

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 <u>01/01/2011</u> and ending <u>12/31/2011</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>H.C. STARCK, INC. SAVINGS AND RETIREMENT PLAN</u>	1b Three-digit plan number (PN) ► <u>001</u> 1c Effective date of plan <u>02/01/2007</u>
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>H.C. STARCK, INC.</u> <u>1250 E. 222ND STREET</u> <u>EUCLID, OH 44117</u>	2b Employer Identification Number (EIN) <u>04-2582014</u> 2c Sponsor's telephone number <u>216-692-6947</u> 2d Business code (see instructions) <u>331400</u>

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>08/30/2012</u>	<u>LAUREL A. HILDEBRAND</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>08/30/2012</u>	<u>LAUREL A. HILDEBRAND</u>
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2011)
v.012611

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") H.C. STARCK, INC. 1250 E. 222ND STREET EUCLID, OH 44117	3b Administrator's EIN 04-2582014 3c Administrator's telephone number 216-692-6947
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	799
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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	605
b Retired or separated participants receiving benefits.....	6b	1
c Other retired or separated participants entitled to future benefits.....	6c	180
d Subtotal. Add lines 6a , 6b , and 6c	6d	786
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	786
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	782
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	15

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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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 2T

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

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 H.C. STARCK, INC. SAVINGS AND RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 H.C. STARCK, INC.	D Employer Identification Number (EIN) 04-2582014	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
THE VANGUARD GROUP, INC.

23-1945930

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

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

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

THE VANGUARD GROUP, INC.

23-1945930

(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?
15 25 26 37 52 59	NONE	42578	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

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
THE VANGUARD GROUP, INC.	99	0
(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.	
ROYCE AND ASSOCIATES, INC. 13-3742929	10 - BASIS POINTS	
(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.
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan <u>H.C. STARCK, INC. SAVINGS AND RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>H.C. STARCK, INC.</u>	D Employer Identification Number (EIN) <u>04-2582014</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD RETIREMENT SAVINGS TRUST

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

c EIN-PN <u>23-2186884-022</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>14864649</u>
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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)
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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)
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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)
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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)
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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)
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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)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 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 H.C. STARCK, INC. SAVINGS AND RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 H.C. STARCK, INC.	D Employer Identification Number (EIN) 04-2582014	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	151152	154674
	(2) Participant contributions	1b(2)	79160	84005
	(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)	1365844	1338142
	(9) Value of interest in common/collective trusts	1c(9)	12864013	14864649
	(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)	58306243	57914953
	(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
	(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	72766412	74356423

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 through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	72766412	74356423
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	4237228	
(B) Participants	2a(1)(B)	2801564	
(C) Others (including rollovers)	2a(1)(C)	361761	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		7400553
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)	69541	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		69541
(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)	1479436	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1479436
(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)		579259
(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)		-1647890
c Other income.....	2c		4761
d Total income. Add all income amounts in column (b) and enter total.....	2d		7885660

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6198612	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)	4264	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		6202876
f Corrective distributions (see instructions)	2f		33087
g Certain deemed distributions of participant loans (see instructions).....	2g		18898
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)	40788	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		40788
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		6295649

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1590011
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: **SS & G INC.**

(2) EIN: **34-1945695**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		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 <u>H.C. STARCK, INC. SAVINGS AND RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>H.C. STARCK, INC.</u>	D Employer Identification Number (EIN) <u>04-2582014</u>

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>23-2186884</u>	
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (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): _____

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INDEPENDENT AUDITORS' REPORT

To the Participants and Administrator of the
H.C. Starck Inc. Savings and Retirement Plan
Cleveland, Ohio

We were engaged to audit the accompanying statements of net assets available for benefits of the H.C. Starck Inc. Savings and Retirement Plan (the Plan) as of December 31, 2011 and 2010, and the related statements of changes in net assets available for benefits for the years then ended, and the supplemental schedule of assets (held at end of year) as of December 31, 2011. 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 and Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information summarized in Note D, which was certified by Vanguard Fiduciary Trust Company, 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 a certification 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 purposes of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee 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.

SS&G

August 22, 2012

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services that
bring solutions***

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The Leading Edge Alliance

**H. C. STARCK INC.
SAVINGS AND
RETIREMENT PLAN**

***FINANCIAL
STATEMENTS***

***FOR THE
YEARS ENDED
DECEMBER 31,
2011 AND 2010***

H.C. STARCK INC. SAVINGS AND RETIREMENT PLAN

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To the Participants and Administrator of the
H.C. Starck Inc. Savings and Retirement Plan
Cleveland, Ohio

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August 22, 2012

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H.C. STARCK INC. SAVINGS AND RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	<u>DECEMBER 31,</u>	
	<u>2011</u>	<u>2010</u>
ASSETS		
Investments, at fair value		
Registered investment companies	\$ 57,914,953	\$ 58,306,243
Common collective trust	<u>14,864,649</u>	<u>12,864,013</u>
Total investments	72,779,602	71,170,256
Receivables		
Employer contributions	154,674	151,152
Participant contributions	84,005	79,160
Notes receivable from participants	<u>1,381,507</u>	<u>1,399,782</u>
Total receivables	<u>1,620,186</u>	<u>1,630,094</u>
Net assets available for benefits at fair value	74,399,788	72,800,350
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	<u>(713,225)</u>	<u>(518,787)</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 73,686,563</u>	<u>\$ 72,281,563</u>

See accompanying notes to financial statements.

H.C. STARCK INC. SAVINGS AND RETIREMENT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	FOR THE YEARS ENDED DECEMBER 31,	
	<u>2011</u>	<u>2010</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Net (depreciation) appreciation in fair value of investments	\$ (1,647,890)	\$ 5,552,659
Interest and dividends	1,864,257	1,554,331
Interest income on notes receivable from participants	69,541	86,418
Other	<u>4,761</u>	<u>297</u>
	290,669	7,193,705
Contributions		
Employer's	4,237,228	4,197,908
Participants'	2,801,564	2,541,981
Rollovers	<u>361,761</u>	<u>804,798</u>
	7,400,553	7,544,687
	7,691,222	14,738,392
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefits paid to participants	6,241,170	5,953,698
Administrative and other expenses	<u>45,052</u>	<u>36,654</u>
	6,286,222	5,990,352
NET INCREASE	1,405,000	8,748,040
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>72,281,563</u>	<u>63,533,523</u>
End of year	<u>\$ 73,686,563</u>	<u>\$ 72,281,563</u>

See accompanying notes to financial statements.

H.C. STARCK INC. SAVINGS AND RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE A - Plan description

The following description of the H.C. Starck, Inc. (Company or Employer) Savings and Retirement Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan established effective February 1, 2007. The Plan covers all eligible employees of the Company (as defined). The Plan is subject to the provisions of the Internal Revenue Code (IRC) and the Employee Retirement Income Security Act of 1974 (ERISA).

The Company established the Plan in connection with the sale of the Company by Bayer Corporation. Assets attributable to account balances of eligible employees who were previously participants in the Bayer Corporation Savings and Retirement Plan were transferred to and became eligible to participate in the Plan on March 12, 2007.

Eligibility

Employees are eligible to become participants in the Plan on their date of hire.

Participant accounts

Each participant's account is credited with the participant's contribution and earnings thereon and an allocation of (a) the Company matching contribution, (b) the Company retirement contribution, and (c) Plan earnings. The benefit to which a Plan participant is entitled is the amount that can be provided from the participant's vested balance.

Employer contributions

The Company will make both matching contributions and retirement contributions on behalf of participants. The Company will make a matching contribution equal to 100% of the first 2% of a participant's deferral and 50% of the next 4% of a participant's deferral for a total matching contribution of 4% of compensation on a 6% deferral. Matching contributions are allocated to participant accounts as soon as practical following each bi-weekly pay period among the investment funds available in the same proportion as elected by the participants.

The Company will make a retirement contribution equal to 5% of compensation on behalf of all eligible employees as soon as practical following each bi-weekly pay period. In addition, any eligible employee employed on December 31, 2005 who participated in the Bayer Corporation Pension Plan or the H.C. Starck Retirement Plan - CSM and whose age and service equaled or exceeded 36 years, will receive an additional retirement contribution (as defined).

H.C. STARCK INC. SAVINGS AND RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE A - Plan description, continued

Participant contributions

Employees who elect to participate may make pre-tax deferral contributions to the Plan of up to 30% of their Plan compensation, as defined, subject to the maximum allowable by law. Participants whose employee pre-tax contributions are limited by statutory requirements may make additional catch-up contributions starting in the calendar year during which they reach the age of 50. Participants may also contribute amounts representing distributions from other qualified defined retirement savings plans, termed “rollover contributions.”

Vesting

Participants are 100% vested in their voluntary deferral contributions, the Company matching contributions and actual earnings thereon. Company retirement contributions and earnings thereon become vested after three years of service.

Notes receivable from participants

Participants are eligible to take out loans against amounts accumulated in the Plan on their behalf, subject to limitations as provided in the Plan. The Plan limits loans to a maximum of \$50,000 minus the difference, if any, between the participant’s highest loan balance during the previous one-year period preceding the date the new loan is to be made and the participant’s outstanding loan balance the day before receiving the new loan; or, fifty percent of the participant’s vested account balance, whichever is less. As of January 1, 2010, participants can only have one loan outstanding under the Plan at any time. However, any participant who had up to three loans outstanding as of December 31, 2009 may continue to pay back said loans as regularly scheduled. The loans are repayable over a five-year period, unless used to acquire a principal residence, and bear interest at rates which are commensurate with local market rates. Interest rates range from 4.25% to 9.25% on loans outstanding at December 31, 2011.

Payment of benefits

Upon attaining age 59 ½, a participant may elect to withdraw funds from the Plan. In addition, upon existence of substantial hardship, withdrawals are available to Plan participants. Upon termination of service, a participant may elect to receive a lump-sum amount equal to the value of his or her account, or annual installments over a specified period. With respect to distributions, if the vested balance is greater than \$1,000 and less than \$5,000 and the participant does not make an election to either receive or to rollover the distribution, the distribution must be rolled over to an IRA. If the vested balance is \$1,000 or less, the form of distribution remains as a single lump sum payment. Participants over the age of 70 ½, who are still employees of the Company, can elect to defer their required minimum distribution benefit payments until retirement. However, upon actual retirement or in the event that the participant is a 5% owner and has reached the age of 70 ½, required minimum benefit payments must begin (as defined).

H.C. STARCK INC. SAVINGS AND RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE A - Plan description, continued

Forfeitures

Forfeitures of Company contributions are used to reduce future Company contributions. At December 31, 2011 and 2010, forfeited nonvested accounts totaled \$61,422 and \$117,342, respectively. During 2011 and 2010 forfeited nonvested amounts of \$289,068 and \$85,331 were used to reduce Company contributions, respectively.

NOTE B - Summary of significant accounting policies

Basis of accounting

The Plan's financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Investment valuation and income recognition

The Plan's 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 C for discussion of fair value measurements.

The Accounting Standards Codification (ASC) Topic on *Defined Contribution Pension Plans* requires that investment contracts held by a defined contribution plan 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 present the fair value of the common collective trust as well as the adjustment from fair value to contract value. The Statements of Changes in Net Assets Available for Benefits is prepared on a contract value basis.

The Plan presents in the Statements of Changes in Net Assets Available for Plan Benefits the net (depreciation) appreciation in the fair value of its investments, which consists of the realized gains or losses and the unrealized appreciation or depreciation on those investments.

Investment transactions are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends, including capital gain distributions, are recorded on the ex-dividend date.

Notes receivable from participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan document.

Benefit payments

Benefit payments to participants are recorded when paid.

H.C. STARCK INC. SAVINGS AND RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE B - Summary of significant accounting policies, continued

Expenses

The majority of expenses incurred in the administration of the Plan are charged to and paid by the Company, except for per participant account maintenance fees, which are deducted from the individual participant accounts, and fees related to participant loans, which are paid by the individual accounts of the participants utilizing the loan feature.

Use of estimates

The preparation of the 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 disclosure of contingent liabilities and the reported amounts of additions to and deductions from net assets during the reporting period. Actual results could differ from those estimates.

Risks and uncertainties

The Plan provides for various investment options through the use of mutual funds. Investment securities are exposed to various risks, such as interest rate and market fluctuations. Due to the level of risk associated with certain investment securities, as well as the level of uncertainty related to changes in the value of the investment securities, it is at least reasonably possible that changes in the values of investment securities in the near term would materially affect participants' account balances and the amounts reported in the financial statements.

Evaluation of subsequent events

The Company has evaluated subsequent events through August 22, 2012, which is the date the financial statements were available to be issued, and has determined that there were no subsequent events that have occurred through that date that have not already been reflected in the financial statements and/or disclosed in the notes.

H.C. STARCK INC. SAVINGS AND RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE C - Fair value measurements

Fair Value Measurements and Disclosures defines fair value and provides guidance for measuring fair value and expands disclosures about fair value measurements in accordance with accounting principles generally accepted in the United States of America. *Fair Value Measurements and Disclosures* does not require any new fair value measurements, but rather applies to all other accounting pronouncements that require or permit fair value measurements.

Fair Value Measurements and Disclosures establishes a 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 unobserved inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

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

Level 2: Inputs to the valuation methodology include:

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

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

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

The asset's 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.

H.C. STARCK INC. SAVINGS AND RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE C - Fair value measurements, continued

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.

Registered investment companies-Mutual funds: Valued at the net asset value of shares held by the Plan at year-end.

Common collective trust – Stable value fund: The fair values of participation units in the stable value collective trust are based upon the net asset values of such fund, after adjustments to reflect all fund investments at fair value, including direct and indirect interests in fully benefit-responsive contracts, as reported in the audited financial statements of the fund (Level 2 inputs). The fund invests in conventional and synthetic investment contracts issued by various companies and institutions, with the objective of providing a high level of return that is consistent with also provided stability of investment return, preservation of capital and liquidity to pay plan benefits of its retirement plan investors. There are no redemption restrictions upon which the participant may redeem investments in the fund. However, the Plan is required to provide a one-year redemption notice to liquidate its entire investment in the fund.

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 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.

H.C. STARCK INC. SAVINGS AND RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE C - Fair value measurements, continued

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

	Fair Value Measurements at Reporting Date Using			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds				
Bond funds	\$ 8,116,165	\$ -	\$ -	\$ 8,116,165
Balanced funds (stocks and bonds)	20,863,742	-	-	20,863,742
Money market funds	85,570	-	-	85,570
Domestic stock funds	22,242,124	-	-	22,242,124
International stock funds	<u>6,607,352</u>	<u>-</u>	<u>-</u>	<u>6,607,352</u>
Total mutual funds	57,914,953	-	-	57,914,953
Common collective trust				
Stable value fund	<u>-</u>	<u>14,864,649</u>	<u>-</u>	<u>14,864,649</u>
Balance at December 31, 2011	<u>\$ 57,914,953</u>	<u>\$ 14,864,649</u>	<u>\$ -</u>	<u>\$72,779,602</u>

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

	Fair Value Measurements at Reporting Date Using			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds				
Bond funds	\$ 7,424,616	\$ -	\$ -	\$ 7,424,616
Balanced funds (stocks and bonds)	20,172,285	-	-	20,172,285
Money market funds	141,391	-	-	141,391
Domestic stock funds	22,524,294	-	-	22,524,294
International stock funds	<u>8,043,657</u>	<u>-</u>	<u>-</u>	<u>8,043,657</u>
Total mutual funds	58,306,243	-	-	58,306,243
Common collective trust				
Stable value fund	<u>-</u>	<u>12,864,013</u>	<u>-</u>	<u>12,864,013</u>
Balance at December 31, 2010	<u>\$ 58,306,243</u>	<u>\$ 12,864,013</u>	<u>\$ -</u>	<u>\$71,170,256</u>

H.C. STARCK INC. SAVINGS AND RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE D – Investments/Notes receivable from participants (unaudited)

All investment and notes receivable from participants information disclosed in the accompanying financial statements and supplemental schedule, including investments and notes receivable from participants held at December 31, 2011 and 2010, and the net (depreciation) appreciation in fair value of investments and interest and dividends for the years ended December 31, 2011 and 2010, were obtained or derived from information supplied to the plan administrator and certified as complete and accurate by the trustee, Vanguard Fiduciary Trust Company.

Investments included in registered investment companies and the common collective trust on the Statements of Net Assets Available for Benefits, that represent 5% or more of the Plan's net assets, are separately identified as of December 31:

	<u>2011</u>	<u>2010</u>
Registered investment companies		
Vanguard 500 Index Fund Investor Shares	\$ 9,326,297	\$ 9,044,085
Vanguard Wellington Fund Investor Shares	7,067,764	6,508,801
Vanguard Total Bond Market Index Fund Investor Shares	6,449,907	6,036,682
Vanguard PRIMECAP Fund Investor Shares	4,991,214	5,308,902
Vanguard Target Retirement 2025 Fund	3,830,044	**
Vanguard Total International Stock Index Fund	**	4,074,220
Common collective trust		
Vanguard Retirement Savings Trust	14,864,649	12,864,013

** Amount represented less than 5% of Plan's net assets.

The Plan's investments in registered investment companies (including investments purchased, sold and held during the year) (depreciated) appreciated in value by \$(1,647,890) and \$5,552,659 for the years ended December 31, 2011 and 2010, respectively.

NOTE E - Plan termination

Although it has not expressed any interest to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accounts.

H.C. STARCK INC. SAVINGS AND RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE F - Tax status

The Plan obtained its latest determination letter on October 14, 2010, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The Plan has been amended since receiving the determination letter. However, the Plan Administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC.

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 tax authorities. 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 positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for Plan years prior to 2008.

NOTE G - Party-in-interest transactions

The Plan invests in shares of registered investment companies and a common collective trust which are managed by affiliates of the Trustee. Transactions in such investments qualify as party-in-interest transactions. Participant loans also constitute party-in-interest transactions. Fees paid to the trustee by the Plan amounted to \$45,052 and \$36,654 for the years ended December 31, 2011 and 2010, respectively.

NOTE H - Differences between financial statements and Forms 5500

Differences exist between the accompanying financial statements and the amounts reported in the 2011 and 2010 Forms 5500. Differences resulted from loans deemed to be in default in 2011 and 2010 and distributed to the participants in that same year respectively. For Form 5500 purposes, defaulted loans are considered a deemed distribution to the participants. For financial statement purposes, the loans are still considered to be assets due to them being secured by the participant's account and also due to the Plan allowing for participants to designate in what investment programs their account balances should be invested. A difference also resulted from the financial statements reporting the value of the Plan's fully-benefit responsive guaranteed investment contract at contract value whereas the Form 5500 reports the value of the investment at fair value.

H.C. STARCK INC. SAVINGS AND RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE H - Differences between financial statements and Forms 5500, continued

The following is a reconciliation of net assets available for benefits per the financial statements to the Forms 5500 at December 31:

	<u>2011</u>	<u>2010</u>
Net assets per the financial statements	\$ 73,686,563	\$ 72,281,563
Less: Deemed distribution of participant loan	(43,365)	(33,938)
Plus: Adjustment from contract value to fair value for fully benefit-responsive investment contracts	<u>713,225</u>	<u>518,787</u>
Net assets per the Forms 5500	<u>\$ 74,356,423</u>	<u>\$ 72,766,412</u>

The following is a reconciliation of total deductions per the financial statements to the Forms 5500 for the years ended December 31:

	<u>2011</u>	<u>2010</u>
Deductions paid per the financial statements	\$ 6,286,222	\$ 5,990,352
Plus: Deemed distribution of participant loan	18,898	33,938
Less: Reversal of deemed loans recognized incorrectly in prior year	<u>(9,471)</u>	<u>-</u>
Deductions per the Forms 5500	<u>\$ 6,295,649</u>	<u>\$ 6,024,290</u>

The following is a reconciliation of total additions/income per the financial statements to the Forms 5500 for the years ended December 31:

	<u>2011</u>	<u>2010</u>
Total additions per the financial statements	\$ 7,691,222	\$ 14,738,392
Plus: Adjustment from contract value to fair value for fully benefit-responsive investment contracts	<u>194,438</u>	<u>196,066</u>
Total income per the Forms 5500	<u>\$ 7,885,660</u>	<u>\$ 14,934,458</u>

H.C. STARCK INC. SAVINGS AND RETIREMENT PLAN**EIN: 04-2582014****PLAN NO: 001****SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)****DECEMBER 31, 2011**

(a)	(b)	(c)	(e)
	Identity of issue, borrower, <u>lessor or similar party</u>	Description of investment (including maturity date, rate of interest, <u>collateral, par or maturity value</u>)	<u>Current Value</u>
	<u>Registered Investment Companies</u>		
*	Vanguard 500 Index Fund Investor Shares	Registered Investment Company	\$ 9,326,297
*	Vanguard Wellington Fund Investor Shares	Registered Investment Company	7,067,764
*	Vanguard Total Bond Market Index Fund Investor Shares	Registered Investment Company	6,449,907
*	Vanguard PRIMECAP Fund Investor Shares	Registered Investment Company	4,991,214
*	Vanguard Target Retirement 2025 Fund	Registered Investment Company	3,830,044
*	Vanguard Total International Stock Index Fund	Registered Investment Company	3,433,811
*	Vanguard Extended Market Index Fund Investor Shares	Registered Investment Company	2,805,357
*	Vanguard Target Retirement 2035 Fund	Registered Investment Company	2,515,309
*	Vanguard Explorer Fund Investor Shares	Registered Investment Company	2,499,711
*	Vanguard Target Retirement 2015 Fund	Registered Investment Company	2,409,342
*	Vanguard International Growth Fund Investor Shares	Registered Investment Company	2,387,276
	Columbia Dividend Income Fund; Class Z	Registered Investment Company	2,010,780
*	Vanguard Inflation-Protected Securities Fund Investor Shares	Registered Investment Company	1,666,258
*	Vanguard Target Retirement 2045 Fund	Registered Investment Company	1,019,771
*	Vanguard Target Retirement 2020 Fund	Registered Investment Company	1,005,957
*	Vanguard Target Retirement 2010 Fund	Registered Investment Company	808,960
*	Vanguard International Value Fund	Registered Investment Company	786,265
*	Vanguard Target Retirement 2030 Fund	Registered Investment Company	708,684
	Royce Fund: Royce Total Return Fund; Investment Class	Registered Investment Company	608,765
*	Vanguard Target Retirement 2040 Fund	Registered Investment Company	489,835
*	Vanguard Target Retirement Income	Registered Investment Company	358,844
*	Vanguard Target Retirement 2050 Fund	Registered Investment Company	329,831
*	Vanguard Target Retirement 2055 Fund	Registered Investment Company	188,624
*	Vanguard Target Retirement 2005 Fund	Registered Investment Company	130,777
*	Vanguard Prime Money Market Fund	Registered Investment Company	85,570
	Total Registered Investment Companies		57,914,953
	<u>Common Collective Trust</u>		
*	Vanguard Retirement Savings Trust	Common Collective Trust	14,864,649
*	Participant Loans	4.25% to 9.25%	1,381,507
			<u>\$ 74,161,109</u>
*	Indicates party-in-interest to the Plan		

See accompanying notes to financial statements.

H.C. STARCK INC. SAVINGS AND RETIREMENT PLAN**EIN: 04-2582014****PLAN NO: 001****SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)****DECEMBER 31, 2011**

(a)	(b)	(c)	(e)
	Identity of issue, borrower, <u>lessor or similar party</u>	Description of investment (including maturity date, rate of interest, <u>collateral, par or maturity value</u>)	<u>Current Value</u>
	<u>Registered Investment Companies</u>		
*	Vanguard 500 Index Fund Investor Shares	Registered Investment Company	\$ 9,326,297
*	Vanguard Wellington Fund Investor Shares	Registered Investment Company	7,067,764
*	Vanguard Total Bond Market Index Fund Investor Shares	Registered Investment Company	6,449,907
*	Vanguard PRIMECAP Fund Investor Shares	Registered Investment Company	4,991,214
*	Vanguard Target Retirement 2025 Fund	Registered Investment Company	3,830,044
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*	Vanguard Target Retirement 2015 Fund	Registered Investment Company	2,409,342
*	Vanguard International Growth Fund Investor Shares	Registered Investment Company	2,387,276
	Columbia Dividend Income Fund; Class Z	Registered Investment Company	2,010,780
*	Vanguard Inflation-Protected Securities Fund Investor Shares	Registered Investment Company	1,666,258
*	Vanguard Target Retirement 2045 Fund	Registered Investment Company	1,019,771
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	Royce Fund: Royce Total Return Fund; Investment Class	Registered Investment Company	608,765
*	Vanguard Target Retirement 2040 Fund	Registered Investment Company	489,835
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*	Vanguard Prime Money Market Fund	Registered Investment Company	85,570
	Total Registered Investment Companies		57,914,953
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*	Vanguard Retirement Savings Trust	Common Collective Trust	14,864,649
*	Participant Loans	4.25% to 9.25%	1,381,507
			<u>\$ 74,161,109</u>
*	Indicates party-in-interest to the Plan		

See accompanying notes to financial statements.