>-</u>	Daily	Trade Date
TOTAL	<u>\$ 40,939,559</u>	<u>\$ -</u>		

(1) The fair values of the investments have been estimated using the net asset value of the investment fund.

Fair Value Estimated Using Net Asset Value per Share	As of December 31, 2009			
	Fair Value (1)	Unfunded Commitment	Redemption Frequency	Redemption Notice Period
Multi Mgr Bond Fund	\$ 13,447,193	\$ -	Daily	Trade Date
Equity I Fund	10,993,897	-	Daily	Trade Date
All International Markets Fund	5,881,456	-	Daily	Trade Date
Large Cap Structured Equity Fund	5,502,444	-	Daily	Trade Date
Equity II Fund	3,154,333	-	Daily	Trade Date
TOTAL	\$ 38,979,323	\$ -		

(1) The fair values of the investments have been estimated using the net asset value of the investment fund.

Fund Investment Strategies

Multi Mgr Bond Fund	Seeks favorable returns comparable to the broad fixed income market by investing in bonds representing a diversity of sectors and maturities.
Equity I Fund	Seeks higher long-term returns that exceed the Russell 1000 Index by investing in common stocks that rank among the largest 1,000 companies in the U.S. stock market.
All International Markets Fund	Seeks high, long-term returns comparable to the broad international stock market by investing in companies from developed and emerging countries around the world.
Large Cap Structured Equity Fund	Seeks to outperform its benchmark with above-average consistency relative to other investment managers by employing a diversified quantitative approach to modeling the investment universe.
Equity II Fund	Seeks high, long-term returns that exceed the Russell 2500 Index by investing in the smaller capitalization stocks of the U.S. stock market.

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

The following is a summary of the 2010 and 2009 unaudited information included in the Plan's financial statements and supplemental schedule that was prepared by or derived from information prepared by the Trustee of the Plan and furnished to the Plan administrator. The Plan administrator has obtained certifications from the Trustee that such information and investment information in the financial statements and supplemental schedule is complete and accurate as of and for the years ended December 31, 2010 and 2009:

	2010	2009
Statements of net assets — investments at fair value	\$ 40,939,559	\$ 38,979,323
Statements of changes in net assets — net appreciation (depreciation) in fair value of investments	5,295,855	8,232,288

The fair value of the Plan's investments in common/collective trust funds has been determined by the Trustee; see Note 3 Fair Value Measurements for additional information. The Plan's investments in common/collective trust funds as of December 31, 2010 and 2009, consist of the following:

	2010		2009	
	Units/Shares	Fair Value	Units/Shares	Fair Value
Frank Russell Trust Funds:				
Multi Mgr Bond Fund	944,266	\$ 14,371,735 *	979,402	\$ 13,447,193 *
Equity I Fund	244,807	11,447,167 *	271,186	10,993,897 *
All International Markets Fund	150,332	6,148,564 *	159,216	5,881,456 *
Large Cap Structured Equity Fund	546,899	5,720,563 *	598,092	5,502,444 *
Equity II Fund	49,970	<u>3,251,530 *</u>	62,240	<u>3,154,333 *</u>
Total		<u>\$ 40,939,559</u>		<u>\$ 38,979,323</u>

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

The Plan's common trust funds (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value for the years ended December 31, 2010 and 2009, as follows:

	2010	2009
Equity securities common/collective trust funds investment appreciation	\$ 3,909,511	\$ 6,158,729
Fixed income common/collective trust fund investment appreciation	<u>1,386,344</u>	<u>2,073,559</u>
Common/collective trust funds	<u>\$ 5,295,855</u>	<u>\$ 8,232,288</u>

5. ACCUMULATED PLAN BENEFITS

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

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

- Life expectancy of participants in accordance with the RP-2000 Mortality Tables for males and females, projected to 2011 with a blue collar adjustment.
- Average rate of return used in the calculation of the present value of accumulated plan benefits is 8.0%.
- Early retirement age assumptions beginning at age 55 with full retirement at age 70.

The actuarial present value of accumulated plan benefits as of January 1, 2011 and 2010 (for the years ended December 31, 2010 and 2009, respectively), are as follows:

	2010	2009
Vested benefits:		
Participants currently receiving payments	\$ 32,426,108	\$ 25,244,326
Other participants	12,190,208	11,271,737
Non-vested benefits	<u>2,034,555</u>	<u>2,312,840</u>
Total	<u>\$46,650,871</u>	<u>\$38,828,903</u>

The changes in accumulated plan benefits for the years ended December 31, 2010 and 2009 are as follows:

	2010	2009
Actuarial present value of accumulated plan benefits — beginning of year	<u>\$ 38,828,903</u>	<u>\$ 39,478,680</u>
Increase (decrease) during the year attributable to:		
Change in the assumptions	92,857	-
Benefits accumulated — net	7,805,616	(732,872)
Benefits paid	(3,062,667)	(2,959,112)
Increase of interest due to the decrease in the discount period	<u>2,986,162</u>	<u>3,042,207</u>
Net increase (decrease)	<u>7,821,968</u>	<u>(649,777)</u>
Actuarial present value of accumulated plan benefits — end of year	<u>\$ 46,650,871</u>	<u>\$ 38,828,903</u>

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

6. FEDERAL INCOME TAX STATUS

The Internal Revenue Service has determined and informed the Company by a letter dated August 20, 2009, that the Plan and related trust are designed in accordance with applicable regulations of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, the Company and the Plan administrator believe that the Plan is currently designed and operated in compliance with the applicable requirements of the IRC and the Plan and related trust continue to be tax exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

GAAP 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 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 it is no longer subject to income tax examinations for years prior to December 31, 2007.

7. PLAN TERMINATION

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

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

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

8. PARTY-IN-INTEREST TRANSACTIONS

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

9. FACILITY CURTAILMENT

In the first quarter of 2009, the Company announced the idling of plant operations at its Ravenswood, West Virginia smelter ("Ravenswood"). Layoffs for the majority of Ravenswood's employees were completed by February 20, 2009 resulting in a 98% reduction in force of active participants in the Plan. The Plan recognized a \$2.1 million curtailment charge in 2009 related to this reduction in force.

10. PLAN TRANSFERS

During 2009, we discovered that certain participants in the Plan, who had transferred from union to salaried status and were not receiving benefits from the Plan in accordance with the terms of the Plan, were receiving benefits solely from the Century Aluminum Employees Pension Plan (the "Salary Plan"). The Plan transferred \$47,072 to the Salary Plan to correct operational errors associated with the benefit payments to these transferred participants.

11. SUBSEQUENT EVENTS

We have evaluated all subsequent events through October 14, 2011, the date the financial statements were available to be issued.

* * * * *

SUPPLEMENTAL SCHEDULES

**CENTURY ALUMINUM OF WEST VIRGINIA, INC.
HOURLY EMPLOYEES' PENSION PLAN**

**FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2010**

Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment	Shares	Cost	Current Value
* Frank Russell Trust Company	Multi Mgr Bond Fund	944,266	\$ 10,963,912	\$ 14,371,735
* Frank Russell Trust Company	Equity I Fund	244,807	7,854,257	11,447,167
* Frank Russell Trust Company	All International Markets Fund	150,332	4,575,909	6,148,564
* Frank Russell Trust Company	Large Cap Structured Equity Fund	546,899	4,513,161	5,720,563
* Frank Russell Trust Company	Equity II Fund	49,970	<u>1,605,635</u>	<u>3,251,530</u>
Total investments			<u>\$ 29,512,874</u>	<u>\$ 40,939,559</u>

* Party-in-interest.

**CENTURY ALUMINUM OF WEST VIRGINIA, INC.
HOURLY EMPLOYEES' PENSION PLAN**

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

Identity of Party Involved	Number of Purchases	Number of Sales	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expense Incurred	Cost of Asset	Current Value Of Asset On Transaction Date	Net Gain or (Loss)
Frank Russell Trust Company	10	13	Multi Mgr Bond Fund	<u>\$1,197,064</u>	<u>\$1,638,864</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$1,288,601</u>	<u>\$2,855,928</u>	<u>\$370,263</u>

Century Aluminum Company of West Virginia, Inc.
Century Aluminum of West Virginia, Inc. Hourly Employees Pension Plan
EIN: 55-0686448; PN: 002
Schedule SB, Line 26 – Schedule of Active Participant Data

Age and Service Distribution of Active Members

Completed Years of Service on January 1, 2010

Attained Age	Under 1 year		1 to 4 years		5 to 9 years		10 to 14 years		15 to 19 years		20 to 24 years		25 to 29 years		30 to 34 years		35 to 39 years		Over 40 years		Total	
	No.	Avg. Pay	No.	Avg. Pay	No.	Avg. Pay	No.	Avg. Pay	No.	Avg. Pay	No.	Avg. Pay	No.	Avg. Pay	No.	Avg. Pay	No.	Avg. Pay	No.	Avg. Pay	No.	Avg Pay
<25			2																		2	
25-29			9		5																14	
30-34			7		23	48,595	20	49,908													50	48,722
35-39			8		13		54	50,906	11												86	51,133
40-44			7		14		56	48,953	23	53,242	2										102	49,893
45-49			3		21	50,381	49	50,775	27	53,554	5										105	51,106
50-54			3		10		27	50,965	15		10						2				67	53,189
55-59			4				10		12		4		1		3		16				50	55,039
60-64			2		3		2		3		3		1		1		5				20	53,008
65-69							2												1		3	
70&Up																			1		1	
Total			45	48,748	89	50,276	220	50,367	91	53,620	24	55,043	2		4		23	54,743	2		500	51,357

January 1, 2010

Number of active members	500
Average age	44.96
Average years of service	13.60
Average compensation	\$51,357

Century Aluminum Company of West Virginia, Inc.
Century Aluminum of West Virginia, Inc. Hourly Employees Pension Plan
EIN: 55-0686448; PN: 002

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

Statement of Actuarial Assumptions

Valuation Interest Rates The September 2009 segment rates

1st Rate	5.03%
2nd Rate	6.73%
3rd Rate	6.82%

Mortality 2010 IRS Static Mortality Table

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

<u>Age</u>	<u>Rates</u>
20	6.577%
25	5.270%
30	4.831%
35	4.474%
40	3.841%
45	3.215%
50	1.525%
55	0.334%
60	0.000%

Salary Progression 2% for 2010, 3% for 2011 and 4% for 2012 and beyond,
compounded annually.

<u>Age</u>	<u>% Retiring</u>	
	<u>< 30 years service</u>	<u>≥ 30 years service</u>
50 - 55	5%	10%
60 - 64	20%	40%
65 - 69	50%	100%
70	100%	100%

Century Aluminum Company of West Virginia, Inc.
Century Aluminum of West Virginia, Inc. Hourly Employees Pension Plan
EIN: 55-0686448; PN: 002

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

Statement of Actuarial Methods (continued)

1. Actuarial Cost Method

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

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

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

2. Asset Valuation Method

Smoothed value method. Under this method the smoothed value is equal to the average of the fair market value on the valuation date and the adjusted fair market value on each of the preceding two valuation dates, but not less than 90% nor more than 110% of the Fair Value of Assets. The adjusted fair market value as of any preceding valuation date is equal to the fair market value as of such date increased for contributions reflected in the fair market value of assets on the current valuation that were not reflected in the fair market value of assets as of such preceding valuation date, decreased for benefit payments and expenses reflected in the fair market value of assets on the current valuation that were not reflected in the fair market value of assets as of such preceding valuation date, and adjusted for expected earnings (not in excess of the third segment rate with no phase-in applicable to the corresponding valuation date). Because the expected earnings are determined based on an investment return that is limited to the third segment rate, the resulting actuarial value of assets is more likely to be less than the fair value of assets over an extended period of time.

SCHEDULE OF REPORTABLE TRANSACTIONS

Schedule H, Line 4j

PLAN NAME: CENTURY ALUMINUM OF WEST VIRGINIA INC. HOURLY EMPLOYEES
PENSION PLAN

EIN: 55-0686448

PLAN NUMBER: 002

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

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 CENTURY ALUMINUM OF WEST VIRGINIA INC. HOURLY EMPLOYEES PENSION PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF CENTURY ALUMINUM OF WEST VIRGINIA, INC.	D Employer Identification Number (EIN) 55-0686448	
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	38980352	
b Actuarial value.....	2b	40744409	
3 Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	325	28788356
b For terminated vested participants	3b	124	1545113
c For active participants:			
(1) Non-vested benefits	3c(1)		3257504
(2) Vested benefits	3c(2)		15327363
(3) Total active	3c(3)	500	18584867
d Total	3d	949	48918336
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	6.67%	
6 Target normal cost	6	1372237	

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>10/3/2011</u> Date
	Signature of actuary	1107195 Most recent enrollment number
	Type or print name of actuary PRICEWATERHOUSECOOPERS LLP	312-298-2000 Telephone number (including area code)
	Firm name ONE NORTH WACKER DR CHICAGO IL 60606-2807 Address of the firm	

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

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	5545439	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	2200631	0
9 Amount remaining (Item 7 minus item 8).....	3344808	0
10 Interest on item 9 using prior year's actual return of <u>25.17%</u>	841888	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		0
b Interest on (a) using prior year's effective rate of <u>8.10%</u>		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Reduction in balances due to elections or deemed elections.....	2576956	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	1609740	0

14	Funding target attainment percentage.....	14	80.00%
15	Adjusted funding target attainment percentage.....	15	80.00%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	93.90%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
10/15/2010	100000				
01/15/2011	555000				
03/31/2011	8665000				
Totals ►			18(b)	9320000	18(c)

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	8608826

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	

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**

62

23 Mortality table(s) (see instructions)☐

Prescribed - combined

☒

Prescribed - separate

☐

Substitute

Part VI Miscellaneous items**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**27** If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.**27****Part VII Reconciliation of unpaid minimum required contributions for prior years****28** Unpaid minimum required contribution for all prior years **28** 0**29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a) **29** 0**30** Remaining amount of unpaid minimum required contributions (item 28 minus item 29) **30** 0**Part VIII Minimum required contribution for current year****31** Target normal cost, adjusted, if applicable (see instructions) **31** 1372237**32** Amortization installments:

Outstanding Balance

Installment

a Net shortfall amortization installment

7826934

1430384

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**

2802621

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	1565000	0	1565000

36 Additional cash requirement (item 34 minus item 35) **36** 1237621**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c) **37** 8608826**38** Interest-adjusted excess contributions for current year (see instructions) **38** 7371205**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

Century Aluminum Company of West Virginia, Inc.
Century Aluminum of West Virginia, Inc. Hourly Employees Pension Plan
EIN: 55-0686448; PN: 002
Schedule SB, Part V - Summary of Plan Provisions

Summary of Plan Provisions

Plan Name	Century Aluminum of West Virginia, Inc. Hourly Employees Pension Plan.		
Effective Date	The Plan is a spin-off from the Kaiser Aluminum Pension Plan. The spin-off was effective February 7, 1989.		
Eligibility	All employees who are represented for collective bargaining purposes by the United Steelworkers of America, AFL-CIO who have completed one year of Continuous Service and attained age 21.		
Continuous Service	Continuous Service is the elapsed time spent with Century Aluminum and Kaiser Aluminum and Chemical Company.		
Vesting Service	Based on Continuous Service.		
Normal Retirement Eligibility	<u>Normal Retirement:</u>	Age 65	
	<u>62/10:</u>	Age 62 with at least 10 years of Continuous Service.	
	<u>30 Year:</u>	30 or more years of Continuous Service.	
Early Retirement Eligibility And Reduction Factors	<u>60/10:</u>	An employee age 60 with at least 10 years of Continuous Service may retire and receive a monthly benefit equal to his Accrued Retirement Benefit reduced in accordance with the following:	
		Early Retirement	Early Retirement
		<u>Age</u>	<u>Factor</u>
		62	1.0000
		61	0.9095
		60	0.8293
	Monthly payments are not reduced for Public Pension, Severance Allowance, Disability Payments, or Maximum Benefit Limitations.		

Century Aluminum Company of West Virginia, Inc.
Century Aluminum of West Virginia, Inc. Hourly Employees Pension Plan
EIN: 55-0686448; PN: 002
Schedule SB, Part V - Summary of Plan Provisions

Summary of Plan Provisions (continued)

Accrued Retirement Benefit

The monthly pension is equal to Continuous Service times the applicable pension factor:

Job Class	Pension Factor Beginning 1/1/07
1 - 4	\$38.25
5 - 8	\$38.90
9 - 12	\$39.55
13 - 16	\$40.25
17 - 20	\$40.90
21 - 14	\$41.55
25 & over	\$42.25

Pension factors are to increase by \$1 effective June 1, 2007 and 2008.

Benefit Reductions

All retirement benefits are reduced by Public Pension, Severance Allowance and Disability Pension benefits paid or payable to the participant. In addition, retirement benefits will be reduced to the maximum annual benefit limitations of IRC Section 415 to the extent required under the Code.

Maximum Benefit

A participant's monthly benefit prior to reduction for Public Pension, Severance Allowance, Disability Payments and Primary Social Security Benefit is limited to 85% of a participant's high two year average pay in his last 10 calendar years prior to retirement, but not less than \$17 per year of continuous service.

The 85% factor is increased by 1% for each full year of Continuous Service over 30 years (maximum 100%).

Special Retirement Pension

Ten weeks vacation pay plus accrued vacation pay paid out of employer assets as a single sum at retirement in lieu of the first three months of pension benefits. This benefit is payable only to participants who qualify for Normal or Early Retirement.

Century Aluminum Company of West Virginia, Inc.
Century Aluminum of West Virginia, Inc. Hourly Employees Pension Plan
EIN: 55-0686448; PN: 002
Schedule SB, Part V - Summary of Plan Provisions

Summary of Plan Provisions (continued)

Supplemental Pension Benefit	\$400 per month until the earlier of age 62 or entitlement to unreduced Public Pension. This benefit is payable to participants who retire under the 70/80 provision, Rule of 65 or Disability. This benefit is reduced for Rule of 65 retirees for any income they earn in excess of \$5,500 annually.
Disability Retirement	After completion of 10 years of Continuous Service, benefits are payable for total and permanent disability. The benefit, payable to age 62, is the greater of the accrued benefit or \$250. At age 62, the participant will begin to receive his Accrued Retirement Benefit.
Vested Termination	Participants who terminate with 10 or more years of Vesting Service can receive their unreduced Accrued Retirement Benefit at age 62, or a reduced benefit at age 60. If a terminated participant has between 5 and 10 years of service, his Accrued Retirement Benefit is payable at age 65.
Pre-retirement Death Benefit	<p>For an active participant's death after early retirement eligibility but prior to actual retirement, the surviving spouse receives 50% of the amount the participant would have received had he retired on the day prior to death. Surviving spouse payments begin on the first of the month following the participant's death.</p> <p>For a participant's death after becoming vested but prior to early retirement eligibility, the surviving spouse receives 50% of the amount the employee would have received had he terminated employment on the day prior to death, survived until the earliest retirement date and then died. Commencement of benefits to the spouse is deferred until the employee would have reached the earliest retirement date.</p>
Normal Form of Pension	For unmarried participants, level monthly payments for life. For married participants, reduced 50% joint and survivor benefit.
Changes Since Previous Valuation	None.
Benefits Not Valued	Retirement benefits or early retirement eligibility rules related to plant shutdown, layoff, sickness or accident, including "55/10", "70/80" and "Rule of 65" eligibility rules and benefits, were not reflected in our valuations.

SCHEDULE OF ASSETS (HELD AT END OF YEAR)

Schedule H, Line 4i

PLAN NAME: CENTURY ALUMINUM OF WEST VIRGINIA INC. HOURLY EMPLOYEES
PENSION PLAN

EIN: 55-0686448

PLAN NUMBER: 002

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

Century Aluminum Company of West Virginia, Inc.
Century Aluminum of West Virginia, Inc. Hourly Employees Pension Plan
EIN: 55-0686448; PN: 002
Schedule SB, Line 32 – Schedule of Amortization Bases

Schedule of Amortization Bases

A. Amortization Charges:

	Type of Base	Date Established	Remaining Period (Years)	Present Value of Remaining Base	Amortization Installment
a. 20010 Shortfall	Shortfall	1/1/2010	7	\$2,592,828	\$436,352
b. 2009 Shortfall	Shortfall	1/1/2009	6	\$5,234,106	\$994,032
Total:				\$7,826,934	\$1,430,384

Century Aluminum Company of West Virginia, Inc.
Century Aluminum of West Virginia, Inc. Hourly Employees Pension Plan
EIN: 55-0686448; PN: 002
Schedule SB, Line 24 - Changes in Actuarial Assumption

Change in Actuarial Assumptions

The salary scale was changed from 4.00% to 2.00% in 2010, 3.00% in 2011 and 4.00% in 2012 and beyond, compounded annually.

Century Aluminum Company of West Virginia, Inc.
Century Aluminum of West Virginia, Inc. Hourly Employees Pension Plan
EIN: 55-0686448; PN: 002
Schedule SB, Line 22 – Description of Weighted Average Retirement Age

Description of Weighted Average Retirement Age

< 30 years service					
Age	Retirement Rates	Lives Remaining	Retired	Weighted Age	
55	5%	95.00	5.00	2.75	
56	5%	90.25	4.75	2.66	
57	5%	85.74	4.51	2.57	
58	5%	81.45	4.29	2.49	
59	5%	77.38	4.07	2.40	
60	20%	61.90	15.48	9.29	
61	20%	49.52	12.38	7.55	
62	20%	39.62	9.90	6.14	
63	20%	31.69	7.92	4.99	
64	20%	25.36	6.34	4.06	
65	50%	12.68	12.68	8.24	
66	50%	6.34	6.34	4.18	
67	50%	3.17	3.17	2.12	
68	50%	1.58	1.58	1.08	
69	50%	0.79	0.79	0.55	
70	100%	0.00	<u>0.79</u>	<u>0.55</u>	
			<u>100.00</u>	<u>61.6</u>	

≥ 30 years service					
Age	Retirement Rates	Lives Remaining	Retired	Weighted Age	
55	10%	90.00	10.00	5.50	
56	10%	81.00	9.00	5.04	
57	10%	72.90	8.10	4.62	
58	10%	65.61	7.29	4.23	
59	10%	59.05	6.56	3.87	
60	40%	35.43	23.62	14.17	
61	40%	21.26	14.17	8.64	
62	40%	12.75	8.50	5.27	
63	40%	7.65	5.10	3.21	
64	40%	4.59	3.06	1.96	
65	100%	0.00	4.59	2.98	
66	100%	0.00	0.00	0.00	
67	100%	0.00	0.00	0.00	
68	100%	0.00	0.00	0.00	
69	100%	0.00	<u>0.00</u>	<u>0.00</u>	
			<u>100.00</u>	<u>59.5</u>	

Weighted Average: 61.50