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|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Form 5500-SF</b><br><br>Department of the Treasury<br>Internal Revenue Service                        | <b>Short Form Annual Return/Report of Small Employee Benefit Plan</b><br><br>This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).<br><br>▶ <b>Complete all entries in accordance with the instructions to the Form 5500-SF.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2011</b><br><br><b>This Form is Open to Public Inspection</b> |
| Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation |                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                         |

|                                                                                                          |                                                                                                                                                                                                                                       |
|----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <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 checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a multiple-employer plan (not multiemployer) <input type="checkbox"/> a one-participant plan                                                      |
| <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> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> 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<br>PENSION PLAN FOR EMPLOYEES OF LONZA INC. REPRESENTED BY THE UNITED STEELWORKERS OF AMERICA (LOCAL 14964-06)                                                                                | <b>1b</b> Three-digit plan number (PN) ▶ <u>004</u>                                                                                                                                      |
|                                                                                                                                                                                                                      | <b>1c</b> Effective date of plan <u>08/09/1966</u>                                                                                                                                       |
| <b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)<br>LONZA INC.<br><br>90 BOROLINE RD<br>ALLENDALE, NJ 07401-1613                                    | <b>2b</b> Employer Identification Number (EIN) <u>13-5665861</u><br><b>2c</b> Sponsor's telephone number <u>201-316-9200</u><br><b>2d</b> Business code (see instructions) <u>325100</u> |
| <b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same")<br>LONZA INC.<br>90 BOROLINE RD<br>ALLENDALE, NJ 07401-1613                                                                  | <b>3b</b> Administrator's EIN <u>13-5665861</u><br><b>3c</b> Administrator's telephone number <u>201-316-9200</u>                                                                        |
| <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><b>a</b> Sponsor's name   | <b>4b</b> EIN<br><b>4c</b> PN                                                                                                                                                            |
| <b>5a</b> Total number of participants at the beginning of the plan year .....                                                                                                                                       | <b>5a</b> <u>75</u>                                                                                                                                                                      |
| <b>b</b> Total number of participants at the end of the plan year.....                                                                                                                                               | <b>5b</b> <u>74</u>                                                                                                                                                                      |
| <b>c</b> Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item).....                                                                          | <b>5c</b>                                                                                                                                                                                |
| <b>6a</b> Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) .....                                                                                                  | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                      |
| <b>b</b> Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                      |
| If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.                                                                                                            |                                                                                                                                                                                          |

|                                                                                                     |                              |
|-----------------------------------------------------------------------------------------------------|------------------------------|
| <b>Part III</b>                                                                                     | <b>Financial Information</b> |
| <b>7</b> Plan Assets and Liabilities                                                                |                              |
| <b>a</b> Total plan assets .....                                                                    | <b>7a</b> <u>3169727</u>     |
| <b>b</b> Total plan liabilities.....                                                                | <b>7b</b>                    |
| <b>c</b> Net plan assets (subtract line 7b from line 7a).....                                       | <b>7c</b> <u>3169727</u>     |
| <b>8</b> Income, Expenses, and Transfers for this Plan Year                                         |                              |
| <b>a</b> Contributions received or receivable from:                                                 | <b>(a) Amount</b>            |
| (1) Employers .....                                                                                 | <b>8a(1)</b> <u>0</u>        |
| (2) Participants .....                                                                              | <b>8a(2)</b>                 |
| (3) Others (including rollovers).....                                                               | <b>8a(3)</b>                 |
| <b>b</b> Other income (loss).....                                                                   | <b>8b</b> <u>-24667</u>      |
| <b>c</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) .....                                 | <b>8c</b> <u>-24667</u>      |
| <b>d</b> Benefits paid (including direct rollovers and insurance premiums to provide benefits)..... | <b>8d</b> <u>199886</u>      |
| <b>e</b> Certain deemed and/or corrective distributions (see instructions)....                      | <b>8e</b>                    |
| <b>f</b> Administrative service providers (salaries, fees, commissions).....                        | <b>8f</b> <u>67923</u>       |
| <b>g</b> Other expenses.....                                                                        | <b>8g</b>                    |
| <b>h</b> Total expenses (add lines 8d, 8e, 8f, and 8g).....                                         | <b>8h</b> <u>267809</u>      |
| <b>i</b> Net income (loss) (subtract line 8h from line 8c).....                                     | <b>8i</b> <u>-292476</u>     |
| <b>j</b> Transfers to (from) the plan (see instructions) .....                                      | <b>8j</b>                    |

**Part IV Plan Characteristics****9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1B 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:**Part V Compliance Questions**

|                                                                                                                                                                                                                                          | Yes | No | Amount  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---------|
| <b>10</b> During the plan year:                                                                                                                                                                                                          |     |    |         |
| <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? (See instructions and DOL's Voluntary Fiduciary Correction Program) .....                      |     | X  |         |
| <b>b</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) .....                                                                                                     |     | X  |         |
| <b>c</b> Was the plan covered by a fidelity bond? .....                                                                                                                                                                                  | X   |    | 1000000 |
| <b>d</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>e</b> Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.) ..... |     | X  |         |
| <b>f</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                       |     | X  |         |
| <b>g</b> Did the plan have any participant loans? (If "Yes," enter amount as of year end.) .....                                                                                                                                         |     | X  |         |
| <b>h</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                             |     |    |         |
| <b>i</b> If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 .....                                                      |     |    |         |

**Part VI Pension Funding Compliance**

**11** Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500)). ☒ Yes ☐ No

**12** Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .. ☐ Yes ☒ No  
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)

**a** 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 letter ruling granting the waiver. .... Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.**

|                                                                                                                                                    |            |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>b</b> Enter the minimum required contribution for this plan year .....                                                                          | <b>12b</b> |  |
| <b>c</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                         | <b>12c</b> |  |
| <b>d</b> Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) ..... | <b>12d</b> |  |

**e** Will the minimum funding amount reported on line 12d be met by the funding deadline? .....

**Part VII Plan Terminations and Transfers of Assets**

**13a** Has a resolution to terminate the plan been adopted in any plan year? .....

If "Yes," enter the amount of any plan assets that reverted to the employer this year ..... **13a** .....

**b** Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....

**c** 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.)

| 13c(1) Name of plan(s): | 13c(2) EIN(s) | 13c(3) PN(s) |
|-------------------------|---------------|--------------|
|                         |               |              |

**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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

|              |                                                   |            |                                                              |
|--------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| SIGN<br>HERE | Filed with authorized/valid electronic signature. | 10/15/2012 | ALICIA ALCOSSER                                              |
|              | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| SIGN<br>HERE | 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>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>PENSION PLAN FOR EMPLOYEES OF LONZA INC. REPRESENTED BY THE UNITED STEELWORKERS OF AMERICA (LOCAL 14964-06)</u> | <b>B</b> Three-digit plan number (PN) ▶ <u>004</u>                                                                                                      |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><u>LONZA INC.</u>                                               | <b>D</b> Employer Identification Number (EIN)<br><u>13-5665861</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>3152589</u>                                                                       |
| <b>b</b> Actuarial value .....                                                                                                                                                                                  | <b>2b</b> <u>2947492</u>                                                                       |
| <b>3</b> Funding target/participant count breakdown:                                                                                                                                                            |                                                                                                |
| <b>a</b> For retired participants and beneficiaries receiving payment .....                                                                                                                                     | <b>3a</b> <u>46</u> <b>(1) Number of participants</b> <u>2022640</u> <b>(2) Funding Target</b> |
| <b>b</b> For terminated vested participants .....                                                                                                                                                               | <b>3b</b> <u>29</u> <u>890860</u>                                                              |
| <b>c</b> For active participants:                                                                                                                                                                               |                                                                                                |
| <b>(1)</b> Non-vested benefits .....                                                                                                                                                                            | <b>3c(1)</b> <u>0</u>                                                                          |
| <b>(2)</b> Vested benefits .....                                                                                                                                                                                | <b>3c(2)</b> <u>0</u>                                                                          |
| <b>(3)</b> Total active .....                                                                                                                                                                                   | <b>3c(3)</b> <u>0</u>                                                                          |
| <b>d</b> Total .....                                                                                                                                                                                            | <b>3d</b> <u>75</u> <u>2913500</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>6.18 %</u>                                                                         |
| <b>6</b> Target normal cost .....                                                                                                                                                                               | <b>6</b> <u>43000</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 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) .....                          | 763660                | 0                      |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                       | 11275                 | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                             | 752385                | 0                      |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>13.75</u> % .....                                             | 103453                |                        |
| <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) .....                                                    |                       | 348084                 |
| <b>b</b> Interest on (a) using prior year's effective rate of <u>6.59</u> % except as otherwise provided (see instructions) ..... |                       | 23746                  |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                     |                       | 371830                 |
| <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) .....                                      | 855838                | 0                      |

| <b>Part III Funding percentages</b>                                                                                                                                        |           |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 71.79 %  |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 101.16 % |
| <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> | 100.24 % |
| <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 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 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
| Totals ►                                                                                 |                                   |                                 | <b>18(b)</b>             | 0                                 | <b>18(c)</b> 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    | (3) 3rd   |
| 0                                                                                                                                                                                      | 0          | 0         |
|                                                                                                                                                                                        |            | (4) 4th 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>          | 43000              |               |
| <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 .....                                                                                                                                | 0                   | 0                  |               |
| <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>           | 43000              |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement.....                                                                                                                | 43000               | 0                  | 43000         |
| <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 SB ATTACHMENTS

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### Schedule SB -Statement by Enrolled Actuary

|                          |                                                                                                           |
|--------------------------|-----------------------------------------------------------------------------------------------------------|
| <b>Plan Sponsor</b>      | Lonza Inc.                                                                                                |
| <b>EIN/PN</b>            | 13-5665861/ 004                                                                                           |
| <b>Plan Name</b>         | Pension Plan for Employees of Lonza Inc. Represented by the United Steelworkers of America Local 14964-06 |
| <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

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## 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 | 6.18% |

##### Annual rates of increase

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

|                 |                                                                                                           |
|-----------------|-----------------------------------------------------------------------------------------------------------|
| Plan Name:      | Pension Plan for Employees of Lonza Inc. Represented by the United Steelworkers of America Local 14964-06 |
| EIN / PN:       | 13-5665861/ 004                                                                                           |
| Plan Sponsor:   | Lonza Inc.                                                                                                |
| Valuation Date: | January 1, 2011                                                                                           |

# SCHEDULE SB ATTACHMENTS

## 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.                                                                                                                                                                                                                                                                                                                                                                                         |
| Administrative expenses    | \$43,000                                                                                                                                                                                                                                                                                                                                                                                                                       |
| 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, 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: Pension Plan for Employees of Lonza Inc. Represented by the United Steelworkers of America Local 14964-06  
EIN / PN: 13-5665861/ 004  
Plan Sponsor: Lonza Inc.  
Valuation Date: January 1, 2011

# SCHEDULE SB ATTACHMENTS

## Schedule SB, Part V Summary of Plan Provisions

### Plan Provisions

|                   |                                                                                                                                                                                                                                                                                     |
|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Effective Date    | Adopted March 1, 1972; last amended December 31, 2009.                                                                                                                                                                                                                              |
| Covered Employees | All regular, full-time employees of the Company who are represented by the collective bargaining unit of the United Steelworkers of America, Local 14964-06 participate as of their date of hire. As of December 31, 2002, the Plan has no participants actively accruing benefits. |

### Definitions

|                         |                                                                                                                                                                                              |
|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Credited Service        | Number of years and completed months of continuous employment                                                                                                                                |
| Monthly Accrued Benefit | Participants' accrued benefits are fixed since all participants are inactive. The monthly retirement benefit formula was based upon years of Credited Service times a multiplier as follows: |

| Effective Date   | Benefit Multiplier |
|------------------|--------------------|
| January 25, 1999 | \$30.25            |
| January 25, 2000 | \$31.25            |
| January 27, 2001 | \$32.25            |
| January 27, 2002 | \$32.75            |
| January 27, 2003 | \$33.25            |
| January 27, 2004 | \$33.75            |
| January 27, 2005 | \$34.25            |

|                 |                                                                                                           |
|-----------------|-----------------------------------------------------------------------------------------------------------|
| Plan Name:      | Pension Plan for Employees of Lonza Inc. Represented by the United Steelworkers of America Local 14964-06 |
| EIN / PN:       | 13-5665861/ 004                                                                                           |
| Plan Sponsor:   | Lonza Inc.                                                                                                |
| Valuation Date: | January 1, 2011                                                                                           |

# SCHEDULE SB ATTACHMENTS

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## Benefits Paid Upon the Following Events

### Normal retirement

- Eligibility Age 65 and 5 years of Credited Service.
- Amount The Accrued Benefit payable immediately.

### Early retirement

- Eligibility Age 55 and 10 years of Credited Service.
- Amount The Accrued Benefit reduced by 0.5% for each month that the early retirement date precedes the normal retirement date. However, employees who retire from active service on or after attaining age 62 and prior to age 65 will not have their benefits reduced.

### Late Retirement Benefit

- Eligibility Retirement after Normal Retirement Date.
- Amount The Accrued Benefit determined using service to the actual retirement date, payable immediately.

### Supplemental Benefit

- Eligibility Effective January 27, 2001, active employees who meet requirements for Early Retirement and retire from active service after attainment of age 62 and before age 65.
- Amount A monthly benefit of \$150 payable until the employee attains age 65 or date of death, if earlier.

### Termination

- Eligibility Termination with 5 years of Credited Service. As of December 31, 2002 all participants are 100% vested.
- Amount The Accrued Benefit
- Benefit Commencement Payable at Normal Retirement Date, or as early as age 55, if the employee had at least 10 years of Credited Service at termination, with a reduced benefit. The reduction is 0.5% for each month that commencement precedes age 65.

Plan Name: Pension Plan for Employees of Lonza Inc. Represented by the United Steelworkers of America Local 14964-06  
EIN / PN: 13-5665861/ 004  
Plan Sponsor: Lonza Inc.  
Valuation Date: January 1, 2011

# SCHEDULE SB ATTACHMENTS

## Disability Retirement Benefit

- Eligibility An employee who becomes totally and permanently disabled, who is eligible for Social Security Disability Benefits, and has at least 10 years of Credited Service.
- Amount A monthly benefit of \$300 is payable until the earlier of death, cessation of disability, or Normal Retirement Date. At Normal Retirement Date, the employee will receive a benefit based on his accrued benefit earned prior to becoming disabled.

## Surviving Spouse Benefit

- Eligibility 5 years of Continuous Service.
- Amount The surviving spouse will receive 50% of the benefit the employee would have received had he survived to the earliest retirement date and elected the Joint and 50% Survivor annuity option.
- Benefit Commencement The earliest date the employee would have been eligible for a retirement benefit.

## 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) Joint & Survivor Annuity
    - (ii) 5 Year Certain and Continuous Annuity
    - (iii) 10 Year Certain and Continuous Annuity
    - (iv) Social Security Level Income Annuity
    - (v) Life Annuity (for married participants)
- Actuarial equivalence for optional forms is the Unisex Pension 1984 Mortality Table and 6.00% 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: Pension Plan for Employees of Lonza Inc. Represented by the United Steelworkers of America Local 14964-06  
EIN / PN: 13-5665861/ 004  
Plan Sponsor: Lonza Inc.  
Valuation Date: January 1, 2011

**SCHEDULE SB  
(Form 5500)**Department of the Treasury  
Internal Revenue ServiceDepartment of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation**Single-Employer Defined Benefit Plan  
Actuarial Information**

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

► File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

**2011****This Form is Open to Public  
Inspection**

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

► Round off amounts to nearest dollar.

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

|                                                                                                                                           |  |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br><br>PENSION PLAN FOR EMPLOYEES OF LONZA INC. REPRESENTED BY THE UNITED                                           |  | <b>B</b> Three-digit plan number (PN) ►<br><br>004                                                                                                      |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br><br>LONZA INC.                                                |  | <b>D</b> Employer Identification Number (EIN)<br><br>13-5665861                                                                                         |
| <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 |

**Part I Basic Information**

|                                                                                                                                                                                                                 |              |                            |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------------------|
| <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>    | 3,152,589                  |
| <b>b</b> Actuarial value .....                                                                                                                                                                                  | <b>2b</b>    | 2,947,492                  |
| <b>3</b> Funding target/participant count breakdown:                                                                                                                                                            |              |                            |
|                                                                                                                                                                                                                 |              | (1) Number of participants |
| <b>a</b> For retired participants and beneficiaries receiving payment.....                                                                                                                                      | <b>3a</b>    | 46                         |
| <b>b</b> For terminated vested participants .....                                                                                                                                                               | <b>3b</b>    | 29                         |
| <b>c</b> For active participants:                                                                                                                                                                               |              | (2) Funding Target         |
| (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                          |
| <b>d</b> Total.....                                                                                                                                                                                             | <b>3d</b>    | 75                         |
| <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>     | 6.18 %                     |
| <b>6</b> Target normal cost .....                                                                                                                                                                               | <b>6</b>     | 43,000                     |

**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 LP | 10/11/12                               |
| Signature of actuary            |                  | Date                                   |
| LIANA PETRUSO                   |                  | 11-07060                               |
| Type or print name of actuary   |                  | Most recent enrollment number          |
| TOWERS WATSON PENNSYLVANIA INC. |                  | (203) 326-5400                         |
| Firm name                       |                  | Telephone number (including area code) |
| 263 TRESSER BLVD                |                  |                                        |
| 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 ☐

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

Schedule SB (Form 5500) 2011  
v.012611

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

|                                                                                                                                 | (a) Carryover balance | (b) Prefunding balance |
|---------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....                         | 763,660               | 0                      |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year).....                      | 11,275                | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8).....                                                                            | 752,385               | 0                      |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>13.75%</u> .....                                            | 103,453               |                        |
| <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).....                                                   |                       | 348,084                |
| <b>b</b> Interest on (a) using prior year's effective rate of <u>6.59%</u> except as otherwise provided (see instructions)..... |                       | 23,746                 |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance.....                                    |                       | 371,830                |
| <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).....                                     | 855,838               | 0                      |

**Part III Funding percentages**

|                                                                                                                                                                           |           |          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b> Funding target attainment percentage.....                                                                                                                       | <b>14</b> | 71.79 %  |
| <b>15</b> Adjusted funding target attainment percentage.....                                                                                                              | <b>15</b> | 101.16 % |
| <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> | 100.24 % |
| <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>          | 43,000        |
| <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.....                                                                                                                                |                   | 0                   | 0             |
| <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>           | 43,000        |
|                                                                                                                                                                                     | Carryover balance | Prefunding balance  | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement.....                                                                                                               | 43,000            | 0                   | 43,000        |
| <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> |