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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 1.5em; font-weight: bold;">2011</div><br><br><b>This Form is Open to Public Inspection</b> |
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| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                           |
| For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u> |                                                                                                                                                                                                                                           |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or<br><input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____                         |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report;<br><input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months). |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                               | <input type="checkbox"/>                                                                                                                                                                                                                  |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;<br><input type="checkbox"/> special extension (enter description)                                 |

|                                                                                                                   |                                                                                                                         |                     |
|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------|
| <b>Part II</b>                                                                                                    | <b>Basic Plan Information</b> —enter all requested information                                                          |                     |
| <b>1a</b> Name of plan                                                                                            | <u>CONSOLIDATED ALUMINUM CORPORATION DISCONTINUED OPERATIONS PENSION PLAN</u>                                           |                     |
| <b>2a</b> Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) | <u>CONSOLIDATED ALUMINUM CORPORATION C/O LONZA INC.</u><br><br><u>90 BOROLINE RD</u><br><u>ALLENDALE, NJ 07401-1613</u> |                     |
|                                                                                                                   | <b>1b</b> Three-digit plan number (PN) ▶                                                                                | <u>040</u>          |
|                                                                                                                   | <b>1c</b> Effective date of plan                                                                                        | <u>01/01/1983</u>   |
|                                                                                                                   | <b>2b</b> Employer Identification Number (EIN)                                                                          | <u>62-0499635</u>   |
|                                                                                                                   | <b>2c</b> Sponsor's telephone number                                                                                    | <u>201-316-9200</u> |
|                                                                                                                   | <b>2d</b> Business code (see instructions)                                                                              | <u>331310</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.

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/15/2012 | ALICIA ALCOSSER                                              |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/15/2012 | ALICIA ALCOSSER                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | 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

|                                                                                                                                                                                 |                                                                                                               |
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| <b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same")<br>RETIREMENT COMMITTEE OF LONZA INC.<br><br>90 BOROLINE RD<br>ALLENDALE, NJ 07401-1613 | <b>3b</b> Administrator's EIN<br>13-5665861<br><br><b>3c</b> Administrator's telephone number<br>201-316-9200 |
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|                                                                                                                                                                                                                       |                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>4</b> 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:<br><br><b>a</b> Sponsor's name | <b>4b</b> EIN<br><br><b>4c</b> PN |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|

|                                                                         |          |     |
|-------------------------------------------------------------------------|----------|-----|
| <b>5</b> Total number of participants at the beginning of the plan year | <b>5</b> | 944 |
|-------------------------------------------------------------------------|----------|-----|

|                                                                                                                                                        |           |     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). |           |     |
| <b>a</b> Active participants.....                                                                                                                      | <b>6a</b> | 0   |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                     | <b>6b</b> | 641 |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                      | <b>6c</b> | 37  |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....                                                                               | <b>6d</b> | 678 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....                                              | <b>6e</b> | 254 |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                | <b>6f</b> | 932 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....         | <b>6g</b> |     |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....             | <b>6h</b> | 0   |

|                                                                                                                                      |          |  |
|--------------------------------------------------------------------------------------------------------------------------------------|----------|--|
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) ..... | <b>7</b> |  |
|--------------------------------------------------------------------------------------------------------------------------------------|----------|--|

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1A 1G 3H

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

|                                                                                |                                                                                |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)                      | <b>9b</b> Plan benefit arrangement (check all that apply)                      |
| <b>(1)</b> <input type="checkbox"/> Insurance                                  | <b>(1)</b> <input type="checkbox"/> Insurance                                  |
| <b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts | <b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts |
| <b>(3)</b> <input checked="" type="checkbox"/> Trust                           | <b>(3)</b> <input checked="" type="checkbox"/> Trust                           |
| <b>(4)</b> <input type="checkbox"/> General assets of the sponsor              | <b>(4)</b> <input type="checkbox"/> General assets of the sponsor              |

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

**a Pension Schedules**

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

**b General Schedules**

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

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
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| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2011</b><br><br><b>This Form is Open to Public Inspection</b> |
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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

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

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>CONSOLIDATED ALUMINUM CORPORATION DISCONTINUED OPERATIONS PENSION PLAN</u>                                    | <b>B</b> Three-digit plan number (PN) ▶ <u>040</u>                                                                                                      |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>CONSOLIDATED ALUMINUM CORPORATION C/O LONZA INC.</u>       | <b>D</b> Employer Identification Number (EIN)<br><u>62-0499635</u>                                                                                      |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|                                                                                                                                                                                                                 |                                                                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                                                                                                                                   | <b>Basic Information</b>                                                           |
| <b>1</b> Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2011</u>                                                                                                                               |                                                                                    |
| <b>2</b> Assets:                                                                                                                                                                                                |                                                                                    |
| <b>a</b> Market value .....                                                                                                                                                                                     | <b>2a</b> <u>19636740</u>                                                          |
| <b>b</b> Actuarial value .....                                                                                                                                                                                  | <b>2b</b> <u>18322420</u>                                                          |
| <b>3</b> Funding target/participant count breakdown:                                                                                                                                                            |                                                                                    |
| <b>a</b> For retired participants and beneficiaries receiving payment .....                                                                                                                                     | <b>3a</b> (1) Number of participants <u>887</u> (2) Funding Target <u>17165497</u> |
| <b>b</b> For terminated vested participants .....                                                                                                                                                               | <b>3b</b> <u>57</u> <u>961670</u>                                                  |
| <b>c</b> For active participants:                                                                                                                                                                               |                                                                                    |
| (1) Non-vested benefits .....                                                                                                                                                                                   | <b>3c(1)</b> <u>0</u>                                                              |
| (2) Vested benefits .....                                                                                                                                                                                       | <b>3c(2)</b> <u>0</u>                                                              |
| (3) Total active .....                                                                                                                                                                                          | <b>3c(3)</b> <u>0</u>                                                              |
| <b>d</b> Total .....                                                                                                                                                                                            | <b>3d</b> <u>944</u> <u>18127167</u>                                               |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) .....                                                                                                                   | <input type="checkbox"/>                                                           |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                       | <b>4a</b>                                                                          |
| <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor ..... | <b>4b</b>                                                                          |
| <b>5</b> Effective interest rate .....                                                                                                                                                                          | <b>5</b> <u>6.03 %</u>                                                             |
| <b>6</b> Target normal cost .....                                                                                                                                                                               | <b>6</b> <u>154000</u>                                                             |

**Statement by Enrolled Actuary**

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

|                                                      |                                        |
|------------------------------------------------------|----------------------------------------|
| <b>SIGN HERE</b>                                     | <u>10/12/2012</u>                      |
| Signature of actuary                                 | Date                                   |
| <u>LIANA PETRUSO</u>                                 | <u>11-07060</u>                        |
| Type or print name of actuary                        | Most recent enrollment number          |
| <u>TOWERS WATSON PENNSYLVANIA INC.</u>               | <u>203-326-5400</u>                    |
| Firm name                                            | Telephone number (including area code) |
| <u>263 TRESSER BLVD</u><br><u>STAMFORD, CT 06901</u> |                                        |
| Address of the firm                                  |                                        |

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

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

**Schedule SB (Form 5500) 2011**  
**v.012611**

| <b>Part II</b> |                                                                                                                          | <b>Beginning of year carryover and prefunding balances</b> |                        |
|----------------|--------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|------------------------|
|                |                                                                                                                          | (a) Carryover balance                                      | (b) Prefunding balance |
| <b>7</b>       | Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                          | 3571708                                                    | 0                      |
| <b>8</b>       | Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                       | 119200                                                     | 0                      |
| <b>9</b>       | Amount remaining (line 7 minus line 8) .....                                                                             | 3452508                                                    | 0                      |
| <b>10</b>      | Interest on line 9 using prior year's actual return of <u>13.52</u> % .....                                              | 466779                                                     |                        |
| <b>11</b>      | Prior year's excess contributions to be added to prefunding balance:                                                     |                                                            |                        |
| <b>a</b>       | Present value of excess contributions (line 38 from prior year) .....                                                    |                                                            | 1886078                |
| <b>b</b>       | Interest on (a) using prior year's effective rate of <u>6.47</u> % except as otherwise provided (see instructions) ..... |                                                            | 130433                 |
| <b>c</b>       | Total available at beginning of current plan year to add to prefunding balance .....                                     |                                                            | 2016511                |
| <b>d</b>       | Portion of (c) to be added to prefunding balance .....                                                                   |                                                            | 0                      |
| <b>12</b>      | Other reductions in balances due to elections or deemed elections .....                                                  | 0                                                          | 0                      |
| <b>13</b>      | Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                       | 3919287                                                    | 0                      |

| <b>Part III</b> |                                                                                                                                                                  | <b>Funding percentages</b> |          |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|----------|
| <b>14</b>       | Funding target attainment percentage .....                                                                                                                       | <b>14</b>                  | 79.45 %  |
| <b>15</b>       | Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b>                  | 101.07 % |
| <b>16</b>       | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b>                  | 94.07 %  |
| <b>17</b>       | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b>                  | %        |

| <b>Part IV</b>                                                                           |                                   | <b>Contributions and liquidity shortfalls</b> |                          |                                   |                                 |
|------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------------------|--------------------------|-----------------------------------|---------------------------------|
| <b>18</b> Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                               |                          |                                   |                                 |
| (a) Date<br>(MM-DD-YYYY)                                                                 | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees               | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               |                          |                                   |                                 |
|                                                                                          |                                   |                                               | <b>Totals ▶</b>          | <b>18(b)</b>                      | <b>18(c)</b>                    |
|                                                                                          |                                   |                                               |                          | 0                                 | 0                               |

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

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

|                                                                                                                                                                                              |                       |                       |                       |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                       |                       |                       |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>3.78% | 2nd segment:<br>6.31% | 3rd segment:<br>6.57% | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code) .....                                                                                                                                                 |                       |                       |                       | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                       |                       |                       | <b>22</b>                                           |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                       |                       |                       |                                                     |

**Part VI Miscellaneous items**

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

**Part VII Reconciliation of unpaid minimum required contributions for prior years**

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

**Part VIII Minimum required contribution for current year**

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6) .....                                                                                                                                           | <b>31a</b>          | 154000             |               |
| <b>b</b> Excess assets, if applicable, but not greater than 31a .....                                                                                                                | <b>31b</b>          | 0                  |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment .....                                                                                                                                | 3566228             | 662225             |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |               |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount ..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...                                                            | <b>34</b>           | 816225             |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement.....                                                                                                                | 816225              | 0                  | 816225        |
| <b>36</b> Additional cash requirement (line 34 minus line 35) .....                                                                                                                  | <b>36</b>           | 0                  |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....                                                  | <b>37</b>           | 0                  |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       | <b>38a</b>          | 0                  |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          | 0                  |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years.....                                                                                                                   | <b>40</b>           | 0                  |               |

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

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

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

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

|                                                                                                                          |                                                                    |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>CONSOLIDATED ALUMINUM CORPORATION DISCONTINUED OPERATIONS PENSION PLAN</u>                   | <b>B</b> Three-digit plan number (PN) ▶ <u>040</u>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>CONSOLIDATED ALUMINUM CORPORATION C/O LONZA INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>62-0499635</u> |

**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)..... ☐ 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

**(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

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

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

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

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

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

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

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

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

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

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

LONZA, INC.

13-5665861

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 14 50                  | PLAN ADMINISTRATOR                                                                                | 26881                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

TOWERS WATSON

23-1159360

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11 16 17 50            | NONE                                                                                              | 26058                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

BRANDES INVESTMENT PARTNERS

33-0704072

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27 51                  | NONE                                                                                              | 24763                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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)

STATE STREET RETIREE SERVICES

04-3581074

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 12 13 15 50            | NONE                                                                                              | 18247                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

NELSON MULLINS

57-0215445

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 29 50                  | NONE                                                                                              | 11930                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

STATE STREET BANK

04-1867445

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 25 28 62 99 50 51      | NONE                                                                                              | 9522                                                                   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |

**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)

RCL ADVISORS

20-5867247

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27 51                  | NONE                                                                                              | 9368                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

SOUTHEASTERN ASSET MANAGEMENT

62-0951781

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27 51                  | NONE                                                                                              | 7820                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

ALLEGIANCE CAPITAL INC.

33-0336012

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27 51                  | NONE                                                                                              | 7149                                                                   | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

**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)

WISS & COMPANY, LLP

22-1732349

| <b>(b)</b><br>Service Code(s) | <b>(c)</b><br>Relationship to employer, employee organization, or person known to be a party-in-interest | <b>(d)</b><br>Enter direct compensation paid by the plan. If none, enter -0-. | <b>(e)</b><br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | <b>(f)</b><br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | <b>(g)</b><br>Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | <b>(h)</b><br>Did the service provider give you a formula instead of an amount or estimated amount? |
|-------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 10 50                         | NONE                                                                                                     | 7000                                                                          | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                         | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                              |                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                            |

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

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

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

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

**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<br>(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<br>(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<br>(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                                                                                                                         |
|--------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>ROC</p> <p>26-2949264</p>                                             | 17                            | <p>SERVICE PROVIDER DID NOT RESPOND TO A REQUEST TO PROVIDE INFORMATION REGARDING WHETHER THEY PROVIDED OR RECEIVED INDIRECT COMPENSATION IN CONNECTION WITH SERVICES TO OR TRANSATIONS WITH THIS PLAN.</p> |
|                                                                          |                               |                                                                                                                                                                                                             |
|                                                                          |                               |                                                                                                                                                                                                             |
|                                                                          |                               |                                                                                                                                                                                                             |
|                                                                          |                               |                                                                                                                                                                                                             |
|                                                                          |                               |                                                                                                                                                                                                             |

**Part III** **Termination Information on Accountants and Enrolled Actuaries (see instructions)**  
(complete as many entries as needed)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                                                                                                 |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><div style="text-align: center; font-size: 1.2em; font-weight: bold;">2011</div><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

|                                                                                                 |                                       |       |
|-------------------------------------------------------------------------------------------------|---------------------------------------|-------|
| <b>A</b> Name of plan<br>CONSOLIDATED ALUMINUM CORPORATION DISCONTINUED OPERATIONS PENSION PLAN | <b>B</b> Three-digit plan number (PN) | ► 040 |
|-------------------------------------------------------------------------------------------------|---------------------------------------|-------|

|                                                                                                                          |                                                                 |
|--------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br>CONSOLIDATED ALUMINUM CORPORATION C/O LONZA INC. | <b>D</b> Employer Identification Number (EIN)<br><br>62-0499635 |
|--------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|

|        |                                                                                                                                                                                  |
|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I | <b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b><br>(Complete as many entries as needed to report all interests in DFEs) |
|--------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                    |
|------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: LONZA AMERICA INC. MASTER RTMT TRUS |
|------------------------------------------------------------------------------------|

|                                                                      |
|----------------------------------------------------------------------|
| <b>b</b> Name of sponsor of entity listed in (a): LONZA AMERICA INC. |
|----------------------------------------------------------------------|

|                                |                        |                                                                                                              |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN 22-3539405-001 | <b>d</b> Entity code M | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17703569 |
|--------------------------------|------------------------|--------------------------------------------------------------------------------------------------------------|

|                                                |
|------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: |
|------------------------------------------------|

|                                                   |
|---------------------------------------------------|
| <b>b</b> Name of sponsor of entity listed in (a): |
|---------------------------------------------------|

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

|                                                |
|------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: |
|------------------------------------------------|

|                                                   |
|---------------------------------------------------|
| <b>b</b> Name of sponsor of entity listed in (a): |
|---------------------------------------------------|

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

|                                                |
|------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: |
|------------------------------------------------|

|                                                   |
|---------------------------------------------------|
| <b>b</b> Name of sponsor of entity listed in (a): |
|---------------------------------------------------|

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

|                                                |
|------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: |
|------------------------------------------------|

|                                                   |
|---------------------------------------------------|
| <b>b</b> Name of sponsor of entity listed in (a): |
|---------------------------------------------------|

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

|                                                |
|------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: |
|------------------------------------------------|

|                                                   |
|---------------------------------------------------|
| <b>b</b> Name of sponsor of entity listed in (a): |
|---------------------------------------------------|

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

|                                                |
|------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: |
|------------------------------------------------|

|                                                   |
|---------------------------------------------------|
| <b>b</b> Name of sponsor of entity listed in (a): |
|---------------------------------------------------|

|                 |                      |                                                                                                     |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|
| <b>c</b> EIN-PN | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
|-----------------|----------------------|-----------------------------------------------------------------------------------------------------|

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

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

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

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

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              |                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110                             |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>2011</b>                                   |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>This Form is Open to Public Inspection</b> |

|                                                                                                                          |                                                                        |            |
|--------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------|
| For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>                 |                                                                        |            |
| <b>A</b> Name of plan<br><u>CONSOLIDATED ALUMINUM CORPORATION DISCONTINUED OPERATIONS PENSION PLAN</u>                   | <b>B</b> Three-digit plan number (PN) ►                                | <u>040</u> |
|                                                                                                                          |                                                                        |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>CONSOLIDATED ALUMINUM CORPORATION C/O LONZA INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><br><u>62-0499635</u> |            |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                     | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                           | <b>1b(1)</b>    | <u>2830000</u>        |                 |
| <b>(2)</b> Participant contributions .....                                                        | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other.....                                                                             | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities.....                                                        | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other.....                                                                         | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                           | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts.....                                     | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts.....                                    | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   | <u>16929010</u>       | <u>17703569</u> |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....        | <b>1c(13)</b>   |                       |                 |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....                                                                           | <b>1c(15)</b>   |                       |                 |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 19759010              | 17703569        |

**Liabilities**

|                                                                           |           |      |       |
|---------------------------------------------------------------------------|-----------|------|-------|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |      |       |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |      |       |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |      |       |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> | 7037 | 11963 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 7037 | 11963 |

**Net Assets**

|                                                           |           |          |          |
|-----------------------------------------------------------|-----------|----------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 19751973 | 17691606 |
|-----------------------------------------------------------|-----------|----------|----------|

**Part II Income and Expense Statement**

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

**Income****a Contributions:**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> |            |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 0         |

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

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

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

|                 |              |  |  |
|-----------------|--------------|--|--|
| (3) Rents ..... | <b>2b(3)</b> |  |  |
|-----------------|--------------|--|--|

|                                                                                           |                 |  |   |
|-------------------------------------------------------------------------------------------|-----------------|--|---|
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                | <b>2b(4)(A)</b> |  |   |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                             | <b>2b(4)(B)</b> |  |   |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result ..... | <b>2b(4)(C)</b> |  | 0 |

|                                                                                                   |          | (a) Amount | (b) Total |
|---------------------------------------------------------------------------------------------------|----------|------------|-----------|
| <b>2b</b> (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....              | 2b(5)(A) |            |           |
| (B) Other .....                                                                                   | 2b(5)(B) |            |           |
| (C) Total unrealized appreciation of assets.<br>Add lines 2b(5)(A) and (B).....                   | 2b(5)(C) |            | 0         |
| (6) Net investment gain (loss) from common/collective trusts .....                                | 2b(6)    |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                                | 2b(7)    |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                        | 2b(8)    |            | -107321   |
| (9) Net investment gain (loss) from 103-12 investment entities .....                              | 2b(9)    |            |           |
| (10) Net investment gain (loss) from registered investment<br>companies (e.g., mutual funds)..... | 2b(10)   |            |           |
| <b>c</b> Other income.....                                                                        | 2c       |            |           |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....           | 2d       |            | -107321   |

**Expenses**

|                                                                                            |       |         |         |
|--------------------------------------------------------------------------------------------|-------|---------|---------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |       |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....            | 2e(1) | 1765359 |         |
| (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) |         | 1765359 |
| <b>f</b> Corrective distributions (see instructions) .....                                 | 2f    |         |         |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | 2g    |         |         |
| <b>h</b> Interest expense.....                                                             | 2h    |         |         |
| <b>i</b> Administrative expenses: (1) Professional fees .....                              | 2i(1) | 46215   |         |
| (2) Contract administrator fees .....                                                      | 2i(2) |         |         |
| (3) Investment advisory and management fees .....                                          | 2i(3) | 52876   |         |
| (4) Other .....                                                                            | 2i(4) | 88596   |         |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                        | 2i(5) |         | 187687  |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | 2j    |         | 1953046 |

**Net Income and Reconciliation**

|                                                                |       |  |          |
|----------------------------------------------------------------|-------|--|----------|
| <b>k</b> Net income (loss). Subtract line 2j from line 2d..... | 2k    |  | -2060367 |
| <b>l</b> 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: WISS & COMPANY, LLP (2) EIN: 22-1732349

**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  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---------|
| <b>a</b> 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>b</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  |         |
| <b>c</b> 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  |         |
| <b>d</b> 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  |         |
| <b>e</b> Was this plan covered by a fidelity bond?.....                                                                                                                                                                                                                                                         | X   |    | 1000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                         |     | X  |         |
| <b>g</b> 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  |         |
| <b>h</b> 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  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....                                                                                                                                                   |     | X  |         |
| <b>j</b> 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  |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....                                                                                                                                              |     | X  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                              |     | X  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....                                                                                                                                                                                     |     |    |         |
| <b>n</b> 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. ....                                                                                                                        |     |    |         |
| <b>4n</b>                                                                                                                                                                                                                                                                                                       |     |    |         |

- 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) |
|--------------|-------------|
|              |             |
|              |             |
|              |             |
|              |             |
|              |             |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2011</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

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

|                                                                                                                          |                                                                    |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>CONSOLIDATED ALUMINUM CORPORATION DISCONTINUED OPERATIONS PENSION PLAN</u>                   | <b>B</b> Three-digit plan number (PN) ▶<br><u>040</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>CONSOLIDATED ALUMINUM CORPORATION C/O LONZA INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>62-0499635</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                    |          |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                              | <b>1</b> | <u>0</u> |
| <b>2</b> 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):<br><br>EIN(s): <u>04-1867445</u> |          |          |
| <b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>                                                                                                                                                                                            |          |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                    | <b>3</b> | <u>0</u> |

|                |                                                                                                                                                                              |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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) |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                           |                              |                                        |                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------|-----------------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....                                                                                                                                                                                                                                                       | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A            |
| <b>If the plan is a defined benefit plan, go to line 8.</b>                                                                                                                                                                                                                                                                                                               |                              |                                        |                                         |
| <b>5</b> 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. <b>Date:</b> Month _____ Day _____ Year _____<br><b>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</b> |                              |                                        |                                         |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....                                                                                                                                                                                                                            | <b>6a</b>                    |                                        |                                         |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                                | <b>6b</b>                    |                                        |                                         |
| <b>c</b> 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).....                                                                                                                                                                                                                           | <b>6c</b>                    |                                        |                                         |
| <b>If you completed line 6c, skip lines 8 and 9.</b>                                                                                                                                                                                                                                                                                                                      |                              |                                        |                                         |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A            |
| <b>8</b> 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?.....                                                                                                | <input type="checkbox"/> Yes | <input type="checkbox"/> No            | <input checked="" type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                            |                                   |                                   |                               |                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|
| <b>9</b> 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..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input checked="" type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                             |                              |                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....                                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.)..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                              | <input type="checkbox"/> Yes | <input type="checkbox"/> 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:

|                                                                          |            |  |
|--------------------------------------------------------------------------|------------|--|
| <b>a</b> The current year .....                                          | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year ..... | <b>14b</b> |  |
| <b>c</b> The second preceding plan year .....                            | <b>14c</b> |  |

- 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:

|                                                                                                       |            |  |
|-------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

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

|                                                                                                                                                                        |            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                               | <b>16a</b> |  |
| <b>b</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 ..... | <b>16b</b> |  |

- 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): \_\_\_\_\_



## INDEPENDENT AUDITORS' REPORT

The Participants and Corporate Pension Committee  
Consolidated Aluminum Corporation  
Discontinued Operations Pension Plan

We were engaged to audit the accompanying statements of net assets available for benefits of the Consolidated Aluminum Corporation Discontinued Operations Pension Plan (the "Plan") as of December 31, 2011 and 2010, the related statements of changes in net assets available for benefits for the years then ended and the statement of accumulated plan benefits as of December 31, 2010 and the related statement of changes in accumulated plan benefits for the year then ended. These financial statements are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by State Street Bank and Trust Company, the Trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan Administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from State Street Bank and Trust Company as of and for the years ended December 31, 2011 and 2010, that the information provided to the Plan Administrator by the Trustee is complete and accurate.

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

A handwritten signature in cursive script that reads 'Wiss &amp; Company'.

WISS & COMPANY, LLP

Livingston, New Jersey  
October 11, 2012

**CONSOLIDATED ALUMINUM CORPORATION  
DISCONTINUED OPERATIONS PENSION PLAN**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**

|                                                              | December 31,         |                      |
|--------------------------------------------------------------|----------------------|----------------------|
|                                                              | <u>2011</u>          | <u>2010</u>          |
| ASSETS:                                                      |                      |                      |
| Investment in Lonza America Inc. Master Trust, at fair value | \$ 17,703,569        | \$ 16,929,010        |
| Employer contributions receivable                            | <u>-</u>             | <u>2,830,000</u>     |
| Total assets                                                 | 17,703,569           | 19,759,010           |
| LIABILITIES -                                                |                      |                      |
| Accrued administrative expenses                              | <u>11,963</u>        | <u>7,037</u>         |
| Net Assets Available for Benefits                            | <u>\$ 17,691,606</u> | <u>\$ 19,751,973</u> |

*See independent auditors' report and accompanying notes to financial statements.*

**CONSOLIDATED ALUMINUM CORPORATION  
DISCONTINUED OPERATIONS PENSION PLAN**

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**

|                                                             | Year Ended December 31, |                      |
|-------------------------------------------------------------|-------------------------|----------------------|
|                                                             | 2011                    | 2010                 |
| ADDITIONS / (REDUCTIONS):                                   |                         |                      |
| Investment income (loss) in Lonza America Inc. Master Trust | \$ (107,321)            | \$ 2,172,193         |
| Employer contributions                                      | -                       | 2,830,000            |
| Total Additions, net                                        | <u>(107,321)</u>        | <u>5,002,193</u>     |
| DEDUCTIONS:                                                 |                         |                      |
| Benefits paid to participants                               | 1,765,359               | 1,776,993            |
| Administrative expenses                                     | 187,687                 | 241,169              |
| Total Deductions                                            | <u>1,953,046</u>        | <u>2,018,162</u>     |
| NET INCREASE (DECREASE)                                     | (2,060,367)             | 2,984,031            |
| NET ASSETS AVAILABLE FOR BENEFITS,<br>BEGINNING OF YEAR     | <u>19,751,973</u>       | <u>16,767,942</u>    |
| NET ASSETS AVAILABLE FOR BENEFITS,<br>END OF YEAR           | <u>\$ 17,691,606</u>    | <u>\$ 19,751,973</u> |

*See independent auditors' report and accompanying notes to financial statements.*

**CONSOLIDATED ALUMINUM CORPORATION  
DISCONTINUED OPERATIONS PENSION PLAN**

**STATEMENT OF ACCUMULATED PLAN BENEFITS**

**DECEMBER 31, 2010**

ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS:

|                                                            |                      |
|------------------------------------------------------------|----------------------|
| Participants currently receiving payments                  | \$ 15,168,400        |
| Participants with deferred benefits                        | <u>828,984</u>       |
| Total Actuarial Present Value of Accumulated Plan Benefits | <u>\$ 15,997,384</u> |

*See independent auditors' report and accompanying notes to financial statements.*

**CONSOLIDATED ALUMINUM CORPORATION  
DISCONTINUED OPERATIONS PENSION PLAN**

**STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS**

**YEAR ENDED DECEMBER 31, 2010**

|                                                                           |                      |
|---------------------------------------------------------------------------|----------------------|
| Actuarial Present Value of Accumulated Plan Benefits at January 1, 2010   | <u>\$ 16,238,789</u> |
| Increase (decrease) during the year attributable to:                      |                      |
| Actuarial gain                                                            | (794,693)            |
| Change in discount period                                                 | 1,344,781            |
| Assumptions changes                                                       | 985,500              |
| Benefits paid                                                             | <u>(1,776,993)</u>   |
| Net decrease                                                              | <u>(241,405)</u>     |
| Actuarial Present Value of Accumulated Plan Benefits at December 31, 2010 | <u>\$ 15,997,384</u> |

*See independent auditors' report and accompanying notes to financial statements.*

**CONSOLIDATED ALUMINUM CORPORATION  
DISCONTINUED OPERATIONS PENSION PLAN**

**NOTES TO FINANCIAL STATEMENTS**

*(See independent auditors' report)*

**Note 1 - Plan Merger and Description of Plan:**

The following description is intended to give a general summary of the significant provisions of the Consolidated Aluminum Corporation Discontinued Operations Pension Plan (the "Plan"). Interested Plan participants should refer to the full Plan document for more detailed explanations and information regarding the Plan's provisions.

**General** - The Plan is a noncontributory, defined benefit pension plan subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Plan was established effective January 1, 1983 by merging the assets and accumulated plan benefits of the defined benefit plans for employees of sold or permanently closed plants of Consolidated Aluminum Corporation (the "Company"), a wholly owned subsidiary of Lonza America Inc. ("LAI"). On July 6, 1994, LAI executed an agreement to sell the assets of the Company, as defined in the purchase agreement, to Ormet Aluminum Mill Production and Products Corporation. The Plan was not included in the sale and remains an administrative obligation of LAI.

Under the terms of the Plan, participants continue to be eligible for monthly retirement benefits, as provided by their previous plans. Former pension plans included in the Plan are as follows:

- Carrollton Hourly Employees' Pension Plan
- City of Industry Pension Plan
- Columbia Hourly Employees' Pension Plan
- Contract Carrier, Inc. Pension Plan
- Florence Die Shop Pension Plan
- Florence Local 355 Pension Plan
- Gulfport Hourly Employees' Pension Plan
- Lake Charles Hourly Employees' Pension Plan
- Murphysboro Hourly Employees' Pension Plan
- Nesquehoning Hourly Employees' Pension Plan
- New Johnsonville Hourly Employees' Pension Plan
- Newbern Hourly Employees' Pension Plan
- Philadelphia Local 502 Pension Plan
- Reed City Hourly Employees' Pension Plan
- Salaried Employees' Pension Plan for Contract Carrier
- Salaried Employees' Pension Plan for Former Employees of Ore Shipping Corporation
- Shelbina Hourly Employees' Pension Plan

**Pension Benefits** - All participants are eligible for a monthly retirement benefit upon reaching the normal retirement age of 65; certain participants are eligible for benefits upon reaching the early retirement date, as defined, with respect to the Plan in which the participant participated immediately prior to the effective date of the Plan. Monthly benefit payments are computed by multiplying the number of years of credited service by a benefit rate, subject to certain limitations specified in the Plan document. Participants may elect to receive pension benefits in various forms with death benefits available to surviving spouses of eligible participants as defined by their previous plans. Participants may also elect early retirement after attainment of certain ages and years of credited service, depending upon the applicable former plan's terms, in which case the normal retirement benefit is actuarially reduced. Participants becoming disabled have the same benefits as any other terminated vested participants.

**CONSOLIDATED ALUMINUM CORPORATION  
DISCONTINUED OPERATIONS PENSION PLAN**

**NOTES TO FINANCIAL STATEMENTS**

*(See independent auditors' report)*

***Death and Survivorship Benefits*** - The surviving spouse of any deceased participant who was vested at the date of death is entitled to a death benefit payable contingent upon the participant's employment status, age and years of service on the date of death.

***Disability Benefits*** - There are no special provisions for participants who become disabled; they are treated the same as any other terminated vested participant.

***Deferred Vested Pension Benefits*** - Participants who terminated for reasons other than death, disability, or retirement who fulfilled the vesting requirement as defined by their previous plan are eligible for deferred vested benefits after attaining normal retirement age or at an early retirement date as defined by their previous plan.

***Trust Managed by the Trustee*** - The assets of the Lonza America Inc. Master Retirement Trust are held and managed by State Street Bank and Trust Company (the "Trustee") for the years ended December 31, 2011 and 2010. Under the terms of the agreement, the Trustee manages the Lonza America Inc. Master Retirement Trust on behalf of the Plan. The Trustee has been granted discretionary authority concerning purchases and sales of investments in the Lonza America Inc. Master Retirement Trust in accordance with the general guidelines established by the Plan Administrator. Additionally, the Plan's Retirement Committee (the "Committee") regularly reviews the investment performance with an independent investment advisor and the Committee may direct the acquisition and disposition of the assets of the Plan.

***Funding Policy*** - The Company's funding policy is to make annual contributions to the Plan in amounts that are sufficient to comply with the minimum funding requirements of ERISA. The Company's contributions for the year ended December 31, 2011 and 2010 equaled or exceeded the minimum funding requirements of ERISA.

**Note 2 - Summary of Significant Accounting Policies:**

***Basis of Accounting*** - The Plan's financial statements have been prepared on the accrual basis of accounting.

***Use of Estimates*** - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results, as determined at a later date, could differ from those estimates.

***Investment Valuation and Income Recognition*** - Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 6 for a discussion of fair value measurements.

Investment income in Lonza America Inc. Master Retirement Trust consists of interest income, dividend income and net appreciation of investments. Purchase and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

**CONSOLIDATED ALUMINUM CORPORATION  
DISCONTINUED OPERATIONS PENSION PLAN**

**NOTES TO FINANCIAL STATEMENTS**

*(See independent auditors' report)*

**Administrative Expenses** - Certain costs and expenses incurred in the administration of the Plan are paid out of Plan assets. Eligible expenses, to the extent not reimbursed by the Company, include, but are not limited to, investment managers' fees, actuarial fees, legal fees and audit fees. In addition, the Company provides internal accounting and administrative services to the Plan.

**Risk and Uncertainties** - The assets of the Lonza America Inc. Master Retirement Trust are primarily investment securities, which are monetary in nature. Investment securities, in general, are exposed to various risks, such as interest rate, credit and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the value of investment securities will occur in the near term and that such changes could materially affect participant's account balances and the amounts reported in the financial statements.

Plan contributions are made and actuarial present value of accumulated Plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in these estimates and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term could be material to the financial statements.

The Plan may have investments in securities with contractual cash flows, such as asset backed securities, collateralized mortgage obligations and commercial mortgage backed securities, including securities backed by sub-prime mortgage loans. The value, liquidity and related income of these securities are sensitive to changes in economic conditions, including real estate value, delinquencies and defaults, and may be adversely affected by shifts in the market's perception of the issuers and changes in interest rates.

**Payment of Benefits** - Benefit payments to participants are recorded upon distribution.

**Subsequent Events** - The Plan Administrator has evaluated subsequent events through October 11, 2012, the date the financial statements were available to be issued. The effects of those events and transactions that provide additional pertinent information about conditions that existed at the Statement of Net Assets Available for Benefits date have been recognized in the accompanying financial statements.

**Note 3 - Plan Termination:**

Although it has not expressed any intention to do so, the Company has the right to terminate the Plan subject to provisions set forth in ERISA. In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, in the following order:

- (a) Annuity benefits that former employees or their beneficiaries have been receiving for at least three years prior to the termination date of the Plan, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of an annuity under the Plan. The amount is further limited to the lowest benefit that was (or would have been) payable under the Plan provisions in effect at any time during the five years preceding Plan termination.
- (b) Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) up to the applicable limitations (discussed below).
- (c) All other vested benefits (that is, vested benefits not insured by the PBGC).

**CONSOLIDATED ALUMINUM CORPORATION  
DISCONTINUED OPERATIONS PENSION PLAN**

**NOTES TO FINANCIAL STATEMENTS**

*(See independent auditors' report)*

(d) All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivors' pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the PBGC level in effect on the date of the Plan's termination. However, there is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees, which is adjusted periodically.

Whether all the participants receive their benefits should the Plan terminate at some future date will depend on the adequacy, at the time, of the Plan's net assets to provide those benefits and may also depend on level of benefits guaranteed by the PBGC.

**Note 4 - Tax Status:**

The Plan has received a determination letter from the Internal Revenue Service dated November 16, 2007, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the "IRC") and, therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. The Plan Administrator believes that the Plan is being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan, as amended, is qualified and the related trust is tax exempt.

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

**Note 5 - Investment in the Lonza America Inc. Master Retirement Trust:**

At December 31, 2011 and 2010, the Plan's interest in the net assets of the Lonza America Inc. Master Retirement Trust was approximately 13%. Investment income and administrative expenses relating to the Lonza America Inc. Master Retirement Trust are allocated to the individual participating plans based upon average monthly balances invested by each plan. The Plan's specific interest in the net assets of the Lonza America Inc. Master Retirement Trust is neither senior nor subordinate to the specific interest of the other plans participating in the Lonza America Inc. Master Retirement Trust.

All investment information disclosed in the accompanying financial statements and schedules, including investments held at December 31, 2011 and 2010, and net appreciation in fair value of investments, interest, dividends, and investment expenses for the years ended December 31, 2011 and 2010, were obtained or derived from information supplied to the Plan Administrator and certified as complete and accurate by the Trustee.

**CONSOLIDATED ALUMINUM CORPORATION  
DISCONTINUED OPERATIONS PENSION PLAN**

**NOTES TO FINANCIAL STATEMENTS**

*(See independent auditors' report)*

The following table presents the fair value of investments for the Lonza America Inc. Master Retirement Trust:

|                                                                 | December 31,          |                       |
|-----------------------------------------------------------------|-----------------------|-----------------------|
|                                                                 | 2011                  | 2010                  |
| Fixed income investments                                        | \$ 19,985,924         | \$ 24,070,154         |
| Mutual funds                                                    | 54,880,309            | 39,624,429            |
| Common stock                                                    | 37,231,066            | 36,867,206            |
| Common collective trust                                         | 27,949,414            | 39,482,876            |
| Receivable for investments sold                                 | 1,158,767             | 9,351,295             |
| Accrued income                                                  | 194,520               | 146,019               |
| Other receivable                                                | 51,735                | 39,085                |
| Total assets                                                    | 141,451,735           | 149,581,064           |
| Payable for investments purchased                               | 3,821,323             | 18,292,148            |
| Net assets available to participating plans                     | <u>\$ 137,630,412</u> | <u>\$ 131,288,916</u> |
| Plan's investment in Lonza America Inc. Master Retirement Trust | <u>\$ 17,703,569</u>  | <u>\$ 16,929,010</u>  |

Investment income of the Lonza America Inc. Master Retirement Trust for the years ended December 31, 2011 and 2010, certified as complete and accurate by the Trustee is as follows:

|                                                                                          | Year Ended December 31, |                      |
|------------------------------------------------------------------------------------------|-------------------------|----------------------|
|                                                                                          | 2011                    | 2010                 |
| Lonza America Inc. Master Retirement Trust investment income:                            |                         |                      |
| Interest                                                                                 | \$ 231,069              | \$ 296,057           |
| Dividends                                                                                | 4,332,279               | 3,188,598            |
| Income from pooled funds                                                                 | (18,240)                | 27,498               |
| Net realized gain                                                                        | 5,263,849               | 2,596,460            |
| Net unrealized appreciation (depreciation)                                               | <u>(11,918,382)</u>     | <u>10,266,506</u>    |
| Total Lonza America Inc. Master Trust investment income available to participating plans | <u>\$ (2,109,425)</u>   | <u>\$ 16,375,119</u> |
| Plan's share of investment income in Lonza America Inc. Master Retirement Trust          | <u>\$ (107,321)</u>     | <u>\$ 2,172,193</u>  |

**Note 6 - Fair Value Measurements:**

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

**CONSOLIDATED ALUMINUM CORPORATION  
DISCONTINUED OPERATIONS PENSION PLAN**

**NOTES TO FINANCIAL STATEMENTS**

*(See independent auditors' report)*

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

*Level 2* - Inputs to the valuation methodology include:

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

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

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

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

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

- *Fixed income investments*: Valued at the closing price reported in the active market in which the individual investment is traded.
- *Mutual funds*: Valued at the closing price reported on the active market.
- *Common stock*: Valued at the closing price reported on the related market.
- *Common collective trust*: Valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer.
- *Accrued income*: Valued at the carrying value of the receivable, which approximates fair value.
- *Receivable for investments sold*: Valued at the carrying value of the receivable, which approximates fair value.
- *Other receivable*: Valued at the carrying value of the receivable, which approximates fair value.
- *Payable for investments purchased*: Valued at the carrying value of the payable, which approximates fair value.

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

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**NOTES TO FINANCIAL STATEMENTS**

*(See independent auditors' report)*

The following table sets forth by level, within the fair value hierarchy, the Master Trust's assets and liabilities at fair value as of December 31, 2011 and 2010 respectively.

*Assets at Fair Value as of December 31, 2011*

|                                | <i>Level 1</i> | <i>Level 2</i> | <i>Level 3</i> | <i>Total</i>   |
|--------------------------------|----------------|----------------|----------------|----------------|
| Fixed income investments:      |                |                |                |                |
| Interest bearing cash          | \$ -           | \$ 6,210,249   | \$ -           | \$ 6,210,249   |
| U.S. government securities     | -              | 13,775,675     | -              | 13,775,675     |
| Total fixed income investments | -              | 19,985,924     | -              | 19,985,924     |
| Mutual funds:                  |                |                |                |                |
| International funds            | 10,545,690     | -              | -              | 10,545,690     |
| Institutional funds            | 28,539,638     | -              | -              | 28,539,638     |
| Emerging markets funds         | 15,794,981     | -              | -              | 15,794,981     |
| Total mutual funds             | 54,880,309     | -              | -              | 54,880,309     |
| Common stocks:                 |                |                |                |                |
| American depositary receipts   | 15,451,463     | -              | -              | 15,451,463     |
| Technology                     | 1,919,732      | -              | -              | 1,919,732      |
| Retail                         | 3,594,145      | -              | -              | 3,594,145      |
| Finance                        | 3,335,435      | -              | -              | 3,335,435      |
| Insurance                      | 3,070,318      | -              | -              | 3,070,318      |
| Manufacturing                  | 1,082,758      | -              | -              | 1,082,758      |
| Energy                         | 2,391,741      | -              | -              | 2,391,741      |
| Entertainment                  | 2,042,445      | -              | -              | 2,042,445      |
| Basic materials                | 431,191        | -              | -              | 431,191        |
| Industrial goods               | 1,174,020      | -              | -              | 1,174,020      |
| Consumer goods                 | 886,334        | -              | -              | 886,334        |
| Service                        | 308,850        | -              | -              | 308,850        |
| Other                          | 1,542,634      | -              | -              | 1,542,634      |
| Total common stocks            | 37,231,066     | -              | -              | 37,231,066     |
| Common collective trust        | -              | 27,949,414     | -              | 27,949,414     |
| Receivable for investment sold | -              | -              | 1,158,767      | 1,158,767      |
| Accrued income                 | -              | -              | 194,520        | 194,520        |
| Other receivable               | -              | -              | 51,735         | 51,735         |
| Total assets, at fair value    | \$ 92,111,375  | \$ 47,935,338  | \$ 1,405,022   | \$ 141,451,735 |

*Liabilities at Fair Value as of December 31, 2011*

|                                   | <i>Level 1</i> | <i>Level 2</i> | <i>Level 3</i> | <i>Total</i> |
|-----------------------------------|----------------|----------------|----------------|--------------|
| Payable for investments purchased | \$ -           | \$ -           | \$ 3,821,323   | \$ 3,821,323 |

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DISCONTINUED OPERATIONS PENSION PLAN**

**NOTES TO FINANCIAL STATEMENTS**

*(See independent auditors' report)*

*Assets at Fair Value as of December 31, 2010*

|                                | <i>Level 1</i> | <i>Level 2</i> | <i>Level 3</i> | <i>Total</i>   |
|--------------------------------|----------------|----------------|----------------|----------------|
| Fixed income investments:      |                |                |                |                |
| Interest bearing cash          | \$ -           | \$ 11,165,223  | \$ -           | \$ 11,165,223  |
| U.S. government securities     | -              | 12,904,931     | -              | 12,904,931     |
| Total fixed income investments | -              | 24,070,154     | -              | 24,070,154     |
| Mutual funds:                  |                |                |                |                |
| International funds            | 5,980,148      | -              | -              | 5,980,148      |
| Institutional funds            | 26,976,368     | -              | -              | 26,976,368     |
| Emerging markets funds         | 6,667,913      | -              | -              | 6,667,913      |
| Total mutual funds             | 39,624,429     | -              | -              | 39,624,429     |
| Common stocks:                 |                |                |                |                |
| American depositary receipts   | 15,230,019     | -              | -              | 15,230,019     |
| Technology                     | 2,968,004      | -              | -              | 2,968,004      |
| Retail                         | 4,320,619      | -              | -              | 4,320,619      |
| Finance                        | 2,045,905      | -              | -              | 2,045,905      |
| Insurance                      | 1,928,737      | -              | -              | 1,928,737      |
| Manufacturing                  | 1,056,346      | -              | -              | 1,056,346      |
| Energy                         | 2,697,971      | -              | -              | 2,697,971      |
| Entertainment                  | 3,086,663      | -              | -              | 3,086,663      |
| Basic materials                | 257,355        | -              | -              | 257,355        |
| Industrial goods               | 1,091,578      | -              | -              | 1,091,578      |
| Consumer goods                 | 623,591        | -              | -              | 623,591        |
| Service                        | 239,250        | -              | -              | 239,250        |
| Other                          | 1,321,168      | -              | -              | 1,321,168      |
| Total common stocks            | 36,867,206     | -              | -              | 36,867,206     |
| Common collective trust        | -              | 39,482,876     | -              | 39,482,876     |
| Accrued income                 | -              | -              | 9,351,295      | 9,351,295      |
| Accrued income                 | -              | -              | 146,019        | 146,019        |
| Other receivable               | -              | -              | 39,085         | 39,085         |
| Total assets, at fair value    | \$ 76,491,635  | \$ 63,553,030  | \$ 9,536,399   | \$ 149,581,064 |

*Liabilities at Fair Value as of December 31, 2010*

|                                   | <i>Level 1</i> | <i>Level 2</i> | <i>Level 3</i> | <i>Total</i>  |
|-----------------------------------|----------------|----------------|----------------|---------------|
| Payable for investments purchased | \$ -           | \$ -           | \$ 18,292,148  | \$ 18,292,148 |

**CONSOLIDATED ALUMINUM CORPORATION  
DISCONTINUED OPERATIONS PENSION PLAN**

**NOTES TO FINANCIAL STATEMENTS**

*(See independent auditors' report)*

**Level 3 Gains and Losses** - The following table sets forth a summary of changes in the fair value of the Master Trust's level 3 assets for the year ended December 31, 2011:

|                            | <i>Investments<br/>Sold</i> | <i>Accrued<br/>Income</i> | <i>Other<br/>Receivable</i> | <i>Total</i>        |
|----------------------------|-----------------------------|---------------------------|-----------------------------|---------------------|
| Balance, beginning of year | \$ 9,351,295                | \$ 146,019                | \$ 39,085                   | \$ 9,536,399        |
| Purchases                  | 227,355,405                 | 5,081,372                 | 24,852                      | 232,461,629         |
| Sales                      | (235,547,933)               | (5,032,871)               | (12,202)                    | (240,593,006)       |
| Balance, end of year       | <u>\$ 1,158,767</u>         | <u>\$ 194,520</u>         | <u>\$ 51,735</u>            | <u>\$ 1,405,022</u> |

The following table sets forth a summary of changes in the fair value of the Master Trust's level 3 liabilities for the year ended December 31, 2011:

|                            | <i>Payable for<br/>Investments<br/>Purchased</i> |
|----------------------------|--------------------------------------------------|
| Balance, beginning of year | \$ 18,292,148                                    |
| Purchases                  | 237,857,152                                      |
| Sales                      | (252,327,977)                                    |
| Balance, end of year       | <u>\$ 3,821,323</u>                              |

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period. For the year ended December 31, 2011, there were no significant transfers in or out of levels 1, 2, or 3.

**Note 7 - Accumulated Plan Benefits:**

Accumulated plan benefits are those estimated future payments that are attributable under the Plan's provisions to the service that employees have rendered to the valuation date. Accumulated Plan benefits include benefits expected to be paid to retired or terminated employees or their beneficiaries. Benefits payable under all circumstances - retirement death disability and termination of employment - are included to the extent that they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated Plan benefits is determined by the Plan's consulting actuaries and is the amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits to reflect the time value of money and the probability of payment between the actuarial date and the expected date of payment.

**CONSOLIDATED ALUMINUM CORPORATION  
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**NOTES TO FINANCIAL STATEMENTS**

*(See independent auditors' report)*

The actuarial valuation was performed as of January 1, 2011; however, there are no material differences between the values determined as of that date and those presented as of December 31, 2010. The significant actuarial assumptions used in the valuation as of December 31, 2009 were: (a) assumed interest rate of 5.20%; (b) normal retirement age of 65; (c) separate rates for non-annuitants (based on RP-200 "Employees" table without collar or amount adjustments, projected to 2026 using Scale AA) and annuitants (based on RP-2000 "Healthy Annuitants" table without collar or amount adjustments, projected to 2018 using Scale AA). The Plan uses the projected unit credit method. These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits.

**Note 8 - Party-in-Interest:**

The assets of the Master Trust invested in funds of the Trustee are considered party-in-interest investments. The Trustee is a party-in-interest as a provider of investment management and custodial services to the trust funds.

# SCHEDULE SB ATTACHMENTS

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## Schedule SB -Statement by Enrolled Actuary

|                          |                                                                        |
|--------------------------|------------------------------------------------------------------------|
| <b>Plan Sponsor</b>      | Consolidated Aluminum Corporation                                      |
| <b>EIN/PN</b>            | 62-0499635/ 040                                                        |
| <b>Plan Name</b>         | Consolidated Aluminum Corporation Discontinued Operations Pension Plan |
| <b>Valuation Date</b>    | January 1, 2011                                                        |
| <b>Enrolled Actuary</b>  | Liana Petruso                                                          |
| <b>Enrollment Number</b> | 11-07060                                                               |

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan.

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

# SCHEDULE SB ATTACHMENTS

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

### Actuarial Assumptions and Methods

#### Economic Assumptions

##### Interest rate basis:

- |                     |                |
|---------------------|----------------|
| ▶ Applicable month  | September 2010 |
| ▶ Yield curve basis | Segment rates  |

##### Interest rates:

- |                           |       |
|---------------------------|-------|
| ▶ First segment rate      | 3.78% |
| ▶ Second segment rate     | 6.31% |
| ▶ Third segment rate      | 6.57% |
| ▶ Effective interest rate | 6.03% |

##### Annual rates of increase

- |                                     |     |
|-------------------------------------|-----|
| ▶ Compensation:                     | N/A |
| ▶ Future Social Security wage bases | N/A |

#### Demographic Assumptions

|                          |                                                                                                                                                                                                                                                                                    |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Inclusion date           | The valuation date coincident with or next following the date on which the employee becomes a participant.                                                                                                                                                                         |
| New or rehired employees | It was assumed there will be no new or rehired employees.                                                                                                                                                                                                                          |
| Mortality                | Separate rates for non-annuitants (based on RP-2000 "Employees" table without collar or amount adjustments, projected to 2026 using Scale AA) and annuitants (based on RP-2000 "Healthy Annuitants" table without collar or amount adjustments, projected to 2018 using Scale AA). |
| Retirement               | 100% at Normal Retirement Age of 65                                                                                                                                                                                                                                                |
| Form of payment          | Life Annuity                                                                                                                                                                                                                                                                       |
| Percent married          | 100% of males and females are assumed to be married.                                                                                                                                                                                                                               |
| Spouse age               | Wife three years younger than husband.                                                                                                                                                                                                                                             |

|                 |                                                                        |
|-----------------|------------------------------------------------------------------------|
| Plan Name:      | Consolidated Aluminum Corporation Discontinued Operations Pension Plan |
| EIN / PN:       | 62-0499635/ 040                                                        |
| Plan Sponsor:   | Consolidated Aluminum Corporation                                      |
| Valuation Date: | January 1, 2011                                                        |

## SCHEDULE SB ATTACHMENTS

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|                            |                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Administrative expenses    | \$154,000                                                                                                                                                                                                                                                                                                                                                                                                                          |
| At-risk assumptions        | For at-risk calculations, all participants eligible to elect benefits during the current and subsequent ten plan years are assumed to commence benefits at the earliest possible date under the plan, but not before the end of the current plan year. In addition, all these participants are assumed to elect the most valuable form of benefit under the plan under PPA assumptions, which is the life annuity form of payment. |
| Timing of benefit payments | Annuity payments are payable monthly at the beginning of the month.                                                                                                                                                                                                                                                                                                                                                                |
| Covered Pay                | There are currently no active participants.                                                                                                                                                                                                                                                                                                                                                                                        |

### Methods

|                           |                                                                                                                                                                                                                                                                                                        |
|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Valuation date            | First day of plan year                                                                                                                                                                                                                                                                                 |
| Funding target            | Present value of accrued benefits                                                                                                                                                                                                                                                                      |
| Target normal cost        | Present value of benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets during plan year.                                                                                                                                                        |
| Actuarial value of assets | Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings. The average asset value must be within 10% of fair value, including contributions receivable. |
| Benefits not valued       | All benefits described in the Plan Provisions section of this report were valued. We are not aware of any significant benefits required to be valued that were not.                                                                                                                                    |

|                 |                                                                        |
|-----------------|------------------------------------------------------------------------|
| Plan Name:      | Consolidated Aluminum Corporation Discontinued Operations Pension Plan |
| EIN / PN:       | 62-0499635/ 040                                                        |
| Plan Sponsor:   | Consolidated Aluminum Corporation                                      |
| Valuation Date: | January 1, 2011                                                        |

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Part V Summary of Plan Provisions

### Plan Provisions

|                               |                                                                                                                                                                                                     |
|-------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective Date                | Adopted January 1, 1983; last amended December 31, 2009.                                                                                                                                            |
| Eligibility for participation | All former employees who were Participants with benefit rights under a former pension plan that was merged into the Consolidated Aluminium Corp. Discontinued Operations Pension Plan are eligible. |

### Definitions

|                         |                                                                                                                                              |
|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| Monthly accrued benefit | The Accrued Benefit was determined under the provisions of the applicable prior plan. Participants will not receive any additional accruals. |
|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|

### Benefits paid upon the following events

#### Normal retirement

- Eligibility Age 65.
- Amount The Accrued Benefit payable immediately.

#### Early retirement

- Eligibility

Varies according to the schedule below

| Group                                                                                                                                             | Early Retirement Eligibility |
|---------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| Carrollton Hourly Employees                                                                                                                       | Age 60 & 15 years of service |
| City of Industry                                                                                                                                  | Age 60 & 20 years of service |
| Columbia Hourly Employees                                                                                                                         | Age 60 & 10 years of service |
| Consolidated Aluminium Salaried Employees <ul style="list-style-type: none"><li>• Contract Carrier, Inc.</li><li>• Ore Shipping Company</li></ul> | Age 60 & 10 years of service |
| Contract Carrier (Non-Union)                                                                                                                      | Age 60 & 10 years of service |
| Florence Die Shop                                                                                                                                 | Age 60 & 20 years of service |
| Florence Local 355                                                                                                                                | Age 60 & 20 years of service |
| Gulfport Hourly Employees                                                                                                                         | Age 55 & 20 years of service |
| Lake Charles Hourly Employees                                                                                                                     | Age 60 & 10 years of service |
| Murphysboro Hourly Employees                                                                                                                      | Age 60 & 10 years of service |
| Nesquehoning Hourly Employees                                                                                                                     | Age 60 & 10 years of service |

|                 |                                                                        |
|-----------------|------------------------------------------------------------------------|
| Plan Name:      | Consolidated Aluminum Corporation Discontinued Operations Pension Plan |
| EIN / PN:       | 62-0499635/ 040                                                        |
| Plan Sponsor:   | Consolidated Aluminum Corporation                                      |
| Valuation Date: | January 1, 2011                                                        |

## SCHEDULE SB ATTACHMENTS

|                                   |                              |
|-----------------------------------|------------------------------|
| New Johnsonville Hourly Employees | Age 60 & 10 years of service |
| Newbern Hourly Employees          | Age 60 & 10 years of service |
| Philadelphia Local 502            | Age 62 & 15 years of service |
| Reed City Hourly Employees        | Age 55 & 10 years of service |
| Shelbina Hourly Employees         | Age 60 & 10 years of service |

- Amount

The Accrued Benefit reduced by 0.4% for each month by which benefit commencement precedes age 65, except for participants who were formerly in the following plans, who shall have their benefit reduced as follows:

| Prior Pension Plan                                                                                                                                                                                     | Early Retirement Reduction                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• Nesquehoning Hourly Employees' Pension Plan</li> <li>• Reed City Hourly Employees' Pension Plan</li> <li>• Shelbina Hourly Employees' Pension Plan</li> </ul> | 0.5% for each month by which benefit commencement precedes age 65.                                             |
| Philadelphia Local 502 Pension Plan                                                                                                                                                                    | 5/9 of 1% for each month by which benefit commencement precedes age 65, with a maximum reduction of 20% at 62. |
| Contract Carrier, Inc. Pension Plan (Non-Union)                                                                                                                                                        | 5/9 of 1% for each month by which benefit commencement precedes age 65.                                        |

### Pre-retirement Death Benefit

- Eligibility
- Amount

Retirement after Normal Retirement Date.

The Accrued Benefit determined using service to the actual retirement date, payable immediately.

Plan Name: Consolidated Aluminum Corporation Discontinued Operations Pension Plan  
 EIN / PN: 62-0499635/ 040  
 Plan Sponsor: Consolidated Aluminum Corporation  
 Valuation Date: January 1, 2011

# SCHEDULE SB ATTACHMENTS

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## Other Plan Provisions

### Forms of payment

- Normal Form of Payment
  - (i) Unmarried Participant: Life Annuity
  - (ii) Married Participant: Actuarially reduced 50% Joint & Survivor Annuity
- Optional Forms
  - (i) 50% Joint & Survivor Annuity
  - (ii) 75% Joint & Survivor Annuity
  - (iii) 100% Joint & Survivor Annuity
  - (iv) 10 Year Certain and Life Annuity
  - (v) Life Annuity (for married participants)
  - (vi) Social Security Level Income (Lake Charles Plan Only)

Actuarial Equivalence for optional forms: the Unisex Pension 1984 Mortality Table, and 10% interest

## Future Plan Changes

No future plan changes were recognized in determining pension cost or in determining minimum and maximum contributions.

## Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

|                 |                                                                        |
|-----------------|------------------------------------------------------------------------|
| Plan Name:      | Consolidated Aluminum Corporation Discontinued Operations Pension Plan |
| EIN / PN:       | 62-0499635/ 040                                                        |
| Plan Sponsor:   | Consolidated Aluminum Corporation                                      |
| Valuation Date: | January 1, 2011                                                        |

## SCHEDULE SB ATTACHMENTS

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**Schedule SB, Line 32**  
**Schedule of Amortization Bases**  
**as of January 1, 2011**

| Type of Base |           | Date Established | Initial Amount | Remaining Amortization Period (Years) | Outstanding Balance | Amortization Payment |
|--------------|-----------|------------------|----------------|---------------------------------------|---------------------|----------------------|
| 1            | Shortfall | 01/01/2010       | 3,934,976      | 6                                     | 3,566,228           | 662,225              |
| Total        |           |                  |                |                                       | 3,566,228           | 662,225              |

Plan Name: Consolidated Aluminum Corporation Discontinued Operations Pension Plan  
EIN / PN: 62-0499635/ 040  
Plan Sponsor: Consolidated Aluminum Corporation  
Valuation Date: January 1, 2011

|                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                |                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><small>Pension Benefit Guaranty Corporation</small> | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).<br><b>► File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2011</b><br><br><b>This Form is Open to Public Inspection</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

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

► Round off amounts to nearest dollar.

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

|                                                                                                                                                         |                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br><br>CONSOLIDATED ALUMINUM CORPORATION DISCONTINUED OPERATIONS                                                                  | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span> <u>040</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><br>CONSOLIDATED ALUMINUM CORPORATION                                       | <b>D</b> Employer Identification Number (EIN)<br><br><u>62-0499635</u>                |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B               |                                                                                       |
| <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |                                                                                       |

|                                                                                                                                                                                                                 |              |                            |                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------------------|--------------------|
| <b>Part I Basic Information</b>                                                                                                                                                                                 |              |                            |                    |
| <b>1</b> Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2011</u>                                                                                                                                 |              |                            |                    |
| <b>2</b> Assets:                                                                                                                                                                                                |              |                            |                    |
| <b>a</b> Market value .....                                                                                                                                                                                     | <b>2a</b>    |                            | 19,636,740         |
| <b>b</b> Actuarial value .....                                                                                                                                                                                  | <b>2b</b>    |                            | 18,322,420         |
| <b>3</b> Funding target/participant count breakdown:                                                                                                                                                            |              |                            |                    |
|                                                                                                                                                                                                                 |              | (1) Number of participants | (2) Funding Target |
| <b>a</b> For retired participants and beneficiaries receiving payment .....                                                                                                                                     | <b>3a</b>    | 887                        | 17,165,497         |
| <b>b</b> For terminated vested participants .....                                                                                                                                                               | <b>3b</b>    | 57                         | 961,670            |
| <b>c</b> For active participants:                                                                                                                                                                               |              |                            |                    |
| (1) Non-vested benefits .....                                                                                                                                                                                   | <b>3c(1)</b> |                            | 0                  |
| (2) Vested benefits .....                                                                                                                                                                                       | <b>3c(2)</b> |                            | 0                  |
| (3) Total active .....                                                                                                                                                                                          | <b>3c(3)</b> | 0                          | 0                  |
| <b>d</b> Total .....                                                                                                                                                                                            | <b>3d</b>    | 944                        | 18,127,167         |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>                                                                                                |              |                            |                    |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                       | <b>4a</b>    |                            |                    |
| <b>b</b> Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor ..... | <b>4b</b>    |                            |                    |
| <b>5</b> Effective interest rate .....                                                                                                                                                                          | <b>5</b>     |                            | 6.03 %             |
| <b>6</b> Target normal cost .....                                                                                                                                                                               | <b>6</b>     |                            | 154,000            |

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

|                  |                                                     |                                        |
|------------------|-----------------------------------------------------|----------------------------------------|
| <b>SIGN HERE</b> | Liana Petruso <span style="float: right;">UP</span> | 10/11/12                               |
|                  | Signature of actuary                                | Date                                   |
|                  | Type or print name of actuary                       | 11-07060                               |
|                  | TOWERS WATSON PENNSYLVANIA INC.                     | Most recent enrollment number          |
|                  | 263 TRESSER BLVD                                    | (203) 326-5400                         |
|                  | Firm name                                           | Telephone number (including area code) |
|                  | STAMFORD CT 06901                                   |                                        |
|                  | Address of the firm                                 |                                        |

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

**Part II Beginning of year carryover and prefunding balances**

|                                                                                                                                  | (a) Carryover balance | (b) Prefunding balance |
|----------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....                          | 3,571,708             | 0                      |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                      | 119,200               | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8).....                                                                             | 3,452,508             | 0                      |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>13.52</u> %.....                                             | 466,779               |                        |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                   |                       |                        |
| <b>a</b> Present value of excess contributions (line 38 from prior year) .....                                                   |                       | 1,886,078              |
| <b>b</b> Interest on (a) using prior year's effective rate of <u>6.47</u> % except as otherwise provided (see instructions)..... |                       | 130,433                |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance.....                                     |                       | 2,016,511              |
| <b>d</b> Portion of (c) to be added to prefunding balance.....                                                                   |                       | 0                      |
| <b>12</b> Other reductions in balances due to elections or deemed elections.....                                                 | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d - line 12).....                                      | 3,919,287             | 0                      |

**Part III Funding percentages**

|                                                                                                                                                                           |           |          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                      | <b>14</b> | 79.45 %  |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                             | <b>15</b> | 101.07 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement..... | <b>16</b> | 94.07 %  |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage. ....                                       | <b>17</b> | %        |

**Part IV Contributions and liquidity shortfalls****18** Contributions made to the plan for the plan year by employer(s) and employees:

| (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
|                          |                                   |                                 |                          |                                   |                                 |
| <b>Totals •</b>          |                                   |                                 | <b>18(b)</b>             | 0                                 | <b>18(c)</b> 0                  |

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

|                                                                                                                        |            |   |
|------------------------------------------------------------------------------------------------------------------------|------------|---|
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....                   | <b>19a</b> | 0 |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date.....                                      | <b>19b</b> | 0 |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date..... | <b>19c</b> | 0 |

**20** Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If 20a is "Yes," see instructions and complete the following table as applicable:

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

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

|                                                          |                                                |                                                           |                                                     |
|----------------------------------------------------------|------------------------------------------------|-----------------------------------------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                 |                                                |                                                           |                                                     |
| <b>a</b> Segment rates:                                  | 1st segment:<br>3.78 %                         | 2nd segment:<br>6.31 %                                    | 3rd segment:<br>6.57 %                              |
|                                                          |                                                |                                                           | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....              |                                                |                                                           | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age..... <b>22</b> |                                                |                                                           |                                                     |
| <b>23</b> Mortality table(s) (see instructions)          | <input type="checkbox"/> Prescribed - combined | <input checked="" type="checkbox"/> Prescribed - separate | <input type="checkbox"/> Substitute                 |

**Part VI Miscellaneous items**

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

**Part VII Reconciliation of unpaid minimum required contributions for prior years**

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

**Part VIII Minimum required contribution for current year**

|                                                                                                                                                                                     |                     |                    |               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                  |                     |                    |               |
| <b>a</b> Target normal cost (line 6).....                                                                                                                                           | <b>31a</b>          | 154,000            |               |
| <b>b</b> Excess assets, if applicable, but not greater than 31a.....                                                                                                                | <b>31b</b>          | 0                  |               |
| <b>32</b> Amortization installments:                                                                                                                                                | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment.....                                                                                                                                | 3,566,228           | 662,225            |               |
| <b>b</b> Waiver amortization installment.....                                                                                                                                       | 0                   | 0                  |               |
| <b>33</b> If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)....                                                          | <b>34</b>           | 816,225            |               |
|                                                                                                                                                                                     | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement.....                                                                                                               | 816,225             | 0                  | 816,225       |
| <b>36</b> Additional cash requirement (line 34 minus line 35).....                                                                                                                  | <b>36</b>           | 0                  |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....                                                  | <b>37</b>           | 0                  |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                 |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36).....                                                                                                                       | <b>38a</b>          | 0                  |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances.....                                                                | <b>38b</b>          | 0                  |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37).....                                                                      | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years.....                                                                                                                  | <b>40</b>           | 0                  |               |

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

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

## **SCHEDULE H ATTACHMENTS**

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The required Information is included in the  
Accountants Opinion attachment