

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>RINECOCHEMICAL INDUSTRIES INC 401(K) PLAN</u>	1b Three-digit plan number (PN) ► <u>001</u> 1c Effective date of plan <u>01/01/1993</u>
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>RINECO CHEMICAL INDUSTRIES INC</u> <u>819 VULCAN ROAD</u> <u>BENTON, AR 72015</u>	2b Employer Identification Number (EIN) <u>71-0596933</u> 2c Sponsor's telephone number <u>501-778-9089</u> 2d Business code (see instructions) <u>562000</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>10/10/2012</u>	<u>JACKIE MOREHEAD</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>10/11/2012</u>	<u>JACKIE MOREHEAD</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") RINECO CHEMICAL INDUSTRIES INC 819 VULCAN ROAD BENTON, AR 72015	3b Administrator's EIN 71-0596933 3c Administrator's telephone number 501-778-9089
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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	290
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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	303
b Retired or separated participants receiving benefits.....	6b	3
c Other retired or separated participants entitled to future benefits.....	6c	13
d Subtotal. Add lines 6a , 6b , and 6c	6d	319
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	319
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	134
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	8

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 3D 2T 3H

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE A (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	Insurance 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. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 <hr/> 2011 <hr/> 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 RINECOCHEMICAL INDUSTRIES INC 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 RINECO CHEMICAL INDUSTRIES INC	D Employer Identification Number (EIN) 71-0596933	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier

JOHN HANCOCK LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
01-0233346	65838	92864	249	01/01/2011	12/31/2011

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
10786	6980

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

LPL FINANCIAL CORPORATION

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
8993			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

PENSION PLAN ADMINISTRATION

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1793	6980	DISTRIBUTION & LOAN FEES	5

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end	5	3201107

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	494
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c Additions: (1) Contributions deposited during the year	7c(1)	347
	7c(2)	7
	7c(3)	
	7c(4)	
	7c(5)	

(6) Total additions	7c(6)	354
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d Total of balance and additions (add b and c(6))	7d	848
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account	7e(3)	842
(4) Other (specify below)	7e(4)	6

▶ **NEGATIVE MARKET VALUE ADJUSTMENT**

(5) Total deductions	7e(5)	848
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f Balance at the end of the current year (subtract e(5) from d)	7f	0
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Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2011</div> 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>RINECOCHEMICAL INDUSTRIES INC 401(K) 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>RINECO CHEMICAL INDUSTRIES INC</u>	D Employer Identification Number (EIN) <u>71-0596933</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RETIREMENT LIVING AT 2045</u>			
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK LIFE INSURANCE</u>			
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>50340</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RETIREMENT LIVING AT 2040</u>			
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK LIFE INSURANCE</u>			
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>260104</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RETIREMENT LIVING AT 2035</u>			
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK LIFE INSURANCE</u>			
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>361773</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RETIREMENT LIVING AT 2030</u>			
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK LIFE INSURANCE</u>			
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>95762</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RETIREMENT LIVING AT 2025</u>			
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK LIFE INSURANCE</u>			
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>315878</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RETIREMENT LIVING AT 2020</u>			
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK LIFE INSURANCE</u>			
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>24026</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RETIREMENT LIVING AT 2015</u>			
b Name of sponsor of entity listed in (a): <u>JOHN HANCOCK LIFE INSURANCE</u>			
c EIN-PN <u>01-0233346-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>48789</u>	

a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT LIVING AT 2010		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 170885

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE AGGRESSIVE		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 155702

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE GROWTH		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 669964

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE BALANCED		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 402886

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE MODERATE		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 281279

a Name of MTIA, CCT, PSA, or 103-12 IE: LIFESTYLE CONSERVATIVE		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18901

a Name of MTIA, CCT, PSA, or 103-12 IE: REAL EST. SECURITIES FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9708

a Name of MTIA, CCT, PSA, or 103-12 IE: DFA EMERGING MARKETS VALUE		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 144

a Name of MTIA, CCT, PSA, or 103-12 IE: ROYCE OPPORTUNITIES		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 177

a Name of MTIA, CCT, PSA, or 103-12 IE: INTL SMALL CAP FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 95

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY ADV LEVERAGED CO STK**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4979
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a Name of MTIA, CCT, PSA, or 103-12 IE: INTERNATIONAL OPPS FUND**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17952
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a Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER DEVELOPING MKT**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 481
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a Name of MTIA, CCT, PSA, or 103-12 IE: ENERGY**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4859
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a Name of MTIA, CCT, PSA, or 103-12 IE: SCIENCE & TECHNOLOGY FUND**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16751
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a Name of MTIA, CCT, PSA, or 103-12 IE: RETIREMENT LIVING AT 2050**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1424
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a Name of MTIA, CCT, PSA, or 103-12 IE: FINANCIAL SERVICES FUND**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 217
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a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN CENTURY VISTA**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21292
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a Name of MTIA, CCT, PSA, or 103-12 IE: INV SMALL CAP GROWTH**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5685
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a Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER INTL GROWTH FUND**b** Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5008
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a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE HEALTH SCI		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 312

a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA MID VALUE INDEX FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 289

a Name of MTIA, CCT, PSA, or 103-12 IE: SMALL CAP VALUE INDEX		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 279

a Name of MTIA, CCT, PSA, or 103-12 IE: MID CAP INDEX FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 16794

a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE SMALL CAP VAL		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1371

a Name of MTIA, CCT, PSA, or 103-12 IE: MID VALUE FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 450

a Name of MTIA, CCT, PSA, or 103-12 IE: CAPITOL WORLD GROWTH & INCOME		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3449

a Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL APPRECIATION FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 256

a Name of MTIA, CCT, PSA, or 103-12 IE: FUNDAMENTAL INVESTORS		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5649

a Name of MTIA, CCT, PSA, or 103-12 IE: MFS UTILITIES		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9168

a Name of MTIA, CCT, PSA, or 103-12 IE: TOTAL STOCK MARKET INDEX FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2865

a Name of MTIA, CCT, PSA, or 103-12 IE: BLUE CHIP GROWTH FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8748

a Name of MTIA, CCT, PSA, or 103-12 IE: GROWTH INDEX FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12304

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY CONTRAFUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 159

a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE EQUITY INC		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 312

a Name of MTIA, CCT, PSA, or 103-12 IE: VALUE INDEX FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15712

a Name of MTIA, CCT, PSA, or 103-12 IE: 500 INDEX FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17626

a Name of MTIA, CCT, PSA, or 103-12 IE: FT FOUNDING ALLOCATION		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2162

a Name of MTIA, CCT, PSA, or 103-12 IE: CAPITOL INCOME BUILDER		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 56

a Name of MTIA, CCT, PSA, or 103-12 IE: CORE GLOBAL DIVERSIFICATION		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 41

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN BALANCED FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 471

a Name of MTIA, CCT, PSA, or 103-12 IE: BLACKROCK GLOBAL ALLOCATION		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 35985

a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO ALL ASSET		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 12589

a Name of MTIA, CCT, PSA, or 103-12 IE: MUTUAL GLOBAL DISCOVERY		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 267

a Name of MTIA, CCT, PSA, or 103-12 IE: CORE DIVERSIFIED GROWTH & INC		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 30

a Name of MTIA, CCT, PSA, or 103-12 IE: HIGH YIELD FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3198

a Name of MTIA, CCT, PSA, or 103-12 IE: WASHINGTON MUTUAL INVESTORS		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4817

a Name of MTIA, CCT, PSA, or 103-12 IE: AMERICAN HIGH INCOME FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 415

a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO GLOBAL FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8822

a Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER INTL BOND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26730

a Name of MTIA, CCT, PSA, or 103-12 IE: T. ROWE PRICE SPECTRUM INC		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 859

a Name of MTIA, CCT, PSA, or 103-12 IE: STRATEGIC INCOME OPP FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 670

a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO TOTAL RETURN		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9078

a Name of MTIA, CCT, PSA, or 103-12 IE: US GOVERNMENT SECURITIES		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17536

a Name of MTIA, CCT, PSA, or 103-12 IE: SHORT TERM FEDERAL		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2128

a Name of MTIA, CCT, PSA, or 103-12 IE: MONEY MARKET FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2011

a Name of MTIA, CCT, PSA, or 103-12 IE: CAPITAL WORLD BOND FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4439

a Name of MTIA, CCT, PSA, or 103-12 IE: PIMCO TOTAL RETURN		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10561

a Name of MTIA, CCT, PSA, or 103-12 IE: TOTAL BOND MARKET FUND		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9786

a Name of MTIA, CCT, PSA, or 103-12 IE: INCOME FUND OF AMERICA		
b Name of sponsor of entity listed in (a): JOHN HANCOCK LIFE INSURANCE		
c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 38

a Name of MTIA, CCT, PSA, or 103-12 IE: [OPPENHEIMER GLOBAL](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK LIFE INSURANCE](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 162
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a Name of MTIA, CCT, PSA, or 103-12 IE: [DOMINI SOCIAL EQUITY](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK LIFE INSURANCE](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17
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a Name of MTIA, CCT, PSA, or 103-12 IE: [ALL CAP VALUE FUND](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK LIFE INSURANCE](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 159
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a Name of MTIA, CCT, PSA, or 103-12 IE: [NEW PERSPECTIVE FUND](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK LIFE INSURANCE](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 153
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a Name of MTIA, CCT, PSA, or 103-12 IE: [PRU JENNISON 20/20 FOCUS FUND](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK LIFE INSURANCE](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7103
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a Name of MTIA, CCT, PSA, or 103-12 IE: [LEGG MASON CLEARBR AGG GROWTH](#)**b** Name of sponsor of entity listed in (a): [JOHN HANCOCK LIFE INSURANCE](#)

c EIN-PN 01-0233346-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17
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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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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

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 RINECOCHEMICAL INDUSTRIES INC 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 RINECO CHEMICAL INDUSTRIES INC	D Employer Identification Number (EIN) 71-0596933	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	4261	6001
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	55	
(2) Participant contributions	1b(2)	28	
(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)	159377	181944
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)	3554920	3224673
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	529	
(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	3719170	3412618

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	3429	6
k Total liabilities (add all amounts in lines 1g through 1j)	1k	3429	6

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	3715741	3412612
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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)	63574	
(B) Participants	2a(1)(B)	368530	
(C) Others (including rollovers)	2a(1)(C)	59564	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		491668
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)	10429	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		10429
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		-121386
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		380711

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	627437	
(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)		627437
f Corrective distributions (see instructions)	2f		47111
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)	9292	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		9292
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		683840

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-303129
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: FERGUSON COBB (2) EIN: 71-0556654

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)

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2011</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011		
A Name of plan RINECOCHEMICAL INDUSTRIES INC 401(K) PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 RINECO CHEMICAL INDUSTRIES INC		D Employer Identification Number (EIN) 71-0596933
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): 01-0233346	
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
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.		Schedule R (Form 5500) 2011 v.012611

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): _____

RINECO CHEMICAL INDUSTRIES, INC.
401(k) PLAN

Financial Statements and Supplemental Schedule
Years ended December 31, 2011 and 2010

Together With Independent Auditors' Report

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FERGUSON, COBB & ASSOCIATES, PLLC
CERTIFIED PUBLIC ACCOUNTANTS

2228 COTTONDALE LANE, SUITE 200
LITTLE ROCK, ARKANSAS 72202
Phone: 501-221-3800 • Fax: 501-221-7058

Independent Auditors' Report

To the Trustees
Rineco Chemical Industries, Inc.
401(k) Plan
Benton, Arkansas

We were engaged to audit the accompanying statements of net assets available for benefits of the Rineco Chemical Industries, Inc. 401(k) Plan as of December 31, 2011 and 2010, and the related statement of changes in net assets available for benefits for the year ended December 31, 2011 and the supplemental schedule as of December 31, 2011 as listed in the accompanying index. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the Plan's investments and the information summarized in Note 6, which was certified by John Hancock Life Insurance Company, the Custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the Custodian holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the Custodian as of and for the years ended December 31, 2011 and 2010, that the information provided to the Plan administrator by the Custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The supplemental schedule is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the Custodian, 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.

Ferguson, Cobb & Associates, PLLC

Little Rock, Arkansas
October 5, 2012

RINECO CHEMICAL INDUSTRIES, INC.
401(K) PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2011 and 2010

	<u>2011</u>	<u>2010</u>
<u>ASSETS</u>		
INVESTMENTS (at fair value):		
Group annuity contract	\$ 3,224,673	\$ 3,555,449
RECEIVABLES:		
Employer contributions	-	55
Employee contributions	-	28
Notes receivable from participants	<u>181,944</u>	<u>162,080</u>
	<u>181,944</u>	<u>162,163</u>
Cash	<u>6,001</u>	<u>4,261</u>
Total assets	<u>3,412,618</u>	<u>3,721,873</u>
<u>LIABILITIES AND NET ASSETS</u>		
Excess contributions payable	-	50,141
Other liabilities	<u>6</u>	<u>-</u>
Total liabilities	<u>6</u>	<u>50,141</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 3,412,612</u>	<u>\$ 3,671,732</u>

See accompanying notes

RINECO CHEMICAL INDUSTRIES, INC.
401(K) PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

For the year ended December 31, 2011

ADDITIONS TO NET ASSETS

INVESTMENT INCOME (LOSS):

Net depreciation in fair value of investments \$ (121,386)

Interest income on notes receivable from participants 10,429

CONTRIBUTIONS:

Employer 63,574

Employee 368,530

Rollover 59,564

491,668

Total additions 380,711

DEDUCTIONS FROM NET ASSETS

Distributions to participants 630,539

Administrative expenses 9,292

Total deductions 639,831

NET DECREASE (259,120)

NET ASSETS AVAILABLE FOR BENEFITS:

Beginning of year 3,671,732

End of year \$ 3,412,612

See accompanying notes

RINECO CHEMICAL INDUSTRIES, INC.
401(K) PLAN

NOTES TO FINANCIAL STATEMENTS

December 31, 2011 and 2010

(1) DESCRIPTION OF THE PLAN:

General-

The Plan, which was adopted effective January 1, 1993, is a defined contribution plan maintained by the sponsor, Rineco Chemical Industries, Inc. (Company), to provide retirement benefits for full-time employees who have attained age 21. The following description of the Plan is provided for general information purposes only. Participants should refer to the Plan document for a complete description of the Plan provisions.

The Plan was amended during 2002, primarily to comply with the Economic Growth and Tax Relief Reconciliation Act of 2001 (EGTRRA). The Plan has also been amended to comply with the Pension Protection Act of 2006 and to adopt various Post-EGTRRA good-faith provisions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Contributions-

After six months of service, participants may elect to defer a portion of their eligible compensation and have that amount contributed to the Plan on their behalf by the Company in accordance with Section 401(k) of the Internal Revenue Code. The Company, at its discretion, may make matching contributions not to exceed 1% of each participant's eligible compensation after one year of service.

Participant accounts-

Each participant's account is credited with the participant's elective contribution, if any, and an allocation of (a) the Company's matching contribution, (b) Plan earnings, (c) forfeitures of terminated participants' nonvested accounts, and (d) the Company's supplemental contributions, if any. Allocations are based on each participant's compensation or account balance and years of service, as defined.

Vesting-

Participants are fully vested at all times with regard to their elective deferral contributions. Participants become fully vested with regard to Company contributions after six years of service or upon death, disability, attainment of normal retirement age, or termination of the Plan.

Forfeitures-

The non-vested portions of participants' accounts are forfeited upon termination of employment. At December 31, 2011 and 2010, forfeited nonvested accounts totaled \$6,001 and \$4,188, respectively. Forfeited amounts will be used first to restore the forfeitures of any rehired participants and then to offset administrative expenses. Any remaining amounts will be allocated among participants' accounts as additional employer matching contributions. During 2011, employer matching contributions were reduced \$4,188 by forfeited nonvested accounts.

(1) DESCRIPTION OF THE PLAN (continued):

Hardship withdrawals-

Participants may also elect to make a hardship withdrawal in the event that the participant furnishes satisfactory evidence to the Plan administrator that the withdrawal is to alleviate a financial hardship as defined by the Plan. The participant is then ineligible to make contributions to the Plan for six months subsequent to the hardship withdrawal. Employer contributions are not available for hardship withdrawals.

Payment of benefits-

Upon retirement, disability, termination or death, participants may receive a lump sum distribution or a direct rollover to another plan or IRA.

Plan administration-

The Company pays a substantial portion of the expenses of administering the Plan, including providing the Plan with office space, equipment, administrative personnel and certain outside consulting services at no charge.

Plan termination-

Although the Company has not expressed any intent 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 termination, each participant's account will become fully vested and nonforfeitable.

(2) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES:

Basis of accounting-

The Plan's accounting principles and the methods of applying them conform with accounting principles generally accepted in the United States of America (GAAP) and practices within the industry. The Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) became effective during the Plan's year ending December 31, 2009. At that time, the ASC became FASB's officially recognized source of authoritative GAAP applicable to all nongovernmental entities, superseding previously existing accounting and reporting standards.

The accompanying financial statements and schedules have been prepared on the accrual basis of accounting. Under the accrual basis of accounting, revenue and expenses, other than benefit payments, together with the related assets and liabilities are recorded in the accounting period to which they apply, regardless of when the cash transaction occurred. Benefit payments are recorded when paid.

Investment valuation and income recognition-

Pooled separate accounts held under a group annuity contract arrangement are stated at net asset value determined by the fair value of the underlying investments. Investment transactions are recorded on a trade-date basis. The net appreciation or depreciation in fair value of investments consists of realized gains and losses and changes in unrealized gains or losses of these investments during the year. Unrealized gains or losses on investments are based on the changes in the market or fair values of such investments.

(2) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (continued):

Notes receivable from participants-

Participants may borrow from their individual fund accounts a minimum of \$1,000 up to a maximum of \$50,000, not to exceed 50% of their vested account balance. Participants may have no more than two loans outstanding at one time. Loans bear interest at a fixed rate of interest based on the prevailing rate for loans with similar terms and conditions. The maximum maturity of a loan is five years, except if the purpose of the loan is to acquire a personal residence. Principal and interest are required to be paid ratably through payroll deductions. If a participant's employment is terminated, any outstanding loan balance must be repaid to the Plan or it will be considered to be in default, in which case the unpaid loan balance will be treated as a distribution to the participant. Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest.

Accounting estimates-

The preparation of the financial statements in conformity with GAAP requires the Plan's management to make estimates and assumptions that affect the accompanying financial statements and disclosures. Actual results may differ from these estimates.

Subsequent events -

The Plan has evaluated subsequent events through October 5, 2012, the date these financial statements were available to be issued.

Recent accounting pronouncements and accounting changes-

In May 2011, the FASB issued Accounting Standards Update (ASU) No. 2011-04, "Fair Value Measurements and Disclosures (ASC Topic 820) - Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in U.S. GAAP and International Financial Reporting Standards (IFRS)." This ASU requires the categorization by level for items that are only required to be disclosed at fair value and information about transfers between Level 1 and 2. In addition, it provides guidance on measuring the fair value of financial instruments managed within a portfolio and the application of premiums and discounts on fair value measurements. The guidance requires additional disclosure for Level 3 measurements regarding the sensitivity of fair value to changes in unobservable inputs and any interrelationships between those inputs. The new guidance is effective for interim and annual periods beginning after December 31, 2011. Other than requiring additional disclosures, the adoption of this new guidance is not expected to have a material impact on the Plan's financial statements.

(3) RISKS AND UNCERTAINTIES:

Participants in the Plan may invest in various types of investment securities. Investments are exposed to various risks, such as interest rate, market, and credit risk. Due to the level of risk associated with certain investments, it is at least reasonably possible that such changes in values of investment securities could materially affect participant account balances and the amounts reported in the accompanying financial statements.

(4) INCOME TAX STATUS:

The Internal Revenue Service has issued a determination letter ruling dated September 20, 2010 stating that the Plan, as then designed, qualifies under the applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter. However, Plan management believes that the Plan is designed and is currently being operated in compliance with current requirements of the IRC.

(4) INCOME TAX STATUS (continued):

GAAP requires Plan management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when it is more likely than not, based on the technical merits, that the position taken will be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2011 and 2010, there were no uncertain positions taken or expected to be taken. The Plan has not incurred or recognized any interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits in progress for any tax periods. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2008.

(5) DERIVATIVES:

The Plan has limited transactions that are governed by FASB ASC 815, "Derivatives and Hedging." The Plan does not use derivatives for trading purposes. The Plan's investment in a group annuity contract holds units of participation in various pooled separate accounts, and the managers of the underlying investment funds may use derivatives for asset management and hedging purposes.

(6) INVESTMENTS:

The Plan provides that, at the discretion of participants, contributions to the Plan will be invested in certain investment options offered by John Hancock Life Insurance Company, the Custodian of the Plan. The Custodian limits participants to a maximum of two fund exchanges per calendar month. An exchange is defined as a full or partial rebalance of a participant's account, or single or multiple fund to fund transfers that involve multiple investment options. After the exchange limit, participants may move 100% of their account to a money market or stable fund where it must remain for 30 days. Purchases, sales, and exchanges can resume once the 30 days have expired. Additional restrictions may be imposed if it is determined that any exchange activity may disrupt or be potentially disruptive to an investment option, even though in compliance with the policy. In addition, some mutual fund companies have prescribed holding periods for investments in their funds. If these holding periods are not met, a redemption fee of 1% to 2% will be applied to the sale or exchange of the fund for which a redemption fee applies.

The financial information included in the Plan's financial statements, except for contributions and distributions, has been derived from information certified as complete and accurate by the Custodian, in accordance with 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

(6) INVESTMENTS (continued):

The fair value of individual investments exceeding 5% of the Plan's net assets as of December 31, 2011 and 2010, are as follows:

	<u>2011</u>	<u>2010</u>
Investments at estimated fair value:		
Group annuity contract invested in pooled separate accounts:		
Retirement Living at 2010 Fund	\$171,256	
Retirement Living at 2025 Fund	316,972	\$392,059
Retirement Living at 2035 Fund	362,570	391,410
Retirement Living at 2040 Fund	261,854	227,462
Lifestyle Fund Aggressive Portfolio		296,756
Lifestyle Fund Balanced Portfolio	408,616	460,494
Lifestyle Fund Growth Portfolio	675,448	693,492
Lifestyle Fund Moderate Portfolio	282,521	264,071

During 2011, all net depreciation in fair value, totaling \$(121,386), (including gains and losses on investments bought and sold, as well as held during the year) was attributable to the Plan's group annuity contract invested in pooled separate accounts.

(7) FAIR VALUE MEASUREMENTS:

FASB ASC 820 provides a framework for measuring and disclosing fair value under GAAP. It defines fair value as 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. FASB ASC 820 also establishes a fair value hierarchy which requires the use of observable inputs and minimizes the use of unobservable inputs when measuring fair value. The standard describes three levels of inputs that may be used to measure fair value:

Level 1 Inputs – Quoted prices in active markets for identical assets or liabilities.

Level 2 Inputs – Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities in active markets; quoted prices for similar assets or liabilities in markets that are not active; or other inputs that are observable or can be corroborated.

Level 3 Inputs – Unobservable inputs for determining the fair values of assets or liabilities that reflect the entity's own assumptions about the assumptions market participants would use in pricing assets or liabilities.

Each asset'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, when used, maximize the use of observable inputs and minimize the use of unobservable inputs.

The Plan utilizes an independent third party as its principal pricing source for determining fair value. Following is a description of the valuation methodologies used to value the Plan's investments:

Pooled separate accounts held under a group annuity contract arrangement are valued at net asset value (NAV). NAV of each separate account is calculated in a manner consistent with U.S. GAAP for investment companies and is determinative of the fair value and represents the price at which the Plan would be able to initiate a transaction. Several of the separate accounts invest in publicly quoted mutual funds or actively traded stocks. The fair value of the underlying mutual funds or stocks is used to determine the NAV of the separate account, which is not publicly quoted.

(7) FAIR VALUE MEASUREMENTS (continued):

Some of the separate accounts also invest in fixed income securities. The fair value of these securities is based on quoted prices for similar assets and is the basis for determining the NAV of these separate accounts.

The valuation methodologies described previously 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 methodologies are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine fair value of certain assets or liabilities could result in a different fair value measurement at the reporting date.

The following tables set forth the Plan's assets measured at fair value by level within the fair value hierarchy as of December 31, 2011 and 2010:

<u>December 31, 2011</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Group annuity contract				
pooled separate accounts:				
Balanced	\$ -	\$ 12,615	\$ -	\$ 12,615
Fixed income	-	92,878	-	92,878
Large blend	-	1,181,782	-	1,181,782
Large growth	-	1,839,373	-	1,839,373
Large value	-	33,664	-	33,664
Medium blend	-	31,563	-	31,563
Medium growth	-	21,688	-	21,688
Medium value	-	1,524	-	1,524
Money market	-	2,038	-	2,038
Small blend	-	1,371	-	1,371
Small growth	-	5,706	-	5,706
Small value	-	471	-	471
Total	\$ -	\$ 3,224,673	\$ -	\$3,224,673
<u>December 31, 2010</u>	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Group annuity contract				
pooled separate accounts:				
Balanced	\$ -	\$ 11,879	\$ -	\$ 11,879
Fixed income	-	87,985	-	87,985
Large blend	-	1,270,311	-	1,270,311
Large growth	-	2,081,444	-	2,081,444
Large value	-	37,457	-	37,457
Medium blend	-	26,172	-	26,172
Medium growth	-	21,869	-	21,869
Medium value	-	1,703	-	1,703
Money market	-	1,684	-	1,684
Small blend	-	8,719	-	8,719
Small growth	-	5,449	-	5,449
Small value	-	248	-	248
Total	-	3,554,920	-	3,554,920
Other Investments	-	529	-	529
Total	\$ -	\$3,555,449	\$ -	\$3,555,449

The Plan recognizes transfers into and out of levels at the end of the reporting period. There were no transfers between levels during the year ended December 31, 2011.

(8) TRANSACTION WITH RELATED PARTIES:

During the years ended December 31, 2011 and 2010, the Plan held units of participation in a group annuity contract offered by the Custodian of the Plan. These transactions are allowable party-in-interest transactions under ERISA.

(9) EXCESS CONTRIBUTIONS PAYABLE:

The Plan failed discrimination testing for the year ended December 31, 2010. The December 31, 2010 financial statements reflect a liability for excess contributions payable of \$50,141 for contributions in excess of amounts allowed by the IRS.

(10) RECONCILIATION TO FORM 5500:

The following is a reconciliation of net assets available for benefits as of December 31, 2010, as reflected in the accompanying financial statements to amounts reported in Form 5500:

Net assets available for benefits per the financial statements	\$ 3,671,732
Add: excess contributions payable	46,711
Less: participant loans deemed distributed	<u>(2,702)</u>
Net assets available for benefits per the Form 5500	<u>\$ 3,715,741</u>

The following is a reconciliation of distributions to participants, as reflected in the accompanying financial statements for the year ended December 31, 2011, to amounts reported in Form 5500:

Total distributions to participants per the financial statements	\$ 630,539
Add: 2010 excess contributions payable	46,711
Add: 2009 ineligible contributions refunded in 2011	728
Less: 2010 excess contributions payable refunded in 2010	<u>(3,430)</u>
Total distributions to participants per the Form 5500	<u>\$ 674,548</u>

SUPPLEMENTAL SCHEDULE

RINECO CHEMICAL INDUSTRIES, INC.
401(K) PLAN

EIN 71-0596933
PLAN NO. 001

SCHEDULE H, Line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2011

(a)	(b) <u>Identity of issuer</u>	(c) <u>Description of Investment</u>	(d) <u>Cost</u>	(e) <u>Current Value</u>
	John Hancock group annuity contract invested in pooled separate accounts:			
*	500 Index Fund	25.86 shs	** \$	18,097
*	All Cap Value Fund	8.59 shs	**	159
*	American Balanced Fund	20.07 shs	**	473
*	American Century Heritage Fund	1,096.34 shs	**	21,374
*	American High-Income Fund	29.84 shs	**	418
*	BlackRock Global Allocation Fund	1,815.79 shs	**	36,262
*	Blue Chip Growth Fund	357.39 shs	**	8,750
*	Capital Appreciation Fund	23.53 shs	**	258
*	Capital Income Builder Fund	1.01 shs	**	57
*	Capital World Bond Fund	192.45 shs	**	4,439
*	Capital World Growth and Income Fund	98.52 shs	**	3,450
*	Core Diversified Growth & Income Portfolio Fund	3.13 shs	**	32
*	Core Global Diversification Portfolio Fund	4.36 shs	**	42
*	DFA Emerging Markets Value Fund	3.97 shs	**	144
*	Domini Social Equity Fund	0.51 shs	**	19
*	Energy Fund	54.71 shs	**	4,859
*	Fidelity Advisor Leveraged Company Stock Fund	166.06 shs	**	4,999
*	Fidelity Contra Fund	1.08 shs	**	159
*	Financial Services Fund	16.04 shs	**	217
*	Franklin Templeton Founding Funds Allocation Fund	189.90 shs	**	2,188
*	Fundamental Investors Fund	152.53 shs	**	5,649
*	Growth Index Fund	383.03 shs	**	12,318
*	High Yield Fund	126.15 shs	**	3,227
*	International Opportunities Fund	1,239.23 shs	**	18,032
*	International Small Cap Fund	3.74 shs	**	95
*	Invesco Small Cap Growth Fund	236.02 shs	**	5,706
*	Legg Mason ClearBridge Aggressive Growth Fund	0.39 shs	**	19
*	Lifestyle Fund Aggressive Portfolio	5,635.19 shs	**	158,884
*	Lifestyle Fund Balanced Portfolio	11,976.02 shs	**	408,616
*	Lifestyle Fund Conservative Portfolio	480.96 shs	**	19,106
*	Lifestyle Fund Growth Portfolio	21,482.17 shs	**	675,448
*	Lifestyle Fund Moderate Portfolio	7,643.22 shs	**	282,521
*	MFS Utilities Fund	406.52 shs	**	9,170
*	Mid Cap Index Fund	713.15 shs	**	16,854
*	Mid Value Fund	28.87 shs	**	450
*	Money Market Fund	164.73 shs	**	2,038
*	Mutual Global Discovery Fund	4.05 shs	**	267
*	New Perspective Fund	5.17 shs	**	153

RINECO CHEMICAL INDUSTRIES, INC.
401(K) PLAN

EIN 71-0596933
PLAN NO. 001

SCHEDULE H, Line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2011

(a)	(b) <u>Identity of issuer</u>	(c) <u>Description of Investment</u>	(d) <u>Cost</u>	(e) <u>Current Value</u>
	John Hancock group annuity contract invested in pooled separate accounts (continued):			
*	Oppenheimer Developing Markets Fund	8.80 shs	**	481
*	Oppenheimer Global Fund	4.30 shs	**	163
*	Oppenheimer International Bond Fund	3,576.58 shs	**	26,731
*	Oppenheimer International Growth Fund	189.66 shs	**	5,008
*	PIMCO All Asset Fund	667.67 shs	**	12,615
*	PIMCO Global Bond Fund	499.41 shs	**	8,825
*	PIMCO Real Return Fund	482.65 shs	**	9,133
*	PIMCO Total Return Fund	476.10 shs	**	10,563
*	Prudential Jennison 20/20 Focus Fund	456.89 shs	**	7,103
*	Real Estate Securities Fund	186.61 shs	**	9,710
*	Retirement Living at 2010 Fund	15,356.07 shs	**	171,256
*	Retirement Living at 2015 Fund	4,505.96 shs	**	48,875
*	Retirement Living at 2020 Fund	2,292.87 shs	**	24,257
*	Retirement Living at 2025 Fund	30,976.80 shs	**	316,972
*	Retirement Living at 2030 Fund	9,628.84 shs	**	96,653
*	Retirement Living at 2035 Fund	35,992.77 shs	**	362,570
*	Retirement Living at 2040 Fund	26,007.38 shs	**	261,854
*	Retirement Living at 2045 Fund	5,057.86 shs	**	50,869
*	Retirement Living at 2050 Fund	163.27 shs	**	1,430
*	Royce Opportunity Fund	10.45 shs	**	177
*	Short-Term Federal Fund	105.20 shs	**	2,154
*	Small Cap Value Index Fund	18.05 shs	**	295
*	SSgA Mid Cap Value Index Fund	29.55 shs	**	306
*	Strategic Income Opportunities Fund	32.97 shs	**	673
*	T. Rowe Price Equity Income Fund	8.44 shs	**	312
*	T. Rowe Price Health Sciences Fund	7.94 shs	**	314
*	T. Rowe Price Science & Technology Fund	944.89 shs	**	16,854
*	T. Rowe Price Small Cap Value Fund	25.90 shs	**	1,371
*	T. Rowe Price Spectrum Income Fund	27.46 shs	**	894
*	The Income Fund of America	2.07 shs	**	40
*	Total Bond Market Fund	577.89 shs	**	9,786
*	Total Stock Market Index Fund	245.76 shs	**	3,286
*	U.S. Government Securities Fund	1,075.14 shs	**	17,602
*	Value Index Fund	701.78 shs	**	15,772
*	Washington Mutual Investors Fund	128.98 shs	**	4,820

3,224,673

**RINECO CHEMICAL INDUSTRIES, INC.
401(K) PLAN**

EIN 71-0596933
PLAN NO. 001

SCHEDULE H, Line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

December 31, 2011

(a)	(b) <u>Identity of issuer</u>	(c) Description of <u>Investment</u>	(d) <u>Cost</u>	(e) Current <u>Value</u>
*	Notes receivable from participants	3.25%-13.25%	-	<u>181,944</u>
TOTAL ASSETS HELD FOR INVESTMENT				<u>\$ 3,406,617</u>

* Represents a party-in-interest to the Plan

** Cost omitted for participant directed accounts

The Schedule of Assets Acquired & Disposed has been included in the attached Accountant's Opinion.

The Schedule of Reportable Transactions has been included in the attached Accountant's Opinion.

Plan Name	RINECOCHEMICAL INDUSTRIES INC 401(k) PLAN	EIN:	71-0596933
Plan Sponsor's Name	RINECO CHEMICAL INDUSTRIES INC	PN:	001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	JOHN HANCOCK	POOLED SEPERATE ACCOUNTS		3,230,674
	PARTICIPANT LOANS	INTEREST RATE VARIES		181,943