Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 11/01/2009 and ending 12/31/2009

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
ASCEND SAVINGS & INVESTMENT PLAN

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 11/01/2009

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
ASCEND PERFORMANCE MATERIALS, LLC

1050 CHEMSTRAND AVE.
DECATUR, AL 35601

2b Employer Identification Number (EIN)
26-4345777

2c Sponsor's telephone number
256-552-3412

2d Business code (see instructions)
325200

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.	01/11/2012	MICHAEL MARTIN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

1050 CHEMSTRAND AVE.
DECATUR, AL 35601

3b Administrator's EIN
26-4345777

3c Administrator's telephone number
256-552-3412

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

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	1700
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**	1762
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	3
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	1765
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	1765
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	1759
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	3
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2F 2G 2J 2K 2S 2T 3D

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

For calendar plan year 2009 or fiscal plan year beginning 11/01/2009 and ending 12/31/2009

A Name of plan
ASCEND SAVINGS & INVESTMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
ASCEND PERFORMANCE MATERIALS, LLC

D Employer Identification Number (EIN)
26-4345777

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

J.P. MORGAN MUTUAL FUNDS
522 5TH AVE. 12TH FLOOR
NEW YORK CITY, NY 10036

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

MAINSTAY INVESTMENTS
169 LACKAWANNA AVE.
PARSIPPANY, NJ 07054

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

PACIFIC INVESTMENT MGMT CORP
840 NEWPORT CENTER DRIVE
NEWPORT BEACH, CA 92660-6397

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

STATE STREET GLOBAL ADVISORS
ONE LINCOLN STREET
BOSTON, MA 02111-2900

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

PRUDENTIAL FUNDS

101 SABIN STREET
PAWTUCKET, RI 02860-1427

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

VANGUARD

100 VANGUARD BLVD
MALVERN, PA 19355-2331

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

THE OAKMARK FAMILY OF FUNDS

2 NORTH LASALLE ST STE 500
CHICAGO, IL 60602

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

ARTISAN FUNDS

875 E WISCONSIN AVE STE 800
MILWAUKEE, WI 53202

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

MASSACHUSETTS FINANCIAL SERV.

500 BOYLESTON STREET
BOSTON, MA 02116-3741

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

THORNBURG INVESTMENT MGMT

2300 NORTH RIDGETOP ROAD
SANTA FE, NM 87506

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

BANK OF NEW YORK MELLON

525 MARKET STREET
SUITE 3500
SAN FRANCISCO, CA 94105

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

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)

(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 ☐

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 11/01/2009 and ending 12/31/2009

A Name of plan
ASCEND SAVINGS & INVESTMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
ASCEND PERFORMANCE MATERIALS, LLC

D Employer Identification Number (EIN)
26-4345777

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA S & P 500 INDEX NL CL C

b Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS

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)
04-0025081-078	C	140066

a Name of MTIA, CCT, PSA, or 103-12 IE: BNY MELLON STABLE VALUE FUND

b Name of sponsor of entity listed in (a): BANK OF NEW YORK MELLON

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)
11-3152987-001	C	1307060

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

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

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

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

a Plan name

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 11/01/2009 and ending 12/31/2009

A Name of plan
ASCEND SAVINGS & INVESTMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
ASCEND PERFORMANCE MATERIALS, LLC

D Employer Identification Number (EIN)
26-4345777

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	0	121295
(9) Value of interest in common/collective trusts	1c(9)	0	1447126
(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)	0	14291480
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	0	15859901
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	0	15859901

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)	1756000	
(B) Participants	2a(1)(B)	1959371	
(C) Others (including rollovers)	2a(1)(C)	12013762	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		15729133
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	111	
(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)	229	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		340
(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)	232884	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		232884
(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)		23020
(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)		-120276
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		15865101
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4500	
(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)		4500
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)	700	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		700
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		5200
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		15859901
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: KPMG (2) EIN: 13-5565207

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		2000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 11/01/2009 and ending 12/31/2009

A Name of plan
ASCEND SAVINGS & INVESTMENT PLAN

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
ASCEND PERFORMANCE MATERIALS, LLC

D Employer Identification Number (EIN)
26-4345777

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): 20-2020334

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**

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

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

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

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

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

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

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

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

KPMG LLP
811 Main Street
Houston, TX 77002

Independent Auditors' Report

The Benefits Committee
Ascend Performance Materials LLC:

We were engaged to audit the statements of net assets available for benefits of the Ascend Savings & Investment Plan (the Plan) as of December 31, 2010 and 2009, and the related statements of changes in net assets available for benefits for the year ended December 31, 2010 and the period from November 1, 2009 (inception) through December 31, 2009 and the supplemental schedules (1) schedule H, part IV, line 4a – schedule of delinquent participant contributions for the year ended December 31, 2010, (2) schedule H, part IV, line 4i – schedule of assets (held at end of year) as of December 31, 2010 and (3) schedule H, part IV, line 4i – schedule of assets (held at end of year) as of December 31, 2009. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Benefits Committee instructed us not to perform, and we did not perform, any auditing procedures with respect to the information described in note 8, which was certified by Mercer Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the Benefits Committee that the trustee holds the Plan's investment assets and executes investment transactions. The Benefits Committee has obtained certifications from the trustee as of December 31, 2010 and 2009 and for the year ended December 31, 2010 and the period from November 1, 2009 (inception) through December 31, 2009, that the information provided to the Benefits Committee by the trustee is complete and accurate.

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

KPMG LLP

Houston, Texas
January 10, 2012

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

ASCEND SAVINGS & INVESTMENT PLAN

Financial Statements and Supplemental Schedules

December 31, 2010 and 2009

(With Independent Auditors' Report Thereon)

ASCEND SAVINGS & INVESTMENT PLAN

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* All other schedules required by 29 CFR 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.

KPMG LLP
811 Main Street
Houston, TX 77002

Independent Auditors' Report

The Benefits Committee
Ascend Performance Materials LLC:

We were engaged to audit the statements of net assets available for benefits of the Ascend Savings & Investment Plan (the Plan) as of December 31, 2010 and 2009, and the related statements of changes in net assets available for benefits for the year ended December 31, 2010 and the period from November 1, 2009 (inception) through December 31, 2009 and the supplemental schedules (1) schedule H, part IV, line 4a – schedule of delinquent participant contributions for the year ended December 31, 2010, (2) schedule H, part IV, line 4i – schedule of assets (held at end of year) as of December 31, 2010 and (3) schedule H, part IV, line 4i – schedule of assets (held at end of year) as of December 31, 2009. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Benefits Committee instructed us not to perform, and we did not perform, any auditing procedures with respect to the information described in note 8, which was certified by Mercer Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the Benefits Committee that the trustee holds the Plan's investment assets and executes investment transactions. The Benefits Committee has obtained certifications from the trustee as of December 31, 2010 and 2009 and for the year ended December 31, 2010 and the period from November 1, 2009 (inception) through December 31, 2009, that the information provided to the Benefits Committee by the trustee is complete and accurate.

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

KPMG LLP

Houston, Texas
January 10, 2012

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ASCEND SAVINGS & INVESTMENT PLAN

Statements of Net Assets Available for Benefits

December 31, 2010 and 2009

	2010	2009
Assets:		
Investments, at fair value:		
Common/collective trust funds	$ 7,055,779	1,447,126
Registered investment companies	60,149,582	14,291,480
Total investments	67,205,361	15,738,606
Notes receivable from participants	2,204,334	121,295
Total assets	69,409,695	15,859,901
Adjustments from contract value to fair value for fully benefit-responsive investment contract	(93,123)	(19,055)
Net assets available for benefits	$ 69,316,572	15,840,846

See accompanying notes to financial statements.

ASCEND SAVINGS & INVESTMENT PLAN

Statements of Changes in Net Assets Available for Benefits

Year ended December 31, 2010
and the period from November 1, 2009 (inception) through December 31, 2009

	2010	2009
Additions:		
Investment income:		
Net appreciation (depreciation) in fair value of investments:		
Common/collective trust funds	$ 90,841	1,076
Registered investment companies	4,342,863	(120,276)
Total net appreciation (depreciation) in fair value of investments	4,433,704	(119,200)
Dividends	1,379,679	232,884
Interest	110,236	3,000
Total investment income	5,923,619	116,684
Interest – notes receivable from participants	35,921	229
Contributions:		
Rollover	32,475,098	12,013,762
Employee	11,746,751	1,959,371
Employer	4,581,440	1,756,000
Total contributions	48,803,289	15,729,133
Total additions	54,762,829	15,846,046
Deductions:		
Benefits paid to participants or beneficiaries	1,258,828	4,500
Administrative expenses	28,275	700
Total deductions	1,287,103	5,200
Net increase in net assets available for benefits	53,475,726	15,840,846
Net assets available for benefits:		
Beginning of period	15,840,846	—
End of period	$ 69,316,572	15,840,846

See accompanying notes to financial statements.

(1) Description of the Plan

The following brief description of the Ascend Savings & Investment Plan (the Plan) is provided for general information purposes only. Participants should refer to the plan document for more complete information.

(a) General

The Ascend Savings & Investment Plan is a defined contribution plan that was adopted on November 1, 2009. Ascend Performance Materials LLC (the Company) is the Plan sponsor. The purpose of the Plan is to provide retirement benefits for employees of the Company. The Plan is subject to the provisions of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as amended (ERISA).

The Plan is administered by the Company's Benefits Committee (the Committee). Mercer HR Services, LLC has recordkeeper (Recordkeeper) responsibility, and Mercer Trust Company serves as the trustee of the Plan (the Trustee).

(b) Eligibility

Employees of the Company are eligible for participation in the Plan upon date of hire, except those who are among the following ineligible populations: (1) any individual classified as an independent contractor; (2) Sole proprietors or partners; (3) nonresident aliens with no earned income from the Company from sources within the United States of America or that is exempt from U.S. income tax; (4) citizens or residents of a foreign country, except those in certain visa or NAFTA categories, which must be covered under U.S. Immigration Law.

(c) Contributions

Employees. Participants may elect to contribute to the tax-deferred savings and/or after-tax savings, and Roth savings features of the Plan through periodic payroll deductions. Participants may contribute up to 99% of their eligible earnings. Under the Internal Revenue Code of 1986, as amended (IRC), the total amount of a participant's tax-deferred savings contributions was limited to $16,500 for 2010 and 2009, and the limit for eligible earnings was $245,000. Any contributions in excess of the $16,500 limit are automatically made to the participant's after-tax account. Participants who are age 50 or older before the close of the plan year may elect to make a catch-up contribution, subject to certain limitations under the IRC ($5,500 per participant in 2010 and 2009). Participants are permitted to roll over balances held in other qualified plans or individual retirement accounts (IRA) into the Plan, as specified in the plan document.

Participants are automatically enrolled in the Plan at a 3% tax-deferred contribution rate unless the participant expressly elects a different amount or elects not to contribute. If the contribution rate is not changed, the contribution rate will increase 1% annually until it reaches 6%, on the anniversary of the participant's enrollment date.

Employer. The employer match will be a discretionary amount that is determined by the Company each year. For 2010, the employer matched 60% of the first 6% of eligible earnings. For 2009, the employer match was $1,000 per participant that was enrolled in the Plan on December 1, 2009 and remained employed by the Company on December 31, 2009. The Plan also allows for a profit

sharing contribution, which is available to all eligible participants. The profit sharing contribution is a discretionary amount that will be determined by the Company each year. For 2010 and 2009, there was no profit sharing contribution.

(d) Plan Accounts

All plan assets are held in an account with Mercer Trust Company. Mercer Trust Company serves as a nondiscretionary directed trustee.

(e) Investment Elections and Transfers

Contributions and participant account balances may be directed to one of 21 funds or a combination of funds. The available investment funds are the BNY Mellon Stable Value Fund, the Prudential Jennison Mid-Cap Growth Fund, the MFS Value Fund R3, the Oakmark Equity & Income Fund, the Mainstay Large Cap Growth Fund, the PIMCO Total Return Fund, the SSGA S&P 500 Index Non-Lending Series Fund, the JP Morgan Small Cap Equity Fund, the Vanguard Target Retirement Income Fund, the Thornburg International Value Fund R5 Class, the Artisan Mid Cap Value Fund Investor Class, the Vanguard Target Retirement Fund for 2005, 2010, 2015, 2020, 2025, 2030, 2035, 2040, 2045, and 2050.

The Plan allows participants to make transfers of their account balances among the funds, subject to the Plan's investment transfer policy. The amount of the transfer may be all or any portion of the participant's account balance.

If an investment election is not received from the participant, contributions are invested in the Vanguard Target Retirement Fund with the target date closest to the date the participant reaches age 60.

(f) Notes Receivable from Participants

Participants may borrow from their vested account balances a minimum of $1,000 up to a maximum equal to the lesser of $50,000 (reduced by the highest outstanding loan balance in all Company-sponsored plans in the prior 12 months) or 50% of their vested account balance minus the balance of all other loans from the plan for outstanding on the date of the loan. Roth accounts are not considered in determining the amount available for loan. A participant may not have more than two loans outstanding at any time. Loans bear interest at the current prime rate as published in the Wall Street Journal as of the first day of each month. A loan must be repaid within five years through payroll deductions and is collateralized by up to 50% of the participant's vested account balance. If a participant fails to comply with the repayment terms of a loan, the Committee or its designee may deem such defaulted loan as a distribution when the loan is considered uncollectible from the participant.

(g) Vesting

Participants are immediately fully vested in their tax-deferred, after-tax, Roth and rollover contributions, and related earnings. Generally, except as provided in the provisions of the plan document, the participant's interest in the matching and profit sharing contributions and related earnings become fully vested after the completion of three years of credited service. Regardless of

years of credited service, participants automatically become vested in all Company contributions upon the occurrence of (1) reaching their normal retirement age while employed by the Company or (2) termination of employment with the Company due to death or disability. Participants who terminate before becoming fully vested forfeit their nonvested balances in accordance with the terms of the Plan. Forfeited nonvested accounts totaled $17,478 and $0 at December 31, 2010 and December 31, 2009 plan respectively. These accounts may be used to reduce future Company contributions or pay administrative expenses.

(h) Distributions

Participants or their designated beneficiaries may elect to receive a distribution upon retirement, termination, disability, or death. Direct rollovers to an IRA or other eligible retirement plans are permitted. All distributions are made in lump-sum payments.

In-service withdrawals from all accounts under the Plan are also permitted upon attainment of age 59-1/2. Further, in-service withdrawals from a participant's tax-deferred account, rollover account, and after-tax account can be made in the event of a proven financial hardship, subject to limitations under the Plan.

Withdrawals from a participant's after-tax and rollover accounts are permitted at any time.

(i) Investment Earnings

Investment earnings on participants' accounts are allocated proportionately based on their relative account balance in each investment fund.

(j) Plan Termination

The Board of Directors of the Company may amend, modify, or terminate the Plan at any time. No plan termination is contemplated, but if it should occur, the accounts of all participants would immediately become fully vested and be paid in accordance with the terms of the Plan.

(2) Summary of Significant Accounting Policies

(a) Basis of Accounting

The accompanying financial statements were prepared on the accrual basis of accounting.

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the Plan. The statements of net assets available for benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The statements of changes in net assets available for benefits is prepared on a contract value basis.

(b) Impact of New Accounting Standards and Interpretation

In May 2009, the Financial Accounting Standards Board (FASB) issued new standards which establish the accounting for and disclosure of events that occur after the balance sheet date but before financial statements are issued. In particular, the new standards set forth: the balance sheet date during which management of a reporting entity should evaluate events or transactions that may occur for potential recognition or disclosure in the financial statements (through the date that the financial statements are issued or are available to be issued); the circumstances under which an entity should recognize events or transactions occurring after the balance sheet date in its financial statements; and the disclosures that an entity should make about events or transactions that occurred after the balance sheet date. The Plan adopted the new standards as of December 31, 2009.

In June 2009, the FASB established the FASB Accounting Standards Codification (Codification), which officially commenced July 1, 2009, to become the source of authoritative U.S. GAAP recognized by the FASB to be applied by nongovernmental entities. Rules and interpretive releases of the Securities and Exchange Commission (SEC) under authority of federal securities laws are also sources of authoritative U.S. GAAP for SEC registrants. Generally, the Codification is not expected to change U.S. GAAP. All other accounting literature excluded from the Codification will be considered nonauthoritative. The Codification is effective for financial statements issued for interim and annual periods ending after September 15, 2009. All references to authoritative accounting literature are now referenced in accordance with the Codification.

In September 2009, the FASB issued Accounting Standards Update (ASU) No. 2009-12, (Topic 820) *Fair Value Measurements and Disclosures (Topic 820) Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)* (ASU 2009-12), which provides amendments to FASB ASC 820 for the fair value measurement of investment in certain entities that calculate net asset value per share (or its equivalent). The amendments in ASU 2009-12 permit, as a practical expedient, a reporting entity to measure the fair value of an investment on the basis of the net asset value per share of the investment (or its equivalent) if the net asset value of the investment (or its equivalent) is calculated in a manner consistent with the measurement principles of FASB ASC 946, *Financial Services – Investment Companies*, as of the reporting entity's measurement date, including measurement of all or substantially all of the underlying investments of the investee in accordance with ASC 820. ASU 2009-12 was effective for annual periods ending after December 15, 2009. The adoption of ASU 2009-12 in 2009 did not have a material impact on the Plan's financial statements.

In January 2010, the FASB issued ASU No. 2010-06, *Fair Value Measurements and Disclosures (Topic 820): Improving Disclosures about Fair Value Measurements*, to add additional disclosures about the different classes of assets and liabilities measured at fair value, the valuation techniques and inputs used, the activity in Level 3 fair value measurements, and the transfers between Levels 1, 2 and 3. Levels 1, 2 and 3 of fair value measurements are defined in note 4 below. The Plan adopted the new accounting standards update in the year ended December 31, 2010, except for the provisions of this update that will be effective in the year ended December 31, 2011. The Plan is currently evaluating the impact of its pending adoption on the Plan's financial statements.

In September 2010, the FASB issued an update requiring that participant loans be classified as notes receivable from participants, which are segregated from plan investments and measured at their unpaid principal balance plus any accrued but unpaid interest. The amendments in the update are to be applied retrospectively to all prior periods presented, effective for fiscal years ending after December 15, 2010, with early adoption permitted. The Plan reported participant loans as notes receivable from participants for the period ended December 31, 2009. The Form 5500 will continue to present notes receivable from participants as an investment.

In May 2011, the FASB issued ASU 2011-04, *Fair Value Measurements (Topic 820): Amendments to Achieve Common Fair Value Measurements and Disclosure Requirements in U.S. GAAP and IFRSs,* (ASU 2011-04). ASU 2011-04 amended ASC 820 to converge the fair value measurement guidance in U.S. GAAP and International Financial Reporting Standards (IFRSs). Some of the amendments clarify the application of existing fair value measurement requirements, while other amendments change a particular principle in ASC 820. In addition, ASU 2011-04 requires additional fair value disclosures (although certain of these new disclosures will not be required for nonpublic entities). The amendments are to be applied prospectively and are effective for annual periods beginning after December 15, 2011. Plan management is currently evaluating the effect that the provisions of ASU 2011-04 will have on the Plan's financial statements.

(c) Valuation of Investments

The fair value of SSGA S&P 500 Index Non-Lending Series Fund is reported at the net asset value (NAV) as a practical expedient for fair value. The BNY Mellon Stable Value Fund is reported at the fair value NAV with an adjustment from fair value to contract value for fully benefit-responsive investment contracts, per unit held by the Plan at year end. See note 3 for discussion of benefit-responsive contracts. The fair value of registered investment companies is reported at the NAV per share held by the Plan at year end. Purchases and sales of securities are recorded on a trade-date basis. Interest is recorded as earned. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) in fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

The following investments individually represented 5% or more of the Plan's net assets at December 31, 2010 and 2009:

	2010	2009
Vanguard Target Retirement Fund 2025	$ 9,635,907	2,623,015
Vanguard Target Retirement Fund 2020	6,540,174	1,982,177
Vanguard Target Retirement Fund 2030	6,261,486	1,453,411
BNY Mellon Stable Value Fund (contract value of $6,159,398 and $1,288,005, respectively)	6,252,521	1,307,060
PIMCO Total Return Fund	5,919,492	**
Vanguard Target Retirement Fund 2015	5,368,594	1,258,232
Vanguard Target Retirement Fund 2035	4,313,969	1,276,910
Vanguard Target Retirement Fund 2010	**	878,407
Prudential Jennison Mid-Cap Growth Fund	3,962,135	851,441
JP Morgan Small Cap Equity Fund	3,606,672	**

** Investments individually less than 5% of the Plan's Net Assets at December 31, 2010 or 2009.

(d) Notes Receivable from Participants

Notes receivable from participants are valued at amortized cost. Interest is recorded when earned.

(e) Risk and Uncertainties

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

(f) Payment of Benefits

Distributions are recorded when paid.

(g) Estimates in the Financial Statements

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

(3) Benefit Responsive Contracts

The BNY Mellon Stable Value Fund invests primarily in separately managed asset-backed contracts that are fully benefit-responsive. Asset-backed contracts are entered into for a fee with financial institutions (wrapper contract issuers) to assure contract value liquidity for participant-directed withdrawals, transfers,

or loans. The wrapper contract issuer undertakes to repay the BNY Mellon Stable Value Fund at contract value.

As of December 31, 2010 and 2009, there were no reserves against the wrapper contracts' carrying values due to credit risks of the issuers. Certain events could limit the ability of the Plan to transact at contract value with the issuers of the contracts held by the BNY Mellon Stable Value Fund. Such events could include, but are not limited to, the following: layoffs, bankruptcy, plan termination, mergers, early retirement incentives, and competing fund transfer or violation of equity wash or equivalent rules in place and changes of qualification status of employer or plan. As of December 31, 2010 and 2009, the occurrence of an event outside the normal operation of the BNY Mellon Stable Value Fund which would cause a withdrawal from an investment contract is not considered to be probable. In addition to the limitations noted above, issuers of investment contracts have certain rights to terminate a contract and settle at an amount which differs from contract value. For example, certain breaches by the BNY Mellon Stable Value Fund of its obligations, representations, or warranties under the terms of an investment contract can result in its termination at market value, which may differ from contract value. Investment contracts may also provide for termination with no payment obligation from the issuer if the performance of the contract constitutes a prohibited transaction under ERISA or other applicable law. Synthetic investment contracts may also provide issuers with the right to reduce contract value in the event an underlying security suffers a credit event or the right to terminate the contract in the event certain investment guidelines are materially breached and not cured.

(4) Fair Value Measurements

FASB ASC 820, *Fair Value Measurements and Disclosures* (ASC 820), provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described below:

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

Level 2 Inputs to the valuation methodology include quoted prices for similar assets and liabilities in active markets, and inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the financial instrument.

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

A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement.

The following is a description of the Plan's valuation methodologies for assets measured at fair value.

Common/Collective Trust Funds

The fair value of common/collective trust funds are reported at fair value NAV per unit as a practical expedient for fair value. The common/collective trust funds are classified within Level 2 of the valuation hierarchy.

Registered Investment Companies

The fair value of registered investment companies is reported at NAV of shares held by the Plan at year end. The registered investment companies are classified within Level 1 of the valuation hierarchy.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value:

	Investment assets at fair value as of December 31, 2010			
	Level 1	**Level 2**	**Level 3**	**Total**
Common/collective trust funds:				
Large Cap Fund	$ —	803,258	—	803,258
Fixed Income Fund	—	6,252,521	—	6,252,521
Registered investment companies:				
Short-Term Asset Allocation Funds	2,310,202	—	—	2,310,202
Long-Term Asset Allocation Funds	36,896,918	—	—	36,896,918
Large Cap Funds	4,250,171	—	—	4,250,171
Mid Cap Funds	5,527,557	—	—	5,527,557
Small Cap	3,606,672	—	—	3,606,672
International Large Cap Fund	1,638,570	—	—	1,638,570
U.S. Bond Fund	5,919,492	—	—	5,919,492
Total investment assets at fair value	$ 60,149,582	7,055,779	—	67,205,361

(Continued)

	Investment assets at fair value as of December 31, 2009			
	Level 1	**Level 2**	**Level 3**	**Total**
Common/collective trust funds:				
Large Cap Fund	$ —	140,066	—	140,066
Fixed Income Fund	—	1,307,060	—	1,307,060
Registered investment companies:				
Short-Term Asset Allocation Funds	968,986	—	—	968,986
Long-Term Asset Allocation Funds	9,792,213	—	—	9,792,213
Large Cap Funds	925,236	—	—	925,236
Mid Cap Funds	1,171,691	—	—	1,171,691
Small Cap	468,278	—	—	468,278
International Large Cap Fund	348,574	—	—	348,574
U.S. Bond Fund	616,502	—	—	616,502
Total investment assets at fair value	$ 14,291,480	1,447,126	—	15,738,606

In accordance with the fair value measurements and disclosures guidance, the following table presents the category, fair value, redemption frequency, and redemption notice period for Plan investments that calculate NAV per share (or its equivalent) as of December 31, 2010 and 2009. There are no unfunded commitments.

	2010 Fair value	**2009 Fair value**	**Redemption frequency (if currently eligible)**	**Redemption notice period**
Common/collective trust funds:				
Large Cap Fund (a)	$ 803,258	140,066	Daily	Daily
Fixed Income Fund (b)	6,252,521	1,307,060	Daily	Daily
Total	$ 7,055,779	1,447,126		

(a) This category includes investments in a common/collective trust fund which invests in U.S. equity securities.

(b) This category includes investments in a common/collective trust fund which invests in guaranteed investment contracts, which are high credit quality debt securities held within wrapper contracts.

(5) Federal Income Taxes

The Plan has adopted the Mercer Prototype Defined Contribution Plan – Preferred Profit Sharing/ 401(k) Plan – Nonstandardized (005) (the Prototype Plan). The Internal Revenue Service issued an opinion letter on March 31, 2008 that the Prototype Plan document on which the Plan is based is a qualified plan designed in compliance with applicable sections of the IRC. The Committee believes that the Plan and related trust are designed and are currently being operated in compliance with the applicable requirements

(Continued)

of the IRC and, therefore, the Plan was qualified, and the related trust was tax exempt as of the date of the accompanying financial statements.

U.S. GAAP require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2010 and 2009, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

(6) Related-Party Transactions

Certain Plan investments are shares of common/collective trust funds and registered investment companies managed by an affiliate of the Trustee and are, therefore, a party-in-interest with respect to the Plan. These transactions are covered by an exemption from the "prohibited transaction" provisions of ERISA and the IRC.

(7) Nonexempt Transactions

As reported on Supplemental Schedule 1, certain employee contributions and participant loan repayments were not remitted to the trust within the time frame specified by the Department of Labor's Regulation 29 CFR 2510.3-102 during the year ended December 31, 2010.

(8) Trustee Certification

The Committee has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the Plan has obtained certifications from the Trustee as of December 31, 2010 and 2009 and for the year ended December 31, 2010 and the period from November 1, 2009 (inception) through December 31, 2009, that all of the information provided by the Trustee is complete and accurate. Information included in the accompanying financial statements, notes to financial statements, and supplemental schedule H, line 4i – schedule of assets (held at end of year) as to investments, excluding the fair value of the BNY Mellon Stable Value Fund, notes receivable from participants, and net investment income is presented in reliance solely upon these certifications.

(9) Subsequent Events

The Plan has evaluated subsequent events after the balance sheet date of December 31, 2010 through January 10, 2012, which is the date the financial statements were available to be issued.

(10) Reconciliation of Financial Statements to U.S. Department of Labor Form 5500

Fully benefit-responsive investment contracts are reported on the Form 5500 at fair value but are adjusted to contract value for financial statement presentation. Following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500 as of December 31, 2010 and 2009:

		2010	2009
Net assets available for benefits per financial statements	$	69,316,572	15,840,846
Adjustments from contract value to fair value for fully benefit-responsive investment contracts		93,123	19,055
Net assets available for benefits per Form 5500	$	69,409,695	15,859,901

Following is a reconciliation of the net increase in net assets available for benefits per the financial statements to the Form 5500 for the year ended December 31, 2010 and for the period from November 1, 2009 (inception) through December 31, 2009:

		2010	2009
Net increase in net assets available for benefit per financial statements	$	53,475,726	15,840,846
Net change in adjustments from contract value to fair value for fully benefit-responsive investment contracts		74,068	19,055
Net increase in net assets available for benefit per Form 5500	$	53,549,794	15,859,901

Schedule 1

ASCEND SAVINGS & INVESTMENT PLAN

Schedule H, Part IV, Line 4a – Schedule of Delinquent Participant Contributions

Year ended December 31, 2010

Participant contributions transferred late to plan		Total that constitute nonexempt prohibited transactions			
Check here if late participant loan repayments are included: x		Contributions not corrected	Contributions corrected outside VFCP	Contributions pending correction in VFCP	Total fully corrected under VFCP and PTE 2002-51
$	286,187	$ 286,187	—	—	—

See accompanying independent auditors' report.

Schedule 2

ASCEND SAVINGS & INVESTMENT PLAN

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	Cost	Current value
BNY Mellon	BNY Mellon Stable Value Fund	**	$ 6,252,521
State Street Global Advisors	SSGA S&P 500 Index Non-Lending Series Fund	**	803,258
Vanguard	Vanguard Target Retirement Fund 2025	**	9,635,907
Vanguard	Vanguard Target Retirement Fund 2020	**	6,540,174
Vanguard	Vanguard Target Retirement Fund 2030	**	6,261,486
PIMCO	PIMCO Total Return Fund	**	5,919,492
Vanguard	Vanguard Target Retirement Fund 2015	**	5,368,594
Vanguard	Vanguard Target Retirement Fund 2035	**	4,313,969
Vanguard	Prudential Jennison Mid-Cap Growth Fund	**	3,962,135
Prudential	JP Morgan Small Cap Equity Fund	**	3,606,672
Vanguard	Vanguard Target Retirement Fund 2040	**	2,545,660
Oakmark	Oakmark Equity & Income Fund	**	1,912,870
Mainstay	Mainstay Large Cap Growth Fund	**	1,811,393
Thornburg	Thornburg International Value Fund R5 Class	**	1,638,570
Artisan	Artisan Mid Cap Value Fund Investor Class	**	1,565,422
Vanguard	Vanguard Target Retirement Fund 2010	**	1,392,342
Vanguard	Vanguard Target Retirement Fund 2050	**	1,279,097
Vanguard	Vanguard Target Retirement Fund 2045	**	952,031
Vanguard	Vanguard Target Retirement Income Fund	**	868,140
MFS	MFS Value Fund R3	**	525,908
Vanguard	Vanguard Target Retirement Fund 2005	**	49,720
Participants*	Notes receivable from participants: Interest at 3.25% with maturities through January 2016.	**	2,204,334
	Total assets (Held at End of Year)		$ 69,409,695

* Party-in-interest

** Cost information is not required for participant-directed investments and, therefore is not included.

Certified as complete and accurate by Mercer Trust Company, the Trustee, excluding the BNY Mellon Stable Value Fund.

See accompanying independent auditors' report.

Schedule 3

ASCEND SAVINGS & INVESTMENT PLAN

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

December 31, 2009

Identity of issue, borrower, lessor or similar party	Description of investment	Cost	Current value
BNY Mellon	BNY Mellon Stable Value Fund	**	$ 1,307,060
State Street Global Advisors	SSGA S&P 500 Index Non-Lending Series Fund	**	140,066
Vanguard	Vanguard Target Retirement Fund 2025	**	2,623,015
Vanguard	Vanguard Target Retirement Fund 2020	**	1,982,177
Vanguard	Vanguard Target Retirement Fund 2030	**	1,453,411
Vanguard	Vanguard Target Retirement Fund 2035	**	1,276,910
Vanguard	Vanguard Target Retirement Fund 2015	**	1,258,232
Vanguard	Vanguard Target Retirement Fund 2010	**	878,407
Prudential	Prudential Jennison Mid-Cap Growth Fund	**	851,441
PIMCO	PIMCO Total Return Fund	**	616,502
Vanguard	Vanguard Target Retirement Fund 2040	**	601,713
Mainstay	Mainstay Large Cap Growth Fund	**	473,170
JP Morgan	JP Morgan Small Cap Equity Fund	**	468,278
Oakmark	Oakmark Equity & Income Fund	**	388,260
Vanguard	Vanguard Target Retirement Fund 2050	**	358,849
Thornburg	Thornburg International Value Fund R5 Class	**	348,574
Artisan	Artisan Mid Cap Value Fund Investor Class	**	320,250
Vanguard	Vanguard Target Retirement Fund 2045	**	237,906
Vanguard	Vanguard Target Retirement Income Fund	**	82,842
MFS	MFS Value Fund R3	**	63,806
Vanguard	Vanguard Target Retirement Fund 2005	**	7,737
Participants*	Notes receivable from participants: Interest at 3.25% with maturities through December 2014.		121,295
	Total assets (Held at End of Year)		$ 15,859,901

* Party-in-interest

** Cost information is not required for participant-directed investments and, therefore is not included.

Certified as complete and accurate by Mercer Trust Company, the Trustee, excluding the BNY Mellon Stable Value Fund.

See accompanying independent auditors' report.

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name ASCEND SAVINGS & INVESTMENT PLAN **EIN:** 26-4345777
Plan Sponsor's Name ASCEND PERFORMANCE MATERIALS, LLC **PN:** 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	PRUDENTIAL JENNISON GWTH FD	MUTUAL FUND		851,441
	MFS VALUE FUND R3	MUTUAL FUND		63,806
	OAKMARK EQUITY & INCM FD	MUTUAL FUND		388,260
	MAINSTAY LARGE CAP GWTH FD	MUTUAL FUND		473,170
	PIMCO TOTAL RETURN FUND	MUTUAL FUND		616,502
	SSGA S & P 500 INDEX FUND	COMMON/COLLECTIVE TRUST		140,066
	JP MORGAN SMLL EQUITY FD	MUTUAL FUND		468,278

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name ASCEND SAVINGS & INVESTMENT PLAN **EIN:** 26-4345777
Plan Sponsor's Name ASCEND PERFORMANCE MATERIALS, LLC **PN:** 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	VANGUARD TRGT RTRMNT 2045	MUTUAL FUND		237,906
	VANGUARD TRGT RTRMNT 2050	MUTUAL FUND		358,849
	VANGUARD TRGT RTRMNT INCM	MUTUAL FUND		82,842
	THORNBURG INTNTL VALUE FD	MUTUAL FUND		348,574
	ARTISAN MID CAP VALUE FD	MUTUAL FUND		320,250
	VANGUARD TRGT RTRMNT 2005	MUTUAL FUND		7,737
	VANGUARD TRGT RTRMNT 2010	MUTUAL FUND		878,407

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name ASCEND SAVINGS & INVESTMENT PLAN **EIN:** 26-4345777
Plan Sponsor's Name ASCEND PERFORMANCE MATERIALS, LLC **PN:** 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	VANGUARD TRGT RTRMNT 2015	MUTUAL FUND		1,258,232
	VANGUARD TRGT RTRMNT 2020	MUTUAL FUND		1,982,177
	VANGUARD TRGT RTRMNT 2025	MUTUAL FUND		2,623,015
	VANGUARD TRGT RTRMNT 2030	MUTUAL FUND		1,453,411
	VANGUARD TRGT RTRMNT 2035	MUTUAL FUND		1,276,910
	VANGUARD TRGT RTRMNT 2040	MUTUAL FUND		601,713
	BNY MELLON STABLE VALUE FD	COMMON/COLLECTIVE TRUST		1,307,060

Attachment to 2009 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name ASCEND SAVINGS & INVESTMENT PLAN **EIN:** 26-4345777
Plan Sponsor's Name ASCEND PERFORMANCE MATERIALS, LLC **PN:** 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	LOAN FUND	PARTICIPANT LOANS		121,295