Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
THE CABOT GROUP 401(K) PROFIT SHARING PLAN & TRUST

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2005

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

THE CABOT GROUP, INC

130 LINDEN OAKS STE A
ROCHESTER, NY 14625

2b Employer Identification Number (EIN) 16-0984062

2c Sponsor's telephone number 585-381-1500

2d Business code (see instructions) 531210

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2012	TIMOTHY OKEEFE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
THE CABOT GROUP, INC

130 LINDEN OAKS STE A
ROCHESTER, NY 14625

3b Administrator's EIN
16-0984062

3c Administrator's telephone number
585-381-1500

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

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	164
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**	211
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	9
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	220
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	220
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	121
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	5
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

(1)	X		**H** (Financial Information)
(2)			**I** (Financial Information – Small Plan)
(3)		0	**A** (Insurance Information)
(4)	X		**C** (Service Provider Information)
(5)			**D** (DFE/Participating Plan Information)
(6)			**G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2011** **This Form is Open to Public Inspection.**

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

A Name of plan
THE CABOT GROUP 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
THE CABOT GROUP, INC

D Employer Identification Number (EIN)
16-0984062

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

PAYCHEX SECURITIES CORPORATION

16-1486352

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

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

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

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

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

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

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

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

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

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

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

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

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

BARRETT CAPITAL MANAGEMENT

311 ALEXANDER STREET
SUITE 315
ROCHESTER, NY 14604

37-1457260

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26	FINANCIAL ADVISOR	8854	Yes [ ] No [X]	Yes [ ] No [X]		Yes [ ] No [X]

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

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

A Name of plan
THE CABOT GROUP 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
THE CABOT GROUP, INC

D Employer Identification Number (EIN)
16-0984062

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	51389	84069
(2) U.S. Government securities	1c(2)	0	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	
(B) All other	1c(3)(B)	0	
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	
(B) Common	1c(4)(B)	0	
(5) Partnership/joint venture interests	1c(5)	0	
(6) Real estate (other than employer real property)	1c(6)	0	
(7) Loans (other than to participants)	1c(7)	0	
(8) Participant loans	1c(8)	52063	73062
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1104772	2092724
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	0	
	(2) Employer real property	1d(2)	0	
e	Buildings and other property used in plan operation	1e	0	
f	Total assets (add all amounts in lines 1a through 1e)	1f	1208224	2249855
	Liabilities			
g	Benefit claims payable	1g	0	
h	Operating payables	1h	0	
i	Acquisition indebtedness	1i	0	
j	Other liabilities	1j	0	
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	1208224	2249855

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)	68916	
	(B) Participants	2a(1)(B)	263872	
	(C) Others (including rollovers)	2a(1)(C)	891165	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		1223953
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	10	
	(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)	2772	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		2782
	(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)	61012	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		61012
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-88917
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1198830
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	146762	
(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)		146762
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	150	
(3) Investment advisory and management fees	2i(3)	8854	
(4) Other	2i(4)	1433	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		10437
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		157199
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		1041631
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) [X] 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 [X] No

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

(1) Name: DAVIE KAPLAN, CPA, P.C. **(2)** EIN: 16-1182991

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) **4a**		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) **4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) **4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) **4d**		X	
e	Was this plan covered by a fidelity bond? **4e**	X		120822
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? **4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? **4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? **4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) **4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) **4j**		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? **4k**		X	
l	Has the plan failed to provide any benefit when due under the plan? **4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) **4m**		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. **4n**			

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection.

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

A Name of plan
THE CABOT GROUP 401(K) PROFIT SHARING PLAN & TRUST

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
THE CABOT GROUP, INC

D Employer Identification Number (EIN)
16-0984062

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): 16-1470238

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

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

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

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

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

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

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

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

THE CABOT GROUP 401(K)
PROFIT SHARING PLAN AND TRUST

FINANCIAL STATEMENTS
AND
SUPPLEMENTAL SCHEDULE
FOR THE YEARS ENDED
DECEMBER 31, 2011 AND 2010 (UNAUDITED)
AND
INDEPENDENT AUDITORS' REPORT

THE CABOT GROUP 401(K)
PROFIT SHARING PLAN AND TRUST

December 31, 2011 and 2010 (Unaudited)

TABLE OF CONTENTS

	PAGE
INDEPENDENT AUDITORS' REPORT	1
FINANCIAL STATEMENTS	
Statements of net assets available for plan benefits	2
Statements of changes in net assets available for plan benefits	3
Notes to financial statements	4 - 10
SUPPLEMENTAL SCHEDULE	
Schedule of assets held for investment purposes	11

DAVIE KAPLAN
Certified Public Accountants

INDEPENDENT AUDITORS' REPORT

Plan Administrator and Participants
The Cabot Group 401(k) Profit Sharing Plan and Trust

We have audited the accompanying statement of net assets available for plan benefits of The Cabot Group 401(k) Profit Sharing Plan and Trust as of December 31, 2011, and the related statement of changes in net assets available for plan benefits for the year then ended. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for plan benefits of The Cabot Group 401(k) Profit Sharing Plan and Trust as of December 31, 2011, and the statement of changes in net assets available for plan benefits for the year then ended in conformity with accounting principles generally accepted in the United States of America.

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets held for investment purposes, referred to as "supplemental information," is presented for the purpose of additional analysis and is not a required part of the financial statements, but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from, and relates directly to, the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to, the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Davie Kaplan, CPA, P.C.
1000 First Federal Plaza · Rochester, New York 14614
Tel: 585-454-4161 · Fax: 585-454-2573 · www.daviekaplan.com

We have compiled the accompanying statement of net assets available for plan benefits and the related statement of changes in net assets available for plan benefits of The Cabot Group 401(k) Profit Sharing Plan and Trust as of December 31, 2010. We have not audited or reviewed the accompanying statement of net assets available for plan benefits and, accordingly, do not express an opinion or provide any assurance about whether the financial statements are in accordance with accounting principles generally accepted in the United States of America.

Plan management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America and for designing, implementing, and maintaining internal control relevant to the preparation and fair presentation of the financial statements.

Our responsibility is to conduct the compilation in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. The objective of a compilation is to assist plan management in presenting financial information in the form of financial statements without undertaking to obtain or provide any assurance that there are no material modifications that should be made to the financial statements.

Davie Kaplan, CPA, P.C.

October 10, 2012

THE CABOT GROUP 401(K) PROFIT SHARING PLAN AND TRUST

Statements of Net Assets Available for Plan Benefits
December 31, 2011 and 2010 (Unaudited)

	2011	(Unaudited) 2010
ASSETS		
Investments	$ 2,176,793	$ 1,156,161
Receivables		
Notes receivable from participants	73,062	52,063
Net assets available for benefits	$ 2,249,855	$ 1,208,224

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

THE CABOT GROUP 401(K) PROFIT SHARING PLAN AND TRUST

Statements of Changes in Net Assets Available for Plan Benefits
For the Years Ended December 31, 2011 and 2010 (Unaudited)

	2011	(Unaudited) 2010
INCOME		
Investment income		
Net appreciation (depreciation) in fair value of investments	$ (88,906)	$ 126,484
Interest	2,772	2,395
Dividends	61,012	24,797
	(25,122)	153,676
Contributions		
Employer	68,916	30,945
Participants	263,872	132,326
Rollovers	891,165	14,030
	1,223,953	177,301
	1,198,831	330,977
EXPENSES		
Benefits paid to participants	146,762	129,668
Administrative expenses	10,438	5,282
	157,200	134,950
Increase in net assets available for plan benefits	1,041,631	196,027
Net assets available for plan benefits, beginning	1,208,224	1,012,197
Net assets available for plan benefits, ending	$ 2,249,855	$ 1,208,224

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

1. Description of Plan

The following brief description of The Cabot Group 401(k) Profit Sharing Plan and Trust ("the Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a salary reduction plan pursuant to Section 401(k) of the Internal Revenue Code ("IRC") established on January 1, 1999, and amended and restated effective January 1, 2011. It covers substantially all employees of The Cabot Group, Inc. ("the Company") who meet certain age and length of service requirements. The Plan is also subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Participation

Each employee shall be entitled to make his or her own contributions (elective deferrals) to the Plan and receive employer matching contributions upon attainment of age 18 and the completion of three consecutive months of service. In addition, each eligible employee shall be entitled to receive discretionary profit sharing contributions after completing five hundred hours of service and are employed on the last day of the year. Eligible employees may become participants immediately upon meeting age and years of service requirements.

Contributions

The Company shall make deferral contributions (elective deferrals) on behalf of each participant who has an executed salary reduction agreement in effect with the Company. The maximum contribution each participant may make each year is subject to federal limits.

The Company may make matching contributions on behalf of each participant which will be determined each year by the employer. For the years ended December 31, 2011 and 2010, the Company elected to make matching contributions equal to 50% of the first 4% of the participant's elective deferrals. During 2011 and 2010, matching contributions totaled $68,916 and $30,945, respectively.

The Company may also decide each plan year to make a discretionary profit sharing contribution on behalf of the eligible participants. Such contributions shall be allocated to eligible participants in the ratio that each participant's compensation bears to the total compensation paid to all eligible participants for the plan year. Discretionary profit sharing contributions may vary annually and are determined by the Board of Directors of the Company. During 2011 and 2010, the Company made no discretionary employer contributions.

The Company may also contribute an amount which it designates as a qualified discretionary contribution (qualified non-elective contribution). This contribution may be included in the actual deferral percentage test or the actual contribution percentage test. During 2011 and 2010, the Company made no qualified discretionary contributions.

1. **Description of Plan** (Continued)

Contributions (Continued)

In addition, participants may transfer funds from other qualified plans, with the consent of plan administrators.

Participant accounts

Each participant shall have an account which will be credited with the participant's contributions, Company contributions and Plan earnings. Allocations are based on participant compensation or account balances.

Vesting

Participants are immediately 100% vested in their elective deferrals plus actual earnings thereon. Vesting in matching contributions and discretionary profit sharing contributions is based on years of continuous service.

A vested percentage is determined in accordance with the following vesting schedule:

Years of Service (1,000 or More Hours of Service in a Plan Year)	Percent of Account Vested
Less than three years	0%
More than three years	100%

Additionally, accounts become fully vested upon death or total disability.

Payments of benefits

Upon retirement, death or disability the entire account balance, if less than $5,000, will be distributed in the form of a lump-sum. If the account balance is $1,000 or less and it is not distributed, the balance will be paid out in a lump sum distribution. Balances greater than $5,000 can remain in the Plan until the participant reaches age 59½. The required beginning date for the required minimum distribution purposes is April 1 of the calendar year following the later of the year the participant reaches age 59½ or retires.

Notes receivable from participants

Loans to participants are reported at their unpaid principal balances plus any accrued but unpaid interest.

Forfeitures

Forfeitures arising under the Plan may be used to reduce matching contributions, discretionary profit sharing contributions and administrative expenses. Forfeitures activity during 2011 and 2010 consisted of the following:

1. **Description of Plan** (Continued)

Forfeitures (Continued)

	2011	(Unaudited) 2010
Forfeitures available for use, beginning of year	$ 38	$ -
Forfeitures generated	4,659	40
Forfeitures used to reduce administrative expenses	(2,305)	(2)
Gain (loss) on forfeitures	(37)	-
Forfeitures available for use, end of year	$ 2,355	$ 38

Notes receivable from participants

The Plan also allows participants to borrow funds from their accounts. Loans may not exceed the lesser of: 1) 95% of one-half of the vested account balance or 95% of the total vested account balance excluding the Roth Elective Deferral balance or 2) $50,000, with a minimum loan amount of $1,000. Repayments of principal and interest at the prime rate plus 1% are made through payroll withholdings. At any time, no more than one loan may be outstanding from the Plan to a participant. The prime rate of interest was 3.25% at December 31, 2011.

Administrative expenses

Administrative expenses are primarily paid by the Plan Sponsor. Administrative expenses consisted of the following:

	2011	(Unaudited) 2010
Total administrative expenses	$ 19,829	$ 7,721
Less: Forfeitures used to offset expenses	(2,305)	(2)
Less: Expenses paid by plan sponsor	(7,086)	(2,437)
Expenses paid by the plan	$ 10,438	$ 5,282

2. **Summary of Significant Accounting Policies**

Basis of accounting

The accompanying financial statements have been prepared on the accrual basis and present the net assets available for plan benefits and changes in those net assets.

Use of estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

2. Summary of Significant Accounting Policies (Continued)

Fair value measurements

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

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

Level 2 — Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means;
- If the asset or liability has a specific (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

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

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

Cash equivalents: Includes money market accounts, certificates of deposit, and all highly liquid debt instruments purchased with an original maturity date of three months or less.

2. Summary of Significant Accounting Policies (Continued)

Fair value measurements (Continued)

Mutual funds: Valued at the net asset value ("NAV") of shares held by the plan at the end of the year.

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

Revenue recognition

Purchases and sales of securities are recorded on the trade date basis. Interest and dividends are recorded on the accrual basis.

Payment of benefits

Benefits are recorded when paid.

Management's review of subsequent events

The Plan Administrator evaluated events occurring between the end of the most recent calendar year and October 10, 2012, the date the financial statements were available to be issued.

3. Investments

The following presents the fair value of investments at December 31, 2011 and 2010 that represent 5% or more of the Plan's net assets:

	2011		(Unaudited) 2010	
	# of Shares	Fair Market Value	# of Shares	Fair Market Value
Fidelity Cash Reserves	84,069	$ 84,069	51,389	$ 51,389
Federated Total Return Government Bond Instl	21,994	259,532	6,380	72,224
Janus Balanced I	4,603	112,680	*	*
Columbia Mid Cap Index Z	29,612	315,962	18,392	211,872
Vanguard Small Cap Growth Index Inv	5,425	116,580	3,506	76,847
Columbia Small Cap Value Fund I Class Z	2,790	114,821	2,369	111,252
Vanguard Long-Term Bond Index Inv	9,621	133,824	13,021	156,771
Columbia Acorn International Z	1,774	60,857	*	*
Vanguard 500 Index Investor	540	62,576	*	*
Principal Small Cap S&P 600 Index R5	7,994	129,427	*	*
American Funds Europacific GR R6	5,943	208,771	2,866	118,584
American Funds Fundamental Investors R6	7,777	275,213	5,228	191,875
American Funds Growth Fund of America R6	5,335	153,207	3,941	119,973
Vanguard Target Retirement 2020 Inv	3,095	67,120	*	*

* Less than 5%

During 2011 and 2010, the Plan's investments in registered investment companies appreciated (depreciated) in value by $(88,906) and $126,484, respectively.

The fair value of investments determined to be level 1 assets as of December 31, 2011 and 2010 consisted of:

	2011	(Unaudited) 2010
Cash equivalents	$ 84,069	$ 51,389
Mutual funds	2,092,724	1,104,772
	$2,176,793	$1,156,161

4. Plan Termination

Although it 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 plan termination, participants will become 100% vested in their accounts.

5. Tax Status

The Internal Revenue Service has determined and informed the Company, by letter dated January 1, 1999, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving this determination letter. However, the plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

THE CABOT GROUP 401(K) PROFIT SHARING PLAN AND TRUST

Form 5500, Schedule H, Part IV Question 4i -
Schedule of Assets Held for Investment Purposes
EIN #16-0984062, Plan #001
December 31, 2011

(b) Identity of Issuer Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
Fidelity Cash Reserves	84,069 shares, Cash Equivalent	$ 84,069
Federated Total Return Government Bond Instl	21,994 shares, Mutual Fund	259,532
Janus Balanced I	4,603 shares, Mutual Fund	112,680
Columbia Mid Cap Index Z	29,612 shares, Mutual Fund	315,962
Vanguard Small Cap Growth Index Inv	5,425 shares, Mutual Fund	116,580
Columbia Small Cap Value Fund I Class Z	2,790 shares, Mutual Fund	114,821
Vanguard Long-Term Bond Index Inv	9,621 shares, Mutual Fund	133,824
Columbia Acorn International Z	1,774 shares, Mutual Fund	60,857
Vanguard 500 Index Investor	540 shares, Mutual Fund	62,576
American Century Mid Cap Value Inv	1,871 shares, Mutual Fund	21,874
Principal Small Cap S&P 600 Index R5	7,994 shares, Mutual Fund	129,427
American Funds Europacific GR R6	5,943 shares, Mutual Fund	208,771
American Funds Fundamental Investors R6	7,777 shares, Mutual Fund	275,213
American Funds Growth Fund of America R6	5,335 shares, Mutual Fund	153,207
American Funds American Mutual R6	1,564 shares, Mutual Fund	40,443
Vanguard Target Retirement 2020 Inv	3,095 shares, Mutual Fund	67,120
Vanguard Target Retirement 2030 Inv	254 shares, Mutual Fund	5,307
Vanguard Target Retirement 2040 Inv	226 shares, Mutual Fund	4,626
Vanguard Target Retirement 2050 Inv	485 shares, Mutual Fund	9,904
Notes Receivable from Participants	Interest rates, 4.25% to 9.25% maturing through January, 2016	73,062
		$2,249,855

THE CABOT GROUP 401(K)
PROFIT SHARING PLAN AND TRUST

FINANCIAL STATEMENTS
AND
SUPPLEMENTAL SCHEDULE
FOR THE YEARS ENDED
DECEMBER 31, 2011 AND 2010 (UNAUDITED)
AND
INDEPENDENT AUDITORS' REPORT

THE CABOT GROUP 401(K)
PROFIT SHARING PLAN AND TRUST

December 31, 2011 and 2010 (Unaudited)

TABLE OF CONTENTS

	PAGE
INDEPENDENT AUDITORS' REPORT	1
FINANCIAL STATEMENTS	
Statements of net assets available for plan benefits	2
Statements of changes in net assets available for plan benefits	3
Notes to financial statements	4 - 10
SUPPLEMENTAL SCHEDULE	
Schedule of assets held for investment purposes	11

DAVIE KAPLAN
Certified Public Accountants

INDEPENDENT AUDITORS' REPORT

Plan Administrator and Participants
The Cabot Group 401(k) Profit Sharing Plan and Trust

We have audited the accompanying statement of net assets available for plan benefits of The Cabot Group 401(k) Profit Sharing Plan and Trust as of December 31, 2011, and the related statement of changes in net assets available for plan benefits for the year then ended. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for plan benefits of The Cabot Group 401(k) Profit Sharing Plan and Trust as of December 31, 2011, and the statement of changes in net assets available for plan benefits for the year then ended in conformity with accounting principles generally accepted in the United States of America.

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets held for investment purposes, referred to as "supplemental information," is presented for the purpose of additional analysis and is not a required part of the financial statements, but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from, and relates directly to, the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to, the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Davie Kaplan, CPA, P.C.
1000 First Federal Plaza · Rochester, New York 14614
Tel: 585-454-4161 · Fax: 585-454-2573 · www.daviekaplan.com

We have compiled the accompanying statement of net assets available for plan benefits and the related statement of changes in net assets available for plan benefits of The Cabot Group 401(k) Profit Sharing Plan and Trust as of December 31, 2010. We have not audited or reviewed the accompanying statement of net assets available for plan benefits and, accordingly, do not express an opinion or provide any assurance about whether the financial statements are in accordance with accounting principles generally accepted in the United States of America.

Plan management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America and for designing, implementing, and maintaining internal control relevant to the preparation and fair presentation of the financial statements.

Our responsibility is to conduct the compilation in accordance with Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants. The objective of a compilation is to assist plan management in presenting financial information in the form of financial statements without undertaking to obtain or provide any assurance that there are no material modifications that should be made to the financial statements.

Davie Kaplan, CPA, P.C.

October 10, 2012

THE CABOT GROUP 401(K) PROFIT SHARING PLAN AND TRUST

Statements of Net Assets Available for Plan Benefits
December 31, 2011 and 2010 (Unaudited)

	2011	(Unaudited) 2010
ASSETS		
Investments	$ 2,176,793	$ 1,156,161
Receivables		
Notes receivable from participants	73,062	52,063
Net assets available for benefits	$ 2,249,855	$ 1,208,224

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

THE CABOT GROUP 401(K) PROFIT SHARING PLAN AND TRUST

Statements of Changes in Net Assets Available for Plan Benefits
For the Years Ended December 31, 2011 and 2010 (Unaudited)

	2011	(Unaudited) 2010
INCOME		
Investment income		
Net appreciation (depreciation) in fair value of investments	$ (88,906)	$ 126,484
Interest	2,772	2,395
Dividends	61,012	24,797
	(25,122)	153,676
Contributions		
Employer	68,916	30,945
Participants	263,872	132,326
Rollovers	891,165	14,030
	1,223,953	177,301
	1,198,831	330,977
EXPENSES		
Benefits paid to participants	146,762	129,668
Administrative expenses	10,438	5,282
	157,200	134,950
Increase in net assets available for plan benefits	1,041,631	196,027
Net assets available for plan benefits, beginning	1,208,224	1,012,197
Net assets available for plan benefits, ending	$ 2,249,855	$ 1,208,224

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

1. Description of Plan

The following brief description of The Cabot Group 401(k) Profit Sharing Plan and Trust ("the Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a salary reduction plan pursuant to Section 401(k) of the Internal Revenue Code ("IRC") established on January 1, 1999, and amended and restated effective January 1, 2011. It covers substantially all employees of The Cabot Group, Inc. ("the Company") who meet certain age and length of service requirements. The Plan is also subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Participation

Each employee shall be entitled to make his or her own contributions (elective deferrals) to the Plan and receive employer matching contributions upon attainment of age 18 and the completion of three consecutive months of service. In addition, each eligible employee shall be entitled to receive discretionary profit sharing contributions after completing five hundred hours of service and are employed on the last day of the year. Eligible employees may become participants immediately upon meeting age and years of service requirements.

Contributions

The Company shall make deferral contributions (elective deferrals) on behalf of each participant who has an executed salary reduction agreement in effect with the Company. The maximum contribution each participant may make each year is subject to federal limits.

The Company may make matching contributions on behalf of each participant which will be determined each year by the employer. For the years ended December 31, 2011 and 2010, the Company elected to make matching contributions equal to 50% of the first 4% of the participant's elective deferrals. During 2011 and 2010, matching contributions totaled $68,916 and $30,945, respectively.

The Company may also decide each plan year to make a discretionary profit sharing contribution on behalf of the eligible participants. Such contributions shall be allocated to eligible participants in the ratio that each participant's compensation bears to the total compensation paid to all eligible participants for the plan year. Discretionary profit sharing contributions may vary annually and are determined by the Board of Directors of the Company. During 2011 and 2010, the Company made no discretionary employer contributions.

The Company may also contribute an amount which it designates as a qualified discretionary contribution (qualified non-elective contribution). This contribution may be included in the actual deferral percentage test or the actual contribution percentage test. During 2011 and 2010, the Company made no qualified discretionary contributions.

1. **Description of Plan** (Continued)

Contributions (Continued)

In addition, participants may transfer funds from other qualified plans, with the consent of plan administrators.

Participant accounts

Each participant shall have an account which will be credited with the participant's contributions, Company contributions and Plan earnings. Allocations are based on participant compensation or account balances.

Vesting

Participants are immediately 100% vested in their elective deferrals plus actual earnings thereon. Vesting in matching contributions and discretionary profit sharing contributions is based on years of continuous service.

A vested percentage is determined in accordance with the following vesting schedule:

Years of Service (1,000 or More Hours of Service in a Plan Year)	Percent of Account Vested
Less than three years	0%
More than three years	100%

Additionally, accounts become fully vested upon death or total disability.

Payments of benefits

Upon retirement, death or disability the entire account balance, if less than $5,000, will be distributed in the form of a lump-sum. If the account balance is $1,000 or less and it is not distributed, the balance will be paid out in a lump sum distribution. Balances greater than $5,000 can remain in the Plan until the participant reaches age 59½. The required beginning date for the required minimum distribution purposes is April 1 of the calendar year following the later of the year the participant reaches age 59½ or retires.

Notes receivable from participants

Loans to participants are reported at their unpaid principal balances plus any accrued but unpaid interest.

Forfeitures

Forfeitures arising under the Plan may be used to reduce matching contributions, discretionary profit sharing contributions and administrative expenses. Forfeitures activity during 2011 and 2010 consisted of the following:

1. **Description of Plan** (Continued)

Forfeitures (Continued)

	2011	(Unaudited) 2010
Forfeitures available for use, beginning of year	$ 38	$ -
Forfeitures generated	4,659	40
Forfeitures used to reduce administrative expenses	(2,305)	(2)
Gain (loss) on forfeitures	(37)	-
Forfeitures available for use, end of year	$ 2,355	$ 38

Notes receivable from participants

The Plan also allows participants to borrow funds from their accounts. Loans may not exceed the lesser of: 1) 95% of one-half of the vested account balance or 95% of the total vested account balance excluding the Roth Elective Deferral balance or 2) $50,000, with a minimum loan amount of $1,000. Repayments of principal and interest at the prime rate plus 1% are made through payroll withholdings. At any time, no more than one loan may be outstanding from the Plan to a participant. The prime rate of interest was 3.25% at December 31, 2011.

Administrative expenses

Administrative expenses are primarily paid by the Plan Sponsor. Administrative expenses consisted of the following:

	2011	(Unaudited) 2010
Total administrative expenses	$ 19,829	$ 7,721
Less: Forfeitures used to offset expenses	(2,305)	(2)
Less: Expenses paid by plan sponsor	(7,086)	(2,437)
Expenses paid by the plan	$ 10,438	$ 5,282

2. **Summary of Significant Accounting Policies**

Basis of accounting

The accompanying financial statements have been prepared on the accrual basis and present the net assets available for plan benefits and changes in those net assets.

Use of estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

2. Summary of Significant Accounting Policies (Continued)

Fair value measurements

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

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

Level 2 — Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means;
- If the asset or liability has a specific (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

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

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

Cash equivalents: Includes money market accounts, certificates of deposit, and all highly liquid debt instruments purchased with an original maturity date of three months or less.

2. Summary of Significant Accounting Policies (Continued)

Fair value measurements (Continued)

Mutual funds: Valued at the net asset value ("NAV") of shares held by the plan at the end of the year.

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

Revenue recognition

Purchases and sales of securities are recorded on the trade date basis. Interest and dividends are recorded on the accrual basis.

Payment of benefits

Benefits are recorded when paid.

Management's review of subsequent events

The Plan Administrator evaluated events occurring between the end of the most recent calendar year and October 10, 2012, the date the financial statements were available to be issued.

3. Investments

The following presents the fair value of investments at December 31, 2011 and 2010 that represent 5% or more of the Plan's net assets:

	2011		(Unaudited) 2010	
	# of Shares	Fair Market Value	# of Shares	Fair Market Value
Fidelity Cash Reserves	84,069	$ 84,069	51,389	$ 51,389
Federated Total Return Government Bond Instl	21,994	259,532	6,380	72,224
Janus Balanced I	4,603	112,680	*	*
Columbia Mid Cap Index Z	29,612	315,962	18,392	211,872
Vanguard Small Cap Growth Index Inv	5,425	116,580	3,506	76,847
Columbia Small Cap Value Fund I Class Z	2,790	114,821	2,369	111,252
Vanguard Long-Term Bond Index Inv	9,621	133,824	13,021	156,771
Columbia Acorn International Z	1,774	60,857	*	*
Vanguard 500 Index Investor	540	62,576	*	*
Principal Small Cap S&P 600 Index R5	7,994	129,427	*	*
American Funds Europacific GR R6	5,943	208,771	2,866	118,584
American Funds Fundamental Investors R6	7,777	275,213	5,228	191,875
American Funds Growth Fund of America R6	5,335	153,207	3,941	119,973
Vanguard Target Retirement 2020 Inv	3,095	67,120	*	*

* Less than 5%

During 2011 and 2010, the Plan's investments in registered investment companies appreciated (depreciated) in value by $(88,906) and $126,484, respectively.

The fair value of investments determined to be level 1 assets as of December 31, 2011 and 2010 consisted of:

	2011	(Unaudited) 2010
Cash equivalents	$ 84,069	$ 51,389
Mutual funds	2,092,724	1,104,772
	$2,176,793	$1,156,161

4. Plan Termination

Although it 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 plan termination, participants will become 100% vested in their accounts.

5. Tax Status

The Internal Revenue Service has determined and informed the Company, by letter dated January 1, 1999, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving this determination letter. However, the plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

THE CABOT GROUP 401(K) PROFIT SHARING PLAN AND TRUST

Form 5500, Schedule H, Part IV Question 4i -
Schedule of Assets Held for Investment Purposes
EIN #16-0984062, Plan #001
December 31, 2011

(b) Identity of Issuer Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(e) Current Value
Fidelity Cash Reserves	84,069 shares, Cash Equivalent	$ 84,069
Federated Total Return Government Bond Instl	21,994 shares, Mutual Fund	259,532
Janus Balanced I	4,603 shares, Mutual Fund	112,680
Columbia Mid Cap Index Z	29,612 shares, Mutual Fund	315,962
Vanguard Small Cap Growth Index Inv	5,425 shares, Mutual Fund	116,580
Columbia Small Cap Value Fund I Class Z	2,790 shares, Mutual Fund	114,821
Vanguard Long-Term Bond Index Inv	9,621 shares, Mutual Fund	133,824
Columbia Acorn International Z	1,774 shares, Mutual Fund	60,857
Vanguard 500 Index Investor	540 shares, Mutual Fund	62,576
American Century Mid Cap Value Inv	1,871 shares, Mutual Fund	21,874
Principal Small Cap S&P 600 Index R5	7,994 shares, Mutual Fund	129,427
American Funds Europacific GR R6	5,943 shares, Mutual Fund	208,771
American Funds Fundamental Investors R6	7,777 shares, Mutual Fund	275,213
American Funds Growth Fund of America R6	5,335 shares, Mutual Fund	153,207
American Funds American Mutual R6	1,564 shares, Mutual Fund	40,443
Vanguard Target Retirement 2020 Inv	3,095 shares, Mutual Fund	67,120
Vanguard Target Retirement 2030 Inv	254 shares, Mutual Fund	5,307
Vanguard Target Retirement 2040 Inv	226 shares, Mutual Fund	4,626
Vanguard Target Retirement 2050 Inv	485 shares, Mutual Fund	9,904
Notes Receivable from Participants	Interest rates, 4.25% to 9.25% maturing through January, 2016	73,062
		$2,249,855