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), 6057(b), 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

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
THE PERSTORP 401(K) RETIREMENT PLAN

1b Three-digit plan number (PN) ▶ 005

1c Effective date of plan 01/01/1989

2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)

PERSTORP POLYOLS, INC.

99 CITIZENS DRIVE
GLASTONBURY, CT 06033-1262

99 CITIZENS DRIVE
GLASTONBURY, CT 06033-1262

2b Employer Identification Number (EIN)
34-1386676

2c Sponsor's telephone number
860-657-5448

2d Business code (see instructions)
325100

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	08/30/2012	DAVID TRACY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

99 CITIZENS DRIVE
GLASTONBURY, CT 06033-1262

3b Administrator's EIN
34-1386676

3c Administrator's telephone number
860-657-5448

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

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	172
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**	147
b	Retired or separated participants receiving benefits	**6b**	46
c	Other retired or separated participants entitled to future benefits	**6c**	
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	193
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	1
f	Total. Add lines **6d** and **6e**	**6f**	194
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	161
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
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:
2G 2J 2K 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)	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)

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

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
THE PERSTORP 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 005

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

D Employer Identification Number (EIN)
34-1386676

Part I Service Provider Information (see instructions)

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

COLUMBIA MANAGEMENT INVESTMENT

41-1533211

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

RIVERSOURCE INVESTMENT ADVISORS

13-3180631

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

CAPITAL RESEARCH AND MANAGEMENT

95-1411037

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

HARRIS ASSOCIATES

04-3276558

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

INVESCO DISTRIBUTORS

76-0528004

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

HARBOR CAPITAL

04-2679462

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

WELLS FARGO BANK, N.A.

94-1347393

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

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

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 ☐

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 ☐

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

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
THE PERSTORP 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 005

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

D Employer Identification Number (EIN)
34-1386676

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: RIVERSOURCE TRUST STABLE CAPITAL II

b Name of sponsor of entity listed in (a): AMERIPRISE TRUST COMPANY

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)
41-0007957-037	C	5523014

a Name of MTIA, CCT, PSA, or 103-12 IE: RIVERSOURCE TRUST EQUITY INDEX II

b Name of sponsor of entity listed in (a): AMERIPRISE TRUST COMPANY

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)
41-0007957-011	C	968275

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
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

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
THE PERSTORP 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 005

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

D Employer Identification Number (EIN)
34-1386676

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	5562	8655
(2) Participant contributions	1b(2)	20365	29582
(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)	436030	446532
(9) Value of interest in common/collective trusts	1c(9)	5092143	6491289
(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)	8946690	7901805
(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	14500790	14877863
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		
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	14500790	14877863

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)	216480	
(B) Participants	2a(1)(B)	733676	
(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)		950156
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)	21334	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		21334
(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)		
(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)		

			(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)		
	(6) Net investment gain (loss) from common/collective trusts	2b(6)		221032
	(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)		-421001
c	Other income	2c		
d	Total income. Add all **income** amounts in column (b) and enter total	2d		771521
	Expenses			
e	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	394448	
	(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)		394448
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)		
	(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		
j	Total expenses. Add all **expense** amounts in column (b) and enter total	2j		394448
	Net Income and Reconciliation			
k	Net income (loss). Subtract line **2j** from line **2d**	2k		377073
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: MEYERS BROTHERS KALICKA PC **(2)** EIN: 04-2713795

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**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		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**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

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
THE PERSTORP 401(K) RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 005

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

D Employer Identification Number (EIN)
34-1386676

Part I Distributions

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

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

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

EIN(s): _____ _____

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

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 (include any prior year accumulated funding deficiency not waived) **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 or other authority 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. If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: _____% 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):

THE PERSTORP 401(k) RETIREMENT PLAN

FINANCIAL STATEMENTS

DECEMBER 31, 2011 AND 2010

THE PERSTORP 401(k) RETIREMENT PLAN
FINANCIAL STATEMENTS

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Supplemental Schedule:	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)*	15

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

*Refers to Form 5500, Schedule H, Line 4i

MEYERS BROTHERS KALICKA, P.C.
CERTIFIED PUBLIC ACCOUNTANTS AND BUSINESS STRATEGISTS

INDEPENDENT AUDITORS' REPORT

To the Participants and Plan Administrator of
The Perstorp 401(k) Retirement Plan

We were engaged to audit the financial statements and supplemental schedule of The Perstorp 401(k) Retirement Plan (the "Plan") as of December 31, 2011 and 2010 and for the years then ended, as listed in the accompanying index. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Wells Fargo Bank, N.A., the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the trustee as of and for the years ended December 31, 2011 and 2010, that the information provided to the plan administrator by the trustee is complete and accurate.

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

Meyers Brothers Kalicka, P.C.

Holyoke, Massachusetts
August 10, 2012

THE PERSTORP 401(K) RETIREMENT PLAN

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2011

	Stable Capital II Fund	Oakmark Equity Income Fund	Equity Index II Fund	Columbia Diversified Equity Income Fund	Harbor International Fund	Growth Fund of America	Columbia Acorn Fund	Invesco Van Kampen Growth and Income	Loan Fund	Unallocated Funds	Total
Participant loans receivable	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 446,532	$ -	$ 446,532
Investments, at fair value											
Shares of common group trusts	5,523,014	-	968,275	-	-	-	-	-	-	-	6,491,289
Shares of registered investment companies	-	1,992,323	-	608,443	1,836,722	855,884	1,417,643	1,190,790	-	-	7,901,805
Contribution receivable											
Employer	-	-	-	-	-	-	-	-	-	8,655	8,655
Employee	-	-	-	-	-	-	-	-	-	29,582	29,582
Net assets available for benefits at fair value	5,523,014	1,992,323	968,275	608,443	1,836,722	855,884	1,417,643	1,190,790	446,532	38,237	14,877,863
Adjustment from fair value to contract value for fully benefit-responsive contracts	(233,048)	-	-	-	-	-	-	-	-	-	(233,048)
Net assets available for benefits	$ 5,289,966	$ 1,992,323	$ 968,275	$ 608,443	$ 1,836,722	$ 855,884	$ 1,417,643	$ 1,190,790	$ 446,532	$ 38,237	$ 14,644,815

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

THE PERSTORP 401(K) RETIREMENT PLAN

STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2010

	Stable Capital II Fund	Oakmark Equity Income Fund	Equity Index II Fund	Columbia Diversified Equity Income Fund	Harbor International Fund	Growth Fund of America	Columbia Acorn Fund	Invesco Van Kampen Growth and Income	Loan Fund	Unallocated Funds	Total
Participant loans receivable	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 436,030	$ -	$ 436,030
Investments, at fair value											
Shares of common group trusts	4,252,004	-	840,139	-	-	-	-	-	-	-	5,092,143
Shares of registered investment companies	-	2,196,097	-	599,681	2,106,586	1,092,772	1,522,282	1,429,272	-	-	8,946,690
Contribution receivable											
Employer	-	-	-	-	-	-	-	-	-	5,562	5,562
Employee	-	-	-	-	-	-	-	-	-	20,365	20,365
Net assets available for benefits at fair value	4,252,004	2,196,097	840,139	599,681	2,106,586	1,092,772	1,522,282	1,429,272	436,030	25,927	14,500,790
Adjustment from fair value to contract value for fully benefit-responsive contracts	(156,655)	-	-	-	-	-	-	-	-	-	(156,655)
Net assets available for benefits	$ 4,095,349	$ 2,196,097	$ 840,139	$ 599,681	$ 2,106,586	$ 1,092,772	$ 1,522,282	$ 1,429,272	$ 436,030	$ 25,927	$ 14,344,135

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

THE PERSTORP 401(K) RETIREMENT PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2011

	Stable Capital II Fund	Oakmark Equity Income Fund	Equity Index II Fund	Columbia Diversified Equity Income Fund	Harbor International Fund	Growth Fund of America	Columbia Acorn Fund	Invesco Van Kampen Growth and Income	Loan Fund	Unallocated Funds	Total
Additions (reductions) to net assets attributed to:											
Interest and dividend income	$ -	$ 27,663	$ -	$ 10,240	$ 40,556	$ 5,968	$ 4,467	$ 16,275	$ 21,334	$ -	$ 126,503
Net appreciation (depreciation) in value of investments	99,521	(36,385)	45,118	(35,069)	(307,984)	(44,873)	(67,426)	(34,433)	-	-	(381,531)
Contributions											
Employer	56,859	35,201	10,249	17,909	33,043	18,113	26,337	15,676	-	3,093	216,480
Employee	192,003	118,324	35,447	67,889	108,331	57,068	102,196	43,201	-	9,217	733,676
Total additions (reductions)	348,383	144,803	90,814	60,969	(126,054)	36,276	65,574	40,719	21,334	12,310	695,128
Deductions from net assets attributed to:											
Participant withdrawals	(48,847)	(46,323)	(19,561)	(2,595)	(38,260)	(51,236)	(21,694)	(167,270)	1,338	-	(394,448)
Interfund activity											
Loans issued	(42,447)	(30,926)	(10,304)	(5,661)	(26,313)	(6,165)	(13,000)	(21,593)	156,409	-	-
Loan principal payments received	30,837	26,227	10,572	5,717	22,682	12,852	15,709	22,649	(147,245)	-	-
Loan interest payments received	4,647	2,933	1,400	959	2,913	2,125	3,222	3,135	(21,334)	-	-
Participant account transfers	902,044	(300,488)	55,215	(50,627)	(104,832)	(230,740)	(154,450)	(116,122)	-	-	-
Net increase (decrease)	1,194,617	(203,774)	128,136	8,762	(269,864)	(236,888)	(104,639)	(238,482)	10,502	12,310	300,680
Net assets, beginning of year	4,095,349	2,196,097	840,139	599,681	2,106,586	1,092,772	1,522,282	1,429,272	436,030	25,927	14,344,135
Net assets, end of year	$ 5,289,966	$ 1,992,323	$ 968,275	$ 608,443	$ 1,836,722	$ 855,884	$ 1,417,643	$ 1,190,790	$ 446,532	$ 38,237	$ 14,644,815

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

THE PERSTORP 401(K) RETIREMENT PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEAR ENDED DECEMBER 31, 2010

	Stable Capital II Fund	Oakmark Equity Income Fund	Equity Index II Fund	Columbia Diversified Equity Income Fund	Harbor International Fund	Growth Fund of America	Columbia Acorn Fund	Invesco Van Kampen Growth and Income	Loan Fund	Unallocated Funds	Total
Additions to net assets attributed to:											
Interest and dividend income	$ -	$ 17,696	$ -	$ 6,762	$ 25,986	$ 8,942	$ 2,309	$ 16,454	$ 26,077	$ -	$ 104,226
Net appreciation in value of investments	203,819	169,310	108,191	72,448	192,981	101,307	313,349	131,654	-	-	1,293,059
Contributions											
Employer	51,105	37,998	11,984	17,048	36,030	16,991	22,258	13,385	-	3,572	210,371
Employee	167,757	133,662	40,973	62,058	120,368	58,885	90,522	36,301	-	11,140	721,666
Total additions	422,681	358,666	161,148	158,316	375,365	186,125	428,438	197,794	26,077	14,712	2,329,322
Deductions from net assets attributed to:											
Participant withdrawals	(54,800)	(62,012)	(27,415)	(1,729)	(35,984)	(75,759)	(45,224)	(77,512)	(27,957)	-	(408,392)
Interfund activity											
Loans issued	(26,786)	(15,935)	(488)	(2,004)	(11,757)	(7,649)	(4,134)	(16,720)	85,473	-	-
Loan principal payments received	24,591	17,269	9,264	4,277	22,777	13,396	13,351	27,867	(132,792)	-	-
Loan interest payments received	5,153	3,136	1,596	983	3,869	2,825	3,624	4,891	(26,077)	-	-
Participant account transfers	520,101	(113,018)	56,077	(29,815)	(262,406)	(202,499)	42,454	(10,894)	-	-	-
Net increase (decrease)	890,940	188,106	200,182	130,028	91,864	(83,561)	438,509	125,426	(75,276)	14,712	1,920,930
Net assets, beginning of year	3,204,409	2,007,991	639,957	469,653	2,014,722	1,176,333	1,083,773	1,303,846	511,306	11,215	12,423,205
Net assets, end of year	$ 4,095,349	$ 2,196,097	$ 840,139	$ 599,681	$ 2,106,586	$ 1,092,772	$ 1,522,282	$ 1,429,272	$ 436,030	$ 25,927	$ 14,344,135

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

1. DESCRIPTION OF PLAN:

The following brief description of the Perstorp 401(k) Retirement Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Summary Plan Description or Plan document for more complete information.

General

The Plan is a defined contribution pension plan covering substantially all employees of Perstorp Polyols, Inc. (the "Company") and those affiliates of the Company who have elected to participate in the Plan. During 2005, Vyncolit North America, Inc. ("Vyncolit") was sold and participants had the option to withdraw their vested balance from the plan or leave their vested balance in the plan. Participants from Vyncolit still have balances in the plan as of December 31, 2011 and 2010. During 2008, the Company purchased a line of business from Rhodia, Inc. and called the new company Perstorp Coatings, Inc. Employees of Perstorp Coatings, Inc. immediately became participants in the Plan. As of December 31, 2011 and 2010, Perstorp Polyols, Inc. and Perstorp Coatings, Inc. are the only two companies participating in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The trustee has sole responsibility for management of the assets held by the Plan. The Company has appointed the Treasurer as Plan Administrator. Further detailed information about the Plan is contained in the summary plan description, available from the Plan Administrator.

Eligibility and benefit provisions

Employees are eligible to participate in the Plan at age 21, and may enter the plan on specified enrollment dates upon attaining six months employment and 1,000 hours of service until September 30, 2011. Effective October 1, 2011, the plan was amended to allow employees to become participants as soon as administratively practical after satisfying any eligibility requirements. Participants shall be paid in a single lump sum as soon as practicable following termination unless they elect to defer distribution to a later date.

The Plan provides for withdrawal of employee benefits upon termination of employment, disability or death. In service withdrawals are also permitted by the Plan beginning at age 59 ½.

Participant accounts

Each participant's account is credited with (a) the participant's contribution, (b) the Company's discretionary matching contribution and (c) plan earnings, reduced by any expenses, if applicable. Allocations are based on participant account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

Forfeited accounts

Forfeitures of terminated participants' non-vested accounts will be used to reduce the Company's matching contribution for each succeeding Plan year, if necessary, until such forfeitures have been exhausted. At December 31, 2011 and 2010, forfeited non-vested accounts totaled $6,289 and $4,509. No forfeitures were used in 2011 and 2010.

Vesting

Employee contributions are 100% vested in the Plan. The Company contributions are vested in increasing percentages until fully vested after five years of service. Vesting refers to benefits to which participants are entitled regardless of future service with the Company.

1. DESCRIPTION OF PLAN: (CONTINUED)

Participant loans
A participant may borrow a minimum of $1,000 and up to the lesser of $50,000 or 50% of the value in the participant's vested account. A participant can have a maximum of two loans outstanding at any time. The loan term shall not exceed five years unless the loan proceeds are applied toward the purchase of a principal residence, in which case the loan term can be up to fifteen years. The portion of the participant's account balance which was loaned to him/her shall be segregated into a separate account. Loans are collateralized by the balance in the participant's vested account and bear interest at prime plus 1% with interest rates ranging from 4.25% to 9.25%. Principal and interest are paid ratably through payroll deductions.

Payment of benefits
On termination of service, death, or retirement, a participant or their beneficiaries may receive a lump-sum amount equal to the value of the participant's vested interest in the participant's account, as defined in the Plan. Distributions are subject to the applicable provisions of the Plan document.

Investment options
Upon participation in the Plan, participants may direct contributions in various investment options and may change their investment options daily. Investment options available are described below.

Ameriprise Riversource Trust Stable Capital II Fund: The primary objective of Ameriprise Riversource Trust Stable Capital II Fund is to preserve principal while maximizing current income through investment in another common, commingled or collective fund which has the same investment objective as this fund and which invests primarily in stable value investments.

Oakmark Equity and Income Fund: The fund invests in equity and fixed-income securities issued by U.S. and foreign companies.

Ameriprise Riversource Trust Equity Index II Fund: Funds are invested in a common group trust administered by Ameriprise Trust Company. The trust invests primarily in common stocks of S&P 500 companies.

Columbia Diversified Equity Income R4 Fund: The investment objective of this fund is to provide a high level of current income with steady growth of capital as a secondary objective by investing in the stock of undervalued companies that are trading at value prices relative to the market.

Harbor International Fund: The fund invests in approximately 15 – 20 developed and emerging countries outside of the United States of America with a focus on stocks with long-term prospects.

The Growth Fund of America: The investment objective of this fund is to seek long-term growth of capital through a diversified portfolio of common stocks.

Columbia Acorn Fund: Funds are invested primarily in shares of small and medium sized companies with capitalizations of less than $5 billion.

Invesco Van Kampen Growth and Income Fund: Funds are invested primarily in income-producing equity securities, including common stocks and convertible securities.

1. DESCRIPTION OF PLAN: (CONTINUED)

Contributions

The Plan provides for eligible employees to contribute 1% to 20% of their annual compensation. Current Internal Revenue Service regulations state that pre-tax contributions are limited to $16,500 for the years ended December 31, 2011 and 2010. The Plan does allow for catch up contributions for participants over age 50.

The Plan provides for discretionary employer contributions for Perstorp Polyols, Inc. employees of 30% to 60% of the first 6% of eligible compensation contributed by the employee. For the years ended December 31, 2011 and 2010, Perstorp Polyols, Inc. matched 50% and 30%, respectively, of the eligible employee contributions up to a maximum of 3% and 1.8%, respectively, of the Internal Revenue Service (the "IRS") wage definition for a highly compensated employee. Any employer contributions not vested by a terminated participant will be used to reduce the employer's matching contribution for the next Plan year.

Employer contributions, participants' pre-tax contributions and the investment income related to all contributions are excluded from the participants' income for federal income tax purposes until such amounts are withdrawn or distributed.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Basis of accounting

The financial statements of the Plan are prepared on the accrual basis of accounting in conformity with generally accepted accounting principles.

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 Plan invests in fully benefit-responsive investment contracts through a stable value fund. The Statement of Net Assets Available for Benefits presents the fair value of the investment in the stable value fund as well as the adjustment of the investment in the stable value fund from the fair value to contract value relating to the investment contracts. The Statement of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

Investment valuation and income recognition

Investments are held in safekeeping by Wells Fargo Bank, N.A. as of December 31, 2011 and 2010. Investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 and fair value measurements below for further discussion.

In accordance with the policy of stating investments at fair value, net unrealized appreciation or depreciation for the year is reflected in the Statements of Changes in Net Assets Available for Benefits. The net appreciation (depreciation) in fair value of its investments consists of realized gains or losses and unrealized appreciation (depreciation) on those investments.

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

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES: (CONTINUED)

Participant loans receivable
Participant loans receivable are recorded at their unpaid balance plus any accrued but unpaid interest. Since the participant's remaining vested investment balance is sufficient to cover the outstanding loan amount, there is no allowance for doubtful accounts at December 31, 2011 and 2010. Interest is calculated and included in the repayment terms of the loan when the loan is initiated and is recognized with the amortization of the loan as each payment is remitted. Loans are monitored for repayment under the original loan terms and defaulted when active participants cease payments past the allowed grace period. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document. For terminated participants, once a distribution is requested, the outstanding loan balance will be netted against the remaining vested investment balance.

Benefit payments
Benefit payments to participants are recorded upon distribution.

Plan expenses
Perstorp Polyols, Inc., the employer and plan sponsor, pays all of the administrative expenses of the Plan, with the exception of loan origination fees, withdrawal fees and investment management fees deducted directly from investments.

Use of estimates
The preparation of the Plan's financial statements in conformity with generally accepted accounting principles requires the Plan Administrator to make significant estimates and assumptions that affect the reported amounts of net assets available for benefits at the date of the financial statements and the changes in net assets available for benefits during the reporting period and, when applicable, disclosures of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

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

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

Level 2 Inputs to the valuation methodology include:

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

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

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES: (CONTINUED)

Fair value measurement (continued)

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

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

Uncertain tax positions

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more-likely-than-not would not be sustained upon examination by the Internal Revenue Service. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2011 there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2008.

3. INFORMATION CERTIFIED BY THE TRUSTEE:

The Plan Administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Accordingly, Wells Fargo Bank, N.A, the trustee, certified to the Plan Administrator the fair value and physical custody of investments and investment transactions as of and for the years ended December 31, 2011 and 2010, and interest and dividend income and change in value of investments included in the Statements of Net Assets and Changes in Net Assets Available for Benefits; and the information contained in Notes 4 and 5 concerning investments held, and information included in the supplemental schedule of assets (held at end of year).

4. FAIR VALUE MEASUREMENTS:

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2011 and 2010.

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

Shares of common group trusts: Valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer or valued based upon fair values of the underlying investments of shares held by the fund.

4. FAIR VALUE MEASUREMENTS: (CONTINUED)

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2011:

	Assets at Fair Value as of December 31, 2011			
	Level 1	Level 2	Level 3	Total
Shares of registered investment companies:				
Balanced fund	$ 1,992,323	$ -	$ -	$ 1,992,323
Equity funds	5,053,598	-	-	5,053,598
Growth fund	855,884	-	-	855,884
Total shares of registered investment companies	7,901,805	-	-	7,901,805
Shares of common group trust	-	-	6,491,289	6,491,289
Total assets at fair value	$ 7,901,805	$ -	$ 6,491,289	$ 14,393,094

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

	Assets at Fair Value as of December 31, 2010			
	Level 1	Level 2	Level 3	Total
Shares of registered investment companies:				
Balanced fund	$ 2,196,097	$ -	$ -	$ 2,196,097
Equity funds	5,657,821	-	-	5,657,821
Growth fund	1,092,772	-	-	1,092,772
Total shares of registered investment companies	8,946,690	-	-	8,946,690
Shares of common group trust	-	-	5,092,143	5,092,143
Total assets at fair value	$ 8,946,690	$ -	$ 5,092,143	$ 14,038,833

4. FAIR VALUE MEASUREMENTS: (CONTINUED)

Level 3 gains and losses

The following table sets forth a summary of changes in the fair value of the Plan's level 3 assets for the years ended December 31, 2011 and 2010.

	Shares of Common Group Trusts
Balance, January 1, 2010	$ 3,942,185
Purchases	888,601
Sales	(109,489)
Net appreciation in value of investments	370,846
Balance, December 31, 2010	5,092,143
Purchases	1,299,273
Sales	(121,159)
Net appreciation in value of investments	221,032
Balance, December 31, 2011	$ 6,491,289

The amount of appreciation included in the Statement of Changes in Net Assets Available for Benefits relating to assets still held as of December 31, 2011 and 2010 totaled $144,639 and $312,010, respectively.

5. INVESTMENTS:

Assets representing 5% of net assets held for investment purposes by the Plan at December 31, 2011 and 2010 are as follows:

	2011	2010
Ameriprise Riversource Trust Stable Capital II Fund	$ 5,289,966	$ 4,095,349
Oakmark Equity and Income Fund	1,992,323	2,196,097
Ameriprise Riversource Trust Equity Index II Fund	968,275	840,139
Harbor International Fund	1,836,722	2,106,586
The Growth Fund of America	855,884	1,092,772
Columbia Acorn Fund	1,417,643	1,522,282
Invesco Van Kampen Growth and Income Fund	1,190,790	1,429,272

5. INVESTMENTS: (CONTINUED)

During 2011 and 2010, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value on a contract value basis as shown below. All investments are participant directed.

	2011	2010
Shares of registered investment companies	$ (526,170)	$ 981,049
Shares of common group trusts	144,639	312,010
Total investment (depreciation) appreciation	$ (381,531)	$ 1,293,059

6. TAX STATUS:

The Plan received an updated determination letter on November 5, 2008 in which the Internal Revenue Service states that the Plan, as then designed, was in compliance with Section 401(a) of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan Administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

7. RISKS AND UNCERTAINTIES:

The Plan provides for various investment fund options in any combination of stocks, bonds, fixed income securities, mutual funds, and other investment securities. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statement of Net Assets Available for Benefits.

8. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500:

The following is a reconciliation of the Plan's net assets available for benefits per the accompanying financial statements to the Form 5500 as of December 31:

	2011	2010
Net assets available for benefits per the financial statements	$ 14,644,815	$ 14,344,135
Plus: Adjustment from contract value to fair value for fully benefit-responsive investment contract	233,048	156,655
Net assets available for benefits per 5500	$ 14,877,863	$ 14,500,790

8. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500: (CONTINUED)

The following is a reconciliation of the change in net assets available for benefits per the accompanying financial statements to the Form 5500 for the years ended December 31:

	2011	2010
Net increase in net assets available for benefits per the financial statements	$ 300,680	$ 1,920,930
Plus: Adjustment from contract value to fair value for fully benefit-responsive investment contract	76,393	58,836
Net increase per Form 5500	$ 377,073	$ 1,979,766

9. SUBSEQUENT EVENTS:

Partial plan termination

On May 31, 2012, the shares of stock of Perstorp Coatings, Inc. were transferred to a joint venture owned by Perstorp Holding AB (49%) and PTT Global Chemical Company (51%). As a result of this change in ownership, employees of Perstorp Coatings, Inc. are no longer allowed to defer contributions into the Perstorp 401(k) Retirement Plan as of May 31, 2012. All active employees of Perstorp Coatings, Inc. became fully vested in their account balances at that date.

The Plan Administrator has evaluated subsequent events through August 10, 2012, the date on which the financial statements were available to be issued.

SUPPLEMENTAL SCHEDULE

THE PERSTORP 401(K) RETIREMENT PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2011

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investments, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Ameriprise Riversource Trust Stable Capital II Fund	Stable value fund, 227,525.432 units	**	$ 5,523,014
	Oakmark Equity and Income Fund	Mutual fund, 73,653.331 units	**	1,992,323
	Ameriprise Riversource Trust Equity Index II Fund	Mutual fund, 23,388.253 units	**	968,275
	Columbia Diversified Equity Income R4 Fund	Mutual fund, 64,453.676 units	**	608,443
	Harbor International Fund	Mutual fund, 35,240.248 units	**	1,836,722
	The American Funds Group, The Growth Fund of America	Mutual fund, 30,009.893 units	**	855,884
	Columbia Acorn Fund	Mutual fund, 64,453.676 units	**	1,417,643
	Invesco Van Kampen Growth and Income Fund	Mutual fund, 64,124.391 units	**	1,190,790
*	Participant loans	Loans to various participants (4.25% - 9.25%)	-0-	446,532
				$ 14,839,626

Employer Identification Number: 34-1386676
Plan Number: 005

An "*" in column (a) identifies those "parties in interest" as defined in the Department of Labor regulations.

An "**" in column (d) identifies "cost information omitted" with respect to participant directed investments as defined in the Department of Labor regulations.

THE PERSTORP 401(K) RETIREMENT PLAN

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2011

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investments, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Ameriprise Riversource Trust Stable Capital II Fund	Stable value fund, 227,525.432 units	**	$ 5,523,014
	Oakmark Equity and Income Fund	Mutual fund, 73,653.331 units	**	1,992,323
	Ameriprise Riversource Trust Equity Index II Fund	Mutual fund, 23,388.253 units	**	968,275
	Columbia Diversified Equity Income R4 Fund	Mutual fund, 64,453.676 units	**	608,443
	Harbor International Fund	Mutual fund, 35,240.248 units	**	1,836,722
	The American Funds Group, The Growth Fund of America	Mutual fund, 30,009.893 units	**	855,884
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