

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>CHEMETALL CORPORATION RETIREMENT PLAN</u>	1b Three-digit plan number (PN) ► <u>002</u> 1c Effective date of plan <u>01/01/1992</u>
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>CHEMETALL US, INC.</u> <u>675 CENTRAL AVENUE</u> <u>NEW PROVIDENCE, NJ 07974-1560</u>	2b Employer Identification Number (EIN) <u>22-3140731</u> 2c Sponsor's telephone number <u>908-464-6900</u> 2d Business code (see instructions) <u>325100</u>

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/11/2012</u>	<u>JUDY HABBART</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2011)
v.012611

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") CHEMETALL US, INC. 675 CENTRAL AVENUE NEW PROVIDENCE, NJ 07974-1560	3b Administrator's EIN 22-3140731 3c Administrator's telephone number 908-464-6900
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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	354
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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	133
b Retired or separated participants receiving benefits.....	6b	95
c Other retired or separated participants entitled to future benefits.....	6c	111
d Subtotal. Add lines 6a , 6b , and 6c	6d	339
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	14
f Total. Add lines 6d and 6e	6f	353
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

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:

1A 1G 1I 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)	9b Plan benefit arrangement (check all that apply)
(1) ☐ Insurance	(1) ☐ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☒ Trust	(3) ☒ Trust
(4) ☐ General assets of the sponsor	(4) ☐ General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 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

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

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

A Name of plan <u>CHEMETALL CORPORATION RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>CHEMETALL US, INC.</u>	D Employer Identification Number (EIN) <u>22-3140731</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2011</u>
2	Assets:
a	Market value 2a <u>14502629</u>
b	Actuarial value 2b <u>13392453</u>
3	Funding target/participant count breakdown:
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a <u>103</u> <u>6640162</u>
b	For terminated vested participants 3b <u>114</u> <u>3973285</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>206237</u>
(2)	Vested benefits 3c(2) <u>6408464</u>
(3)	Total active 3c(3) <u>137</u> <u>6614701</u>
d	Total 3d <u>354</u> <u>17228148</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐
a	Funding target disregarding prescribed at-risk assumptions 4a
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor 4b
5	Effective interest rate 5 <u>6.30 %</u>
6	Target normal cost 6 <u>0</u>

Statement by Enrolled Actuary

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

SIGN HERE	<u>10/05/2012</u>
Signature of actuary	Date
<u>CHRISTOPHER J. YURWITZ</u>	<u>11-06958</u>
Type or print name of actuary	Most recent enrollment number
<u>HEWITT ASSOCIATES, LLC.</u>	<u>312-957-1400</u>
Firm name	Telephone number (including area code)
<u>311 SOUTH WACKER, SUITE 1550</u> <u>CHICAGO, IL 60606</u>	
Address of the firm	

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

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

Schedule SB (Form 5500) 2011
v.012611

Part II		Beginning of year carryover and prefunding balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>15.24</u> %		
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38 from prior year)		37
b	Interest on (a) using prior year's effective rate of <u>6.69</u> % except as otherwise provided (see instructions)		2
c	Total available at beginning of current plan year to add to prefunding balance		39
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III		Funding percentages	
14	Funding target attainment percentage	14	77.73 %
15	Adjusted funding target attainment percentage	15	77.73 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	83.83 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV		Contributions and liquidity shortfalls			
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/14/2011	141376				
07/15/2011	141376				
10/14/2011	141376				
01/18/2012	141376				
09/10/2012	239001				
			Totals ▶	18(b)	804505
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contributions from prior years	19a 0
b Contributions made to avoid restrictions adjusted to valuation date	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 758646
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes ☒ No
c If 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year	
(1) 1st	(2) 2nd
0	0
(3) 3rd	(4) 4th
0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 3.78%	2nd segment: 6.31%	3rd segment: 6.57 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	0	
b Excess assets, if applicable, but not greater than 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	3835695	758536	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	758536	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	758536	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	758646	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	110	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)

41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

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 <u>CHEMETALL CORPORATION RETIREMENT PLAN</u>	B Three-digit plan number (PN) <u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>CHEMETALL US, INC.</u>	D Employer Identification Number (EIN) <u>22-3140731</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: ROCKWOOD SPECIALTIES, INC. MT

b Name of sponsor of entity listed in (a): ROCKWOOD SPECIALTIES, INC.

c EIN-PN <u>22-2269008-001</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>14803260</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
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
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
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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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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 <u>01/01/2011</u> and ending <u>12/31/2011</u>		
A Name of plan <u>CHEMETALL CORPORATION RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CHEMETALL US, INC.</u>	D Employer Identification Number (EIN) <u>22-3140731</u>	

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)	321884	380377
	(2) Participant contributions	1b(2)		
	(3) Other.....	1b(3)		
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
	(2) U.S. Government securities.....	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other.....	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)		
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property)	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)		
	(9) Value of interest in common/collective trusts.....	1c(9)		
	(10) Value of interest in pooled separate accounts.....	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)	14191102	14803260
	(12) Value of interest in 103-12 investment entities	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	14512986	15183637

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	14512986	15183637
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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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	804505	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		804505

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0

(3) Rents	2b(3)		
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(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)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		475349
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1279854

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	609203	
(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)		609203
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)		0
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		609203

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		670651
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: WITHUM, SMITH & BROWN (2) EIN: 22-2027092

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		15000000
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.		X	

- 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>CHEMETALL CORPORATION RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CHEMETALL US, INC.</u>	D Employer Identification Number (EIN) <u>22-3140731</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>04-3581074</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>0</u>

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

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

CHEMETALL CORPORATION RETIREMENT PLAN

Financial Statements

December 31, 2011

With Independent Auditors' Report

Chemetall Corporation Retirement Plan
Table of Contents
December 31, 2011 and 2010

Independent Auditors' Report	1
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Financial Statements

Statements of Net Assets Available for Plan Benefits.....	2
Statements of Changes in Net Assets Available for Plan Benefits	3
Statement of Accumulated Plan Benefits	4
Statement of Changes in Accumulated Plan Benefits.....	5
Notes to Financial Statements	6-11



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Additional Offices in New Jersey, New York,
Pennsylvania, Maryland, Colorado and Florida

Independent Auditors' Report

To the Trustees,
Chemetall Corporation Retirement Plan:

We were engaged to audit the accompanying statements of net assets available for plan benefits of the Chemetall Corporation Retirement Plan as of December 31, 2011 and 2010, and the related statements of changes in net assets available for plan benefits for the years then ended and the statement of accumulated plan benefits as of January 1, 2011, and the related statement of changes in accumulated plan benefits for the year then ended. These financial statements 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 8, which was certified by Russell Trust Company, the Trustee of the Plan, except for comparing such information with the related information included in the financial statements. 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 custodial 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 taken as a whole. The form and content of the information included in the financial statements, other than that derived from the information certified by the Trustee, has 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.

A handwritten signature in blue ink that reads 'WithumSmith+Brown, PC'.

October 4, 2012
New Brunswick, New Jersey

Chemetall Corporation Retirement Plan
Statements of Net Assets Available for Plan Benefits
December 31, 2011 and 2010

	2011	2010
Assets		
Plan interest in Rockwood Specialties, Inc. Master Pension Trust, at fair value	\$ 14,803,260	\$ 14,191,102
Contributions receivable - employer	<u>380,377</u>	<u>321,884</u>
Net assets available for Plan benefits	<u>\$ 15,183,637</u>	<u>\$ 14,512,986</u>

The Notes to Financial Statements are integral part of these statements.

Chemetall Corporation Retirement Plan
Statements of Changes in Net Assets Available for Plan Benefits
Years Ended December 31, 2011 and 2010

	2011	2010
Additions		
Additions to net assets attributed to		
Investment income		
Plan's interest in Rockwood Specialties Inc.		
Master Pension Trust net appreciation	\$ 556,981	\$ 1,553,169
Employer contributions	<u>804,505</u>	<u>605,033</u>
	1,361,486	2,158,202
Deductions		
Deductions from net assets attributed to		
Benefits paid	609,203	543,467
Plan expenses	<u>81,632</u>	<u>82,179</u>
	<u>690,835</u>	<u>625,646</u>
Net change in plan's net assets	670,651	1,532,556
Net assets available for plan benefits, beginning of year	<u>14,512,986</u>	<u>12,980,430</u>
Net assets available for plan benefits, end of year	<u>\$ 15,183,637</u>	<u>\$ 14,512,986</u>

The Notes to Financial Statements are integral part of these statements.

Chemetall Corporation Retirement Plan
Statement of Accumulated Plan Benefits
January 1, 2011

Actuarial present value of accumulated plan benefits

Vested benefits

Participants receiving benefits

\$ 5,633,453

Vested benefits for other participants

8,008,279

13,641,732

Nonvested plan benefits

191,462

Total actuarial present value of accumulated plan benefits

\$ 13,833,194

Chemetall Corporation Retirement Plan
Statement of Changes in Accumulated Plan Benefits
Year Ended January 1, 2011

Actuarial present value of accumulated plan benefits at beginning of year	\$ 12,982,638
Increase (decrease) during the year attributable to	
Benefits accumulated	(69,356)
Benefits paid	(543,467)
Change in actuarial assumptions	382,482
Interest	<u>1,080,897</u>
Net increase	<u>850,556</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 13,833,194</u>

Chemetall Corporation Retirement Plan

Notes to Financial Statements

December 31, 2011

1. Description of Plan

The following is a brief description of the Chemetall Corporation Retirement Plan (the "Plan") and is provided for general information only. Participants should refer to the Plan Agreement for more complete information.

General

The Plan is a defined benefit pension plan covering substantially all eligible employees of Chemetall Corporation (the "Company"). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Plan is administered by the Employee Benefits Committee (the "Committee") as appointed by the Company.

Russell Trust Company, the Trustee, maintains the Plan's assets, administers the Master Trust and, under the direction of the Committee, invests all Company contributions, reinvests investment earnings and makes benefit payments to retired and terminated participants.

On November 4, 2004, the Company adopted a resolution that became effective December 31, 2004 to "freeze" the Plan. No other employees have been considered for Plan participation after this date, and the Plan had ceased all the future accruals of benefits after that date.

Pension Benefits

Normal Retirement - Participants with five or more years of service are entitled to annual pension benefits beginning at the normal retirement age of 65. The annual benefit is equal to approximately 1.067 percent of such Member's Average Compensation plus .533 percent of the member's Covered Compensation, multiplied by the Credited Service. Average Compensation is defined as the compensation of a member averaged over the five consecutive completed calendar years which produces the highest average of the 10 prior completed calendar years. Covered Compensation is defined as the average of the Social Security Taxable Wage Bases over the 35 year period ending with the calendar year in which the Participant attains his/her Social Security retirement age. Credited service is up to a maximum of 30 years.

Deferred Retirement - Participants who reach normal retirement may elect to postpone receiving benefits until a later date.

Early Retirement - If a participant completes ten years of credited service and has attained age 55, the employee may retire early and choose to receive a reduced benefit at early retirement. In addition, there are other provisions in the Plan that limit the benefits paid.

Disability Retirement - Disability retirement after competing two years of service entitles the participant to receive 100 percent of their accrued pension benefit to begin at their normal retirement date.

The accrued benefits are calculated in accordance with the provisions and definitions contained in the Plan document.

Death Benefits

Upon the death of an Active or Inactive participant after becoming a vested member but before the normal retirement date, a 50 percent survivor annuity shall be provided to the protected spouse commencing as of the earliest commencement date. If the participant is not survived by a protected spouse, there shall be no benefits payable under the Plan.

Vested Benefits

Participants are only entitled to their accrued benefits after achieving five years of credited service.

Eligibility

Each eligible employee becomes a member of the Plan on the later of January or July 1 following the completion of one year (at least 1,000 hours of service during any consecutive 12 month period) of service and obtaining the age of 21. As of December 31, 2004 future participation in the Plan is frozen.

Chemetall Corporation Retirement Plan
Notes to Financial Statements
December 31, 2011

Administration of Plan

The Plan is administrated by the Company. The assets of the Plan are managed by Russell Investment Group. The trust agreement provides, among other things, that the custodian, Russell Investment Group, shall keep account of investments, receipts, disbursements and other transactions. All investment advisor and brokerage fees are charged to the Plan; all other expenses incurred in the administration of the Plan are paid by the Company.

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements are prepared under the accrual method of accounting.

Valuation of Investments

Investments, including the Plan's interest in the Master Trust, are stated at fair value. Investment transactions are recorded on the trade date. Dividends are recorded on the ex-dividend date. Interest income is recognized when earned. Net appreciation includes the Plan's gains on investments bought and sold as well as held during the year.

Benefit Payments

Benefit payments to participants are recorded upon distribution.

Estimates

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

Risks and Uncertainties

The Plan's assets are invested in various securities, including mutual funds held in a common collective trust. Investment securities, in general, are exposed to various risks, such as interest rate risk, credit risk and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and those changes could materially affect the amounts reported in the financial statements.

3. Actuarial Present Value of Accumulated Plan Benefits

Accumulated Plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service employees have rendered and have been calculated by an enrolled actuary. Accumulated Plan benefits include benefits expected to be paid to: (a) retired or terminated employees or their beneficiaries; (b) beneficiaries of employees who have died; and (c) present employees or their beneficiaries. Benefits under the Plan are based on the employees' five highest years of consecutive defined compensation, during their last ten years of credited service up to December 31, 2004. The accumulated Plan benefits for active employees are based on their average compensation during the five years ending on the date which the benefit information is presented (the valuation date) up to December 31, 2004. Benefits payable under all circumstances: retirement; death; and termination of employment, are included, to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from Plan assets, are excluded from accumulated Plan benefits.

Chemetall Corporation Retirement Plan
Notes to Financial Statements
December 31, 2011

The actuarial present value of accumulated Plan benefits is determined by the Plan actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, withdrawal or retirement) between the valuation date and expected date of payment. The significant actuarial assumptions used in the valuation as of January 1, 2011, were as follows:

- (a) Life expectancy of the participants: 2011 Static Mortality Table for Annuitants and Non-Annuitants.
- (b) Retirement age assumptions: Assumed retirement age is 65.
- (c) Discount rate: 6.82 percent per year.
- (d) Compensation increases: none.
- (e) Investment return: 8.25 percent

The foregoing actuarial assumptions are based on the presumptions that the Plan will continue. Should the Plan terminate, different actuarial assumptions and other factors might be applied in determining the present value of accumulated Plan benefits.

For the Plan year 2011, the interest rate used for funding was changed from segment rates with a four month lookback (5.03%, 6.73%, 6.82% as of September 2009) to segment rates with a four month lookback (3.78%, 6.31%, and 6.57% as of September 2010). The interest rate changed from 8.50% to 8.25%. The mortality table changed from the 2010 Static Mortality Table for Annuitants and Non-Annuitants to the 2011 Static Mortality Table for Annuitants and Non-Annuitants. Changes to the actuarial calculation were made to provide a more accurate actuarial present value of accumulated Plan benefits.

4. Funding Policy

The Company's funding policy is to make annual contributions to the Plan so that all participant benefits will be fully provided for upon retirement. The Company's contributions for 2011 and 2010 were sufficient to meet the minimum funding requirements of ERISA. At December 31, 2011 and 2010, contributions receivable from the Company amounted to \$380,377 and \$321,884, respectively.

5. Plan Termination

Should the Plan terminate at some future time, the net assets of the Plan will be allocated based upon Plan provisions. Whether a particular participant's accumulated Plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation ("PBGC", a U.S. Government Agency) at that time. Some benefits may be fully or partially provided for by the then existing assets of the Plan and the PBGC's benefit guarantee, while other benefits may not be provided for at all. The Plan provides that benefits will be provided in the following order: (1) Trust funds attributable to a member's voluntary contributions, if any; (2) Annuity benefits of members or their beneficiaries that were in a pay status as of the beginning of the three-year period ending on the termination date or employees eligible to be in pay status as of the beginning of the three-year period; (3) Vested benefits insured by the PBGC; (4) all other vested benefits; (5) all nonvested benefits.

Additional information about the vesting and benefit provisions, and the PBGC's benefit guarantee are contained in the Plan Agreement.

Although it has not expressed any intention to terminate the Plan, the Company has the right, under the Plan, to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth by ERISA.

Chemetall Corporation Retirement Plan
Notes to Financial Statements
December 31, 2011

6. Investments (Unaudited)

The Plan's interest in the Master Trust as a percentage of net assets of the Master Trust was approximately 73.4 and 74.4 percent as of December 31, 2011 and 2010, respectively. The Master Trust as of December 31, 2011 and 2010 also includes the investment assets of the Chemetall Corp. Salaried Retirement Plan and the Chemetall Corp. Hourly Retirement Plan. Plan investments at December 31, 2011 consisted entirely of participation in the Master Trust. Condensed financial information of the Master Trust is as follows:

	2011	2010
Total value of Master Trust	\$ <u>20,166,058</u>	\$ <u>19,196,542</u>
Plan's share of Master Trust	\$ <u>14,803,260</u>	\$ <u>14,191,102</u>

Condensed financial information of the Master Trust – Russell Trust Company:

	2011	2010
Common Collective Trust Funds, at fair value		
Russell Alt Int Markets Fund*	\$ 2,889,691	\$ 2,901,676
Russell Fixed Income I Fund*	5,009,463	1,903,417
Russell 1000 Index Fund SR I*	7,224,445	6,687,641
Russell Emerging Markets Fund	958,603	979,404
Russell Long Credit Fixed Fund*	1,552,853	2,887,031
Russell Long Dur Fixed Income Fund*	1,534,624	2,885,861
Russell Small Cap Fund	996,379	951,512
Total common collective trust funds, at fair value	\$ <u>20,166,058</u>	\$ <u>19,196,542</u>
Investment income		
Realized gains, net	\$ 540,598	\$ 1,760,392
Unrealized gains, net	<u>212,522</u>	<u>322,837</u>
Total investment income	\$ <u>753,120</u>	\$ <u>2,083,229</u>
Plan's share of investment income	\$ <u>556,981</u>	\$ <u>1,553,169</u>

* The Plan's pro-rata share of the following funds represents 5 percent or more of net assets at the end of the Plan year.

7. Fair Value Measurements (Unaudited)

The Financial Accounting Standards Board established 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 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 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 - Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities.

Level 3 - Unobservable inputs that are supported by little or no market activity and that are financial instruments whose values are determined using pricing models, discounted cash flow methodologies, or similar techniques, as well as instruments for which the determination of fair value requires significant judgment or estimation.

Chemetall Corporation Retirement Plan
Notes to Financial Statements
December 31, 2011

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.

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

Common collective trust funds: Shares of common collective trust funds are valued based on the fair market value of the underlying investments in the fund.

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

	<u>Total</u>	<u>Quoted Prices in Active Markets for Identical Assets (Level 1)</u>	<u>Significant Other Observable Inputs (Level 2)</u>	<u>Significant Unobservable Inputs (Level 3)</u>
Common Collective Trusts	\$ 14,803,260	\$ --	\$ 14,803,260	\$ --

The Common Collective Trust consists of 40 percent Fixed Income Funds, 36 percent in a Russell 1000 Index Fund, 14 percent Alt Int Market Funds, and 10 percent of other investments.

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

	<u>Total</u>	<u>Quoted Prices in Active Markets for Identical Assets (Level 1)</u>	<u>Significant Other Observable Inputs (Level 2)</u>	<u>Significant Unobservable Inputs (Level 3)</u>
Common Collective Trusts	\$ 14,191,102	\$ --	\$ 14,191,102	\$ --

The Common Collective Trust consists of 40 percent Fixed Income Funds, 35 percent in a Russell 1000 Index Fund, 15 percent Alt Int Market Funds, and 10 percent of other investments.

8. Information Certified by Trustee (Unaudited)

No auditing procedures were performed by the independent public accountants as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA with respect to information certified as complete and accurate by the Trustee. Based on information provided and certified by the Trustee, there are no fixed income obligations, leases, or debt instruments in default or deemed uncollectible, as defined by ERISA, as of December 31, 2011 and 2010.

Chemetall Corporation Retirement Plan
Notes to Financial Statements
December 31, 2011

The following information as of and for the years ended December 31, was prepared from reports certified by the Trustee:

	2011	2010
Plan's interest in Rockwood Specialties Inc. Master Pension Trust, at fair value	\$ 14,803,260	\$ 14,191,102
Plan's interest in Rockwood Specialties Inc. Master Pension Trust net appreciation	\$ 556,981	\$ 1,553,169

9. Income Taxes

The Plan is exempt from federal income taxes under Section 501(a) of the Internal Revenue Code. The Plan obtained its latest determination letter in June 2012, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. Because the Plan is being operated in compliance with the applicable requirements of the Internal Revenue Code, no provision for income taxes has been included in the Plan's financial statements.

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 and 2010 there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2008. In addition, there have been no tax related interest or penalties for periods presented in these financial statements.

10. Party-In-Interest

Certain Plan investments are shares of common collective trust funds managed by Russell Trust Company. In addition the Plan has incurred investment and administrative expenses with Russell Trust Company. Russell Trust Company is the Trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions.

11. Subsequent Events

The Plan has evaluated subsequent events occurring after the statement of net assets available for benefits date through the date of October 4, 2012, the date for which the financial statements were available to be released. Based upon this evaluation, the Plan has determined that no subsequent events other than those already disclosed have occurred which require disclosure in or adjustment to the financial statements.

Effective July 1, 2012, the Department of Labor required that all fee arrangements between the Plan and its covered service providers are subject to fee disclosure requirements, pursuant to ERISA Section 408(b)(2). Under section 408(b)(2), applicable fees paid directly or indirectly by the Plan are required to be disclosed to the Plan in writing. A failure to do so by the covered service provider would cause the fee arrangement to be considered a prohibited transaction.

Management is currently evaluating the impact of its arrangements with covered service providers in compliance with this regulation.

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

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

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

OMB No. 1210-0110

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

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

A Name of plan Chemetall Corporation Retirement Plan	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Chemetall US, Inc.	D Employer Identification Number (EIN) 22-3140731
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information

1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2011</u>		
2 Assets:		
a Market value	2a	14,502,629
b Actuarial value	2b	13,392,453
3 Funding target/participant count breakdown:	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment.....	3a 103	6,640,162
b For terminated vested participants	3b 114	3,973,285
c For active participants:		
(1) Non-vested benefits.....	3c(1)	206,237
(2) Vested benefits	3c(2)	6,408,464
(3) Total active.....	3c(3) 137	6,614,701
d Total.....	3d 354	17,228,148
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐		
a Funding target disregarding prescribed at-risk assumptions	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5 Effective interest rate	5	6.30 %
6 Target normal cost	6	0

Statement by Enrolled Actuary

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

SIGN HERE	<u>Christopher J. Yurwitz</u> <i>CSF</i>	<u>10/5/2012</u>
	Signature of actuary	Date
<u>Christopher J. Yurwitz</u>	Type or print name of actuary	<u>11-06958</u>
<u>Hewitt Associates, LLC.</u>	Firm name	Most recent enrollment number
<u>311 South Wacker, Suite 1550</u>		(312) 957-1400
<u>Chicago</u>	Address of the firm	Telephone number (including area code)
	<u>IL 60606</u>	

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

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

Schedule SB (Form 5500) 2011
v.012611

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8).....	0	0
10	Interest on line 9 using prior year's actual return of <u>15.24</u> %.....		
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38 from prior year)		37
b	Interest on (a) using prior year's effective rate of <u>6.69</u> % except as otherwise provided (see instructions).....		2
c	Total available at beginning of current plan year to add to prefunding balance.....		39
d	Portion of (c) to be added to prefunding balance.....		0
12	Other reductions in balances due to elections or deemed elections.....		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	0

Part III	Funding percentages
-----------------	----------------------------

14	Funding target attainment percentage	14	77.73 %
15	Adjusted funding target attainment percentage	15	77.73 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	83.83 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV	Contributions and liquidity shortfalls
----------------	---

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

Schedule of Contributions to the Plan for the plan year by employer(s) and employees:						
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	
04/14/2011	141,376					
07/15/2011	141,376					
10/14/2011	141,376					
01/18/2012	141,376					
09/10/2012	239,001					
			Totals •	18(b)	804,505	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date.....	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	758,646

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☒ No

C If 20a is "Yes," see instructions and complete the following table as applicable:

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

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

21 Discount rate:			
a Segment rates:	1st segment: 3.78 %	2nd segment: 6.31 %	3rd segment: 6.57 %
			☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 4
22 Weighted average retirement age			22 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)		31a	0
b Excess assets, if applicable, but not greater than 31a		31b	0
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment.....		3,835,695	758,536
b Waiver amortization installment.....		0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount.....		33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...		34	758,536
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35).....		36	758,536
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....		37	758,646
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	110
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39	0
40 Unpaid minimum required contributions for all years.....		40	0

Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)

41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:			
a Schedule elected ☐ 2 plus 7 years ☐ 15 years			
b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011			
42 Amount of acceleration adjustment		42	
43 Excess installment acceleration amount to be carried over to future plan years		43	

Schedule SB Attachment (Form 5500)—2011 Plan Year
Chemetall Corporation Retirement Plan
EIN: 22-3140731 PN: 002

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2011

Date	Amount	Interest Rate	Additional Discount Penalty for Late Quarterly	Interest Adjusted Contribution
April 14, 2011	\$ 141,376	6.30%	\$ 0	\$ 138,959
July 15, 2011	141,376	6.30%	0	136,836
October 14, 2011	141,376	6.30%	0	134,768
January 18, 2012	141,376	6.30%	50	132,569
September 10, 2012	239,001	6.30%	0	215,514
Total Contribution	\$ 804,505			\$ 758,646

Schedule SB Attachment (Form 5500)—2011 Plan Year
Chemetall Corporation Retirement Plan
EIN: 22-3140731 PN: 002

Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	5.00%	1.0000	2.78
56.5	5.00%	0.9500	2.68
57.5	5.00%	0.9025	2.59
58.5	5.00%	0.8574	2.51
59.5	5.00%	0.8145	2.42
60.5	5.00%	0.7738	2.34
61.5	5.00%	0.7351	2.26
62.5	30.00%	0.6983	13.09
63.5	10.00%	0.4888	3.10
64.5	15.00%	0.4400	4.26
65	100.00%	0.3740	24.31
Weighted Average			62.34

Schedule SB Attachment (Form 5500)—2011 Plan Year
Chemetall Corporation Retirement Plan
EIN: 22-3140731 PN: 002

Schedule SB, line 23—Information on Use of Multiple Mortality Tables

For healthy participants, we assume mortality rates using the 2011 Static Mortality for Annuitants and Non-Annuitants per Section 1.430(h)(3)-1(e). For disabled participants, we assume mortality rates using the Revenue Ruling 96-7 Mortality Table for Disability after December 31, 1994.

Schedule SB Attachment (Form 5500)—2011 Plan Year
Chemetall Corporation Retirement Plan
EIN: 22-3140731 PN: 002

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

For ERISA Requirements

Interest rates	Based on segment rates with a four-month lookback (as of September 2010)
1st segment rate	3.78%
2nd segment rate	6.31%
3rd segment rate	6.57%
Optional payment form election percentage	100% life annuity
Retirement age	
Active participants	See Table 1
Terminated vested participants	Age 65
Mortality rates	
Healthy	2011 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e)
Disabled	Revenue Ruling 96-7 Mortality Table for Disability After December 31, 1994
Withdrawal rates	See Table 2
Disability rates	See Table 3
Decrement timing	Middle of year decrements, with 100% retirement occurring at beginning of year
Surviving spouse benefit	It is assumed that 80% of males and 80% of females have an eligible spouse, and that males are three years older than their spouses.
Benefit limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$195,000.

Schedule SB Attachment (Form 5500)—2011 Plan Year
Chemetall Corporation Retirement Plan
EIN: 22-3140731 PN: 002

For ERISA Requirements

Valuation of plan assets

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Expected return on assets

2009 plan year	6.69%
2010 plan year	6.82%

Trust expenses included in target normal cost

None

Actuarial method

Standard unit credit cost method

Schedule SB Attachment (Form 5500)—2011 Plan Year
Chemetall Corporation Retirement Plan
EIN: 22-3140731 PN: 002

Actuarial Assumptions and Methods

Table 1

Retirement Rates

Age	Years of Service	
	0-9	10+
55	0.00%	5.00%
56	0.00%	5.00%
57	0.00%	5.00%
58	0.00%	5.00%
59	0.00%	5.00%
60	0.00%	5.00%
61	0.00%	5.00%
62	0.00%	30.00%
63	0.00%	10.00%
64	0.00%	15.00%
65+	100.00%	100.00%

Schedule SB Attachment (Form 5500)—2011 Plan Year
Chemetall Corporation Retirement Plan
EIN: 22-3140731 PN: 002

Table 2—Page 1 of 2

Withdrawal Rates

Age	Years of Service					
	0	1	2	3	4	5+
20	20.000%	15.000%	10.000%	7.500%	5.000%	5.440%
21	20.000%	15.000%	10.000%	7.500%	5.000%	5.424%
22	20.000%	15.000%	10.000%	7.500%	5.000%	5.397%
23	20.000%	15.000%	10.000%	7.500%	5.000%	5.369%
24	20.000%	15.000%	10.000%	7.500%	5.000%	5.339%
25	20.000%	15.000%	10.000%	7.500%	5.000%	5.290%
26	20.000%	15.000%	10.000%	7.500%	5.000%	5.272%
27	20.000%	15.000%	10.000%	7.500%	5.000%	5.233%
28	20.000%	15.000%	10.000%	7.500%	5.000%	5.189%
29	20.000%	15.000%	10.000%	7.500%	5.000%	5.141%
30	20.000%	15.000%	10.000%	7.500%	5.000%	5.070%
31	20.000%	15.000%	10.000%	7.500%	5.000%	5.028%
32	20.000%	15.000%	10.000%	7.500%	5.000%	4.962%
33	20.000%	15.000%	10.000%	7.500%	5.000%	4.890%
34	20.000%	15.000%	10.000%	7.500%	5.000%	4.812%
35	20.000%	15.000%	10.000%	7.500%	5.000%	4.700%
36	20.000%	15.000%	10.000%	7.500%	5.000%	4.618%
37	20.000%	15.000%	10.000%	7.500%	5.000%	4.428%
38	20.000%	15.000%	10.000%	7.500%	5.000%	4.174%
39	20.000%	15.000%	10.000%	7.500%	5.000%	3.874%
40	20.000%	15.000%	10.000%	7.500%	5.000%	3.500%
41	20.000%	15.000%	10.000%	7.500%	5.000%	3.198%
42	20.000%	15.000%	10.000%	7.500%	5.000%	2.847%
43	20.000%	15.000%	10.000%	7.500%	5.000%	2.500%
44	20.000%	15.000%	10.000%	7.500%	5.000%	2.164%
45	20.000%	15.000%	10.000%	7.500%	5.000%	1.770%
46	20.000%	15.000%	10.000%	7.500%	5.000%	1.535%
47	20.000%	15.000%	10.000%	7.500%	5.000%	1.246%
48	20.000%	15.000%	10.000%	7.500%	5.000%	0.978%
49	20.000%	15.000%	10.000%	7.500%	5.000%	0.739%

Schedule SB Attachment (Form 5500)—2011 Plan Year
Chemetall Corporation Retirement Plan
EIN: 22-3140731 PN: 002

Table 2—Page 2 of 2

Withdrawal Rates

Age	Years of Service					
	0	1	2	3	4	5+
50	20.000%	15.000%	10.000%	7.500%	5.000%	0.400%
51	20.000%	15.000%	10.000%	7.500%	5.000%	0.382%
52	20.000%	15.000%	10.000%	7.500%	5.000%	0.275%
53	20.000%	15.000%	10.000%	7.500%	5.000%	0.217%
54	20.000%	15.000%	10.000%	7.500%	5.000%	0.201%
55	20.000%	15.000%	10.000%	7.500%	5.000%	0.000%
56	20.000%	15.000%	10.000%	7.500%	5.000%	0.000%
57	20.000%	15.000%	10.000%	7.500%	5.000%	0.000%
58	20.000%	15.000%	10.000%	7.500%	5.000%	0.000%
59	20.000%	15.000%	10.000%	7.500%	5.000%	0.000%
60	20.000%	15.000%	10.000%	7.500%	5.000%	0.000%
61	20.000%	15.000%	10.000%	7.500%	5.000%	0.000%
62	20.000%	15.000%	10.000%	7.500%	5.000%	0.000%
63	20.000%	15.000%	10.000%	7.500%	5.000%	0.000%
64	20.000%	15.000%	10.000%	7.500%	5.000%	0.000%
65+	20.000%	15.000%	10.000%	7.500%	5.000%	0.000%

Schedule SB Attachment (Form 5500)—2011 Plan Year
Chemetall Corporation Retirement Plan
EIN: 22-3140731 PN: 002

Table 3

Disability Rates

Age	Rate	Age	Rate
20	0.030%	50	0.230%
21	0.030%	51	0.285%
22	0.030%	52	0.345%
23	0.030%	53	0.400%
24	0.030%	54	0.455%
25	0.030%	55	0.510%
26	0.030%	56	0.565%
27	0.030%	57	0.625%
28	0.030%	58	0.685%
29	0.030%	59	0.745%
30	0.030%	60	1.600%
31	0.030%	61	1.775%
32	0.030%	62	2.000%
33	0.030%	63	2.250%
34	0.035%	64	2.050%
35	0.035%	65+	0.975%
36	0.040%		
37	0.040%		
38	0.045%		
39	0.050%		
40	0.055%		
41	0.065%		
42	0.075%		
43	0.085%		
44	0.095%		
45	0.110%		
46	0.125%		
47	0.140%		
48	0.165%		
49	0.190%		

Schedule SB Attachment (Form 5500)—2011 Plan Year
Chemetall Corporation Retirement Plan
EIN: 22-3140731 PN: 002

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2011

Attained Age	Number of Participants Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34		2								
35-39		3	2	3						
40-44		7	6	3						
45-49		4	6	10	3	4				
50-54		3	6	6	7	6	1			
55-59		5	4	4	6	3	2	3		
60-64		2	6	1	7	2	3	1		
65-69			2	1	1					
70+				1	1					

N-137

Schedule SB Attachment (Form 5500)—2011 Plan Year
Chemetall Corporation Retirement Plan
EIN: 22-3140731 PN: 002

Schedule SB, line 32—Schedule of Amortization Bases

Type Of Base	Present Value of Installments	Valuation Date Established	Remaining Years in Amortization Period	Amortization Amount
Shortfall	\$984,642	January 1, 2008	4	\$260,025
Shortfall	\$90,684	January 1, 2009	5	\$19,507
Shortfall	\$1,173,800	January 1, 2010	6	\$217,967
Shortfall	\$1,586,569	January 1, 2011	7	\$261,037

Schedule SB Attachment (Form 5500)—2011 Plan Year
Chemetall Corporation Retirement Plan
EIN: 22-3140731 PN: 002

Schedule SB, Part V—Summary of Plan Provisions

Adoption Date	January 1, 1960
Plan Freeze Date	Benefit accruals and eligibility for participation were frozen December 31, 2004.
Participation	Each employee of Chemetall US, Inc., excluding any member subject to a collective bargaining agreement, is eligible to become a participant on the first day of January or July next following the later of the attainment of age 21, and completion of 1,000 hours of service during any consecutive 12-month period commencing on the date of employment or any anniversary thereof. Eligibility for participation in the Plan was frozen on December 31, 2004.
Accrued Benefit	<p>The annual benefit payable at Normal Retirement Date is:</p> <ol style="list-style-type: none">1. 1.0667% of Average Compensation multiplied by years of Credited Service; plus2. 0.533% of Average Compensation in excess of Covered Compensation level, multiplied by years of Credited Service to a maximum of 30. <p>The Covered Compensation level is the average of the Social Security Taxable Wage Base for 35 years prior to Normal Retirement.</p> <p>As of December 31, 2004, benefit accruals under the plan were frozen.</p>
Normal Retirement Eligibility	Age 65 and 5 th anniversary of participation in the plan.
Benefit Amount	Accrued Benefit, payable as of the Normal Retirement Date.
Early Retirement Eligibility	Age 55 and 10 years of service.
Benefit Amount	Accrued Benefit, actuarially reduced from age 65.

Schedule SB Attachment (Form 5500)—2011 Plan Year
Chemetall Corporation Retirement Plan
EIN: 22-3140731 PN: 002

Late Retirement Eligibility	Retirement after the normal retirement date.
Benefit	The greater of the Accrued Benefit at actual retirement date and the actuarial equivalent of his normal retirement benefit at his actual retirement date.
Deferred Vested Retirement Eligibility	Five years of service.
Benefit Amount	Accrued Benefit, actuarially reduced from age 65 if commenced early. Participant may elect to commence payment at age 55 with 10 years of service.
Disability Retirement Eligibility	Two years of service
Benefit Amount	Accrued Benefit, actuarially reduced from age 65.
Surviving Spouse Benefit Eligibility	Vested participant survived by an eligible spouse.
Benefit Amount	The spouse will receive a monthly benefit equal to 50% of the pension which would have been payable had the participant separated on the date of death, survived to the earliest retirement age (if later), commenced payments under the 50% joint and survivor form, and died the next day.
Normal Payment Form	Single life annuity, subject to the qualified joint and survivor annuity.
Qualified Joint and Survivor Annuity	For married participants, an Actuarially Equivalent 50% joint and survivor annuity.
Optional Payment Forms	<p>The following Actuarially Equivalent payment forms are available:</p> <ul style="list-style-type: none">▪ Single life annuity▪ 50% joint and survivor annuity▪ 66 2/3% joint and survivor annuity▪ 100% joint and survivor annuity▪ 5 year certain and life annuity▪ 10 year certain and life annuity▪ 15 year certain and life annuity

Schedule SB Attachment (Form 5500)—2011 Plan Year
Chemetall Corporation Retirement Plan
EIN: 22-3140731 PN: 002

IRC Limits

The Plan's maximum benefit is limited by IRC Section 415 as specified by the Tax Reform Act of 1986 as amended by RPA '94, SBJPA, and EGTRRA. The limit is actuarially reduced at 5.0% for early commencement. Compensation is limited by the IRC Section 401(a)(17). Compensation earned after December 31, 2004 is not included in the calculation of a participant's benefit.

Definitions

Actuarial Equivalent

1983 Group Annuity Mortality Table and 8.00% interest.

Average Compensation

The average of the highest five consecutive years of compensation paid during the ten years preceding termination of employment. Compensation earned after December 31, 2004 is not included in the calculation of the Accrued Benefit.

Service

A year of service shall be earned for each year commencing on the date an employee first completes a year of service during which the employee completes 1,000 hours of service.

For benefit accruals, service prior to September 1, 1991 shall be excluded for all participants except former employees of Brent America. For former Brent America employees, benefit service prior to July 1, 2000 shall be excluded. Service after December 31, 2004 is not included in the calculation of the Accrued Benefit.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.